



PUBLIC ENTITIES POOL OF OHIO
Service Center
315 S. Kalamazoo Mall
Kalamazoo, MI 49007-4806

September 04, 2025

City of Trotwood
3035 North Olive Road
Trotwood, OH 45426-2650

Dear Member:

I've enclosed your anniversary coverage outline and contribution invoice. To continue your membership and coverage, please return the following items in the enclosed envelope, by or prior to your anniversary date of **10/08/2025**:

- Anniversary payment
- Original signed Anniversary Information Acknowledgement form
- Any schedule changes on a separate sheet of paper (required for endorsement)

Once all of the above information has been received, your anniversary agreement will be issued and mailed to you. If you have any questions, please contact your local PEP representative, or call me at 1.888.748.7966, ext. 3136.

As always, it is our pleasure serving you. Thank you for your loyalty to PEP. Together, we will continue to lead the way for Ohio Public Entities.

Sincerely,

Wendy French
Customer Service Representative
wf/enclosures



Anniversary Information Acknowledgement

The undersigned representative of the City of Trotwood acknowledges that he/she:

- ☒ Reviewed the information provided on all Public Entities Pool Of Ohio applications and all applicable supplemental applications.
- ☒ Reviewed all applicable property and vehicle schedules.
- ☒ Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- ☒ Reviewed the optional coverage(s) offered by the Public Entities Pool Of Ohio for increased limits. After consideration of the coverage(s) offered and the contribution for same, City of Trotwood has elected to:
 - ☒ Waive any and all coverage(s) and any applicable contribution charges. City of Trotwood understands that to add increased limits coverage in the future, it will be subject to Public Entities Pool Of Ohio's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, City of Trotwood will not hold the Public Entities Pool Of Ohio responsible for this decision to waive optional coverage(s).

☐ Accept the increased limits: _____
(Limit of Liability Accepted)

Executed on the 22ND day of SEPTEMBER, in the year 2025, by the undersigned duly authorized officer of the Governmental Subdivision City of Trotwood indicated below:

By: Stephanie Kellum

Title: DEPUTY CITY MANAGER

Member: City of Trotwood

Member Number: 0405

Anniversary Date: 10/08/2025



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INVOICE

Date: 9/4/2025

City of Trotwood
3035 North Olive Road
Trotwood, OH 45426-2650

Effective Date	Description	Amount
10/8/2025	2025-2026 Anniversary Contribution	\$389,385

Please check the appropriate box for any options you would like to purchase and write the additional amount in the space provided to calculate your new invoice balance.

Increased Liability Limits to \$3,000,000	\$14,942	<input type="checkbox"/> _____
Increased Liability Limits to \$4,000,000	\$22,841	<input type="checkbox"/> _____
Increased Liability Limits to \$5,000,000	\$27,059	<input type="checkbox"/> _____

INVOICE BALANCE

\$ 389,385

Payment due upon receipt.