

APPENDICES

- Appendix A Description of Real Property
- Appendix B Equipment Furnished by the Tennessee Department of Correction
- Appendix C Tennessee Department of Correction Policies Applicable to SCCC
- Appendix D Insurance
- Appendix E Liquidated Damages Schedule

VEHICLES
SOUTH CENTRAL CORRECTIONAL CENTER

<u>VEHICLE ID#</u>	<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>
2B5WB35ZINK128792	1992	DODGE	TRUCK
2B5WB35ZXNK128791	1992	DODGE	STATION WAGON
2B4GH2533NR655110	1992	DODGE	STATION WAGON
2B4GH2535NR655111	1992	DODGE	STATION WAGON
1GCCTI4ZXN8141301	1992	CHEVROLET	TRUCK
1GCCS14A0N8100432	1992	CHEVROLET	TRUCK
1GCCS14A7N8146694	1992	CHEVROLET	TRUCK
2B5WB3521RK573877	1994	DODGE	VAN
2B5WB3521BK538692	1994	DODGE	VAN
SURPLUS VEHICLES*			
2G1WL54T3N9108346	1992	CHEVROLET	SEDAN
1GCCS14A4N8114592	1992	CHEVROLET	TRUCK
1GCCS14A2N8117765	1992	CHEVROLET	TRUCK

*Should be replaced by three vehicles.

REPORT DISTRIBUTION SHEET

JRT NBR: RGS-
PARAMETERS: B11A230 ,STREET ,073096 ,01,SCH1000 ,
32944,32944,010160,073096.....Y...

PARAMETER VALUE

PARAMETER NAME	PARAMETER VALUE
REPORT NUMBER:	B11A230
REQUESTOR:	STREET
REQUEST DATE:	073096
NUMBER OF COPIES:	01
DATA BASE NAME 1:	SCH1000
DATA BASE NAME 2:	
DATA BASE NAME 3:	
FROM DEPT/DIV:	32944
TO DEPT/DIV:	32944
FROM DATE (MMDDYY):	010160
TO DATE (MMDDYY):	073096
BUILDING:	
ROOM:	
FLOOR:	
UNIT HARD:	
COMM. CODE:	
Y FOR AUTHORIZED ASSETS:	Y
Y FOR UNAUTH ASSETS:	
Y FOR RETIRED ASSETS:	

RGS PERFORMANCE STATISTICS

PAGE-WIDTH IS:	132
PAGE-LENGTH IS:	060
UOL STATEMENTS:	289
POL STATEMENTS:	245
INTERNAL TABLE STATEMENTS:	299
BYTES OF EXTRACT CODE:	2,785
BYTES OF PRINT CODE:	1,750
SEQUENCE KEY LENGTH:	31
CDS PASSED FOR EXTRACTION:	266,336
DS SELECTED FOR REPORTING:	642

DATE: 07/31/96

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSET: /60 TO 07/30/96
FROM 01

REPORT: BA11A230
TIME: 00.0-6

REPORT	TIME	DEPT/DIV	LOCATION	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
P40477		32944	19280			VIDEO MONITOR	8513001	02/29/92	02/29/92	482.35	00/00/00
						VIDEO MONITOR				482.35	
						VIDEO MONITOR				482.35	
P40543						TILLAGE EQUIPME		12/14/93	12/14/93	849.00	00/00/00
						TILLAGE EQUIPMENT				849.00	
P40539						TRACTOR, FARM, WHEEL TYPE		11/18/93	11/18/93	14,250.00	00/00/00
						TRACTOR, FARM, WHEEL TYPE				14,250.00	
P40532						RANGE, TOP OVEN ELECTRIC		02/18/94	02/18/94	19,474.00	00/00/00
						RANGE, TOP OVEN				19,474.00	
P40515						BODY, UTILITY TRUCK		12/22/93	12/22/93	777.57	00/00/00
						BODY, UTILITY T TRUCK				777.57	
P40541						TRUCKS-FOR SPECIALIZED BODY		10/11/93	10/11/93	4,200.00	00/00/00
P40542						TRUCKS-FOR SPEC		10/11/93	10/11/93	4,200.00	00/00/00
						TRUCKS-FOR SPEC					

STATE OF WISNESSEE
 PERSONAL PROPERTY ASSETS BY LOCATION
 AUTHORIZED ASSETS
 FROM 01/01/60 TO 07/30/96

AG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
			EPT/DIV, 32944 LOCATION, 91010					
			COMMODITY CODE: 07062	COMMODITY CODE DESC:	TRUCKS-FOR SPECLIZED BODY		8,400.00	
			COMMODITY CODE: 34038	COMMODITY CODE DESC:	FIRE PROTECTION SYSTEM		2,006.00	00/00/00
P40512			FIRE SFTY	FIRE PROTECTION W/CASE	11/16/93	11/16/93	2,006.00	
			COMMODITY CODE: 37008	COMMODITY CODE DESC:	COOKER, FOOD PROCESS		2,556.00	00/00/00
P40533			KITC	COOKER, FOOD PR B94D0C0309	02/18/94	02/18/94	2,556.00	00/00/00
P40534			KITC	COOKER, FOOD PR B94DA00310	02/18/94	02/18/94	5,112.00	
			COMMODITY CODE: 37030	COMMODITY CODE DESC:	KETTLE, HEAVY DUTY		8,790.00	00/00/00
P40535			KITC	KETTLE, HEAVY D	03/16/94	03/16/94	8,790.00	
			COMMODITY CODE: 37036	COMMODITY CODE DESC:	PUMP, FOOD PROCESSING		1,477.00	00/00/00
P40536			KITC	PUMP, FOOD PROC F94DA00416	02/18/94	02/18/94	1,477.00	
			COMMODITY CODE: 37054	COMMODITY CODE DESC:	TABLE, SORTING		3,003.70	00/00/00
P40537			KITC	TABLE, SORTING	06/02/94	06/02/94	3,003.70	00/00/00
P40538			KITC	TABLE, SORTING	06/02/94	06/02/94	6,007.40	
			COMMODITY CODE: 60074	COMMODITY CODE DESC:	TYPEWRITER, ELECTRONIC		540.00	00/00/00
P40509			J.K KELL	TYPEWRITER, ELE 11X1F29-60072	11/19/93	11/19/93		

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

PORT: 00.09.36
ME:

10 #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
			EPT/DIV. 52944					
			LOCATION, 91010					
			COMMODITY CODE: 60074		TYPEWRITER, ELECTRONIC		540.00	
			COMMODITY CODE: 60211		COPYING MACHINE, PLAIN			
40520		ANNEX	COPYING MACHINE A6F41202330		10/20/93	10/20/93	2,040.00	00/00/00
			COMMODITY CODE: 65527		CAMERA, MOVIE		1,455.24	00/00/00
40511			CAMERA, MOVIE		04/05/94	04/05/94	1,455.24	00/00/00
			COMMODITY CODE: 72057		PUMP, SEWAGE & SLUDGE MOUNT		1,173.00	00/00/00
P40544		MAINT MAIN	PUMP, SEWAGE & CC-15455		11/05/93	11/05/93	1,173.00	00/00/00
			COMMODITY CODE: 76029		GRADER, TOWED TYPES		2,295.00	00/00/00
P40540		POLE BARN	GRADER, TOWED T HERBERT LEWIS TRAC		12/17/93	12/17/93	2,295.00	00/00/00
			COMMODITY CODE: 80530		GYMNASIUM APPARATUS			
P40519		REC	GYMNASIUM APPAR		01/10/94	01/10/94	925.00	00/00/00
P40516		REC	GYMNASIUM APPAR		10/15/93	10/15/93	4,600.00	00/00/00
P40517		REC	GYMNASIUM APPAR		10/15/93	10/15/93	4,600.00	00/00/00
P40518		REC	GYMNASIUM APPAR		01/10/94	01/10/94	525.00	00/00/00
							10,250.00	
							84,896.21	

PORT, BAI1A2
ME, 00,091.00

STATE OF WESSEE
PERSONAL PROPERTY ASSETS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

PAGE: 4
DATE: 07 /96

COMMODITY CODE	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
40099	MAIN	CUTTER/SHREDDER	10938	02/29/92	02/29/92	4,430.90	00/00/00
40500	MAIN	COMPRESSOR,AIR	081491L 480160	02/29/92	02/29/92	1,039.74	00/00/00
40635	ADMIN	VACUUM CLEANER, HT1600006857		07/01/96	07/01/96	538.21	00/00/00
40492	MAIN	SEHER PIPE CLEA	VBV-39773	02/29/92	02/29/92	1,654.90	00/00/00
40401	MAIN	CPU,MICROCOMPUT		02/29/92	02/29/92	1,244.52	00/00/00
40112	MHS	COMPUTER POWER	0F6-500	02/29/92	02/29/92	1,673.10	00/00/00
40456	TRAI	PRINTER, (PC)	1620789X	02/29/92	02/29/92	746.99	00/00/00

REPORT: 0A11A230
 TIME: 00.09.36

STATE OF TENNESSEE
 PERSONAL PROPERTY ITEMS BY LOCATION
 AUTHORIZED ASSETS
 FROM 01/01/60 TO 07/30/96

PAGE: 5
 DATE: 07/31/96

ROOM	FLOOR	ROOM UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
		DEPT/DIV: 32944					
		LOCATION: 91015					
		COMMODITY CODE: 20547	COMMODITY CODE DESC: PRINTER, (PC)		PLOTTER	746.99	
P40498	MAIN	COMMODITY CODE: 20512	COMMODITY CODE DESC: GENERATORS, PORTABLE	02/29/92	02/29/92	695.66	00/00/00
			GENERATORS, POR 1110166			695.66	
P40041	VOC	COMMODITY CODE: 20921	COMMODITY CODE DESC: GENERATORS, STATIONARY	02/29/92	02/29/92	695.66	00/00/00
			GENERATORS, STA 1110186			695.66	
P40489	MAIN	COMMODITY CODE: 34008	COMMODITY CODE DESC: CABINET-SAFETY	02/29/92	02/29/92	557.70	00/00/00
P40490	MAIN		CABINET-SAFETY	02/29/92	02/29/92	557.70	00/00/00
P40491	MAIN		CABINET-SAFETY	02/29/92	02/29/92	557.70	00/00/00
P40042	VOC		CABINET-SAFETY YELLOW	02/29/92	02/29/92	557.70	00/00/00
						2,230.80	
P40159	ANX	COMMODITY CODE: 34967	COMMODITY CODE DESC: AIR PACK, SAFETY EQUIP.	02/29/92	02/29/92	1,301.31	00/00/00
			AIR PACK, SAFET			1,301.31	
P40513	CCA	COMMODITY CODE: 36547	COMMODITY CODE DESC: POLISHING & SCRUBBING MACH	12/28/93	12/28/93	699.00	00/00/00
P40514	CCA		POLISHING & SCR	12/28/93	12/28/93	650.00	00/00/00
						1,300.00	

STATE OF MESSIE
PERSONAL PROPERTY 1...AS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A2.
TIME: 00.09.36

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV. 32944								
LOCATION. 91015								
P40272		CLOS	SHAMPOO & BUFFI 21280043		02/29/92	02/29/92	793.04 793.04	00/00/00
P33030		BUSH	41016	COMMODITY CODE DESC:	DESK & TABLE, WOOD	03/20/92	579.95	00/00/00
P33029		COMM	DESK & TABLE, W		03/20/92	03/20/92	579.95	00/00/00
COMMODITY CODE: 41016								
P40520			41020	COMMODITY CODE DESC:	CABINET, FILING, METAL	01/27/94	866.27	00/00/00
P40521			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40522			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40523			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40524			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40525			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40526			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40527			CABINET, FILING		01/27/94	01/27/94	866.27	00/00/00
P40195		ANNE	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40390		CLIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40179		COUN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40181		COUN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40471		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40480		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40484		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40485		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40487		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40499		MAIN	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40288		STOR	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40190		TOOL	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40185		MHS	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40182		10A	CABINET, FILING		02/29/92	02/29/92	14,572.86	00/00/00

COMMODITY CODE: 41034 COMMODITY CODE DESC: FURNITURE, LOUNGE, IN, WOOD

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

01 0A11A230
00.07.36

FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
		DIV. 32944					
		LOCATION: 91015					
		COMMODITY CODE: 41034		FURNITURE, LOUNGE, IN, HOOD	03/20/92	672.30	00/00/00
		CKPT				672.30	
		COMMODITY CODE: 51510		EDGER & TRIMMER			
25	MAIN	EDGER & TRIMMER 1J22F479		02/29/92		121.62	00/00/00
39	MAIN	EDGER & TRIMMER 1J227G989		02/29/92		121.62	00/00/00
41	MAIN	EDGER & TRIMMER 1J227F418		02/29/92		121.62	00/00/00
43	MAIN	EDGER & TRIMMER 1J227F482		02/29/92		121.62	00/00/00
44	MAIN	EDGER & TRIMMER 1J227F476		02/29/92		121.62	00/00/00
45	MAIN	EDGER & TRIMMER 1J227F423		02/29/92		121.62	00/00/00
46	MAIN	EDGER & TRIMMER 1J227F441		02/29/92		121.62	00/00/00
47	MAIN	EDGER & TRIMMER 1J227F444		02/29/92		972.96	
		COMMODITY CODE: 54914		DRILLS, HYDRAULIC POWERED			
495	MAIN	DRILLS, HYDRAUL 28465		02/29/92		1,439.34	00/00/00
037	VOC	DRILLS, HYDRAUL 28321		02/29/92		1,439.33	00/00/00
		COMMODITY CODE: 54952		SANDERS, BENCH OR PORTABLE			
1040	VOC	SANDERS, BENCH 1100043		02/29/92		877.93	00/00/00
		COMMODITY CODE: 54954		SAM, STATIONARY POWERED			
0189	MAIN	SAM, STATIONARY 92A00862		02/29/92		1,779.32	00/00/00
0493	MAIN	SAM, STATIONARY 0927		02/29/92		588.59	00/00/00
0494	MAIN	SAM, STATIONARY 9109		02/29/92		773.31	00/00/00
0036	VOC	SAM, STATIONARY		02/29/92		773.31	00/00/00
0038	VOC	SAM, STATIONARY 0926		02/29/92		588.58	00/00/00
						4,503.11	

STATE OF KENTUCKY
PERSONAL PROPERTY - AS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BAI1A1
TIME: 00:09:36

STATE COST
RETIRE DATE

ACQUIRE DATE FIN SVC DATE

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	COMMODITY CODE	COMMODITY CODE DESC	SHAPER & JOINTER, HOOD	STATE COST	RETIRE DATE
DEPT/DIV: 32944			LOCATION: 91015						
P40039			VOC		54556	SHAPER & JOINTER, HOOD	02/29/92	1,238.38	00/00/00
								1,238.38	
P40121			CLOS		60010	CALCULATOR, ELECTRONIC	02/29/92	121.54	00/00/00
P40486			MAIN			CALCULATOR, ELE 2D003671	02/29/92	121.54	00/00/00
P40488			MAIN			CALCULATOR, ELE 1D058549	02/29/92	121.54	00/00/00
P40449			HHS			CALCULATOR, ELE 1D058589	02/29/92	121.54	00/00/00
P40469			HHS			CALCULATOR, ELE 1D056749	02/29/92	121.54	00/00/00
								607.70	
P40483			MAIN		60072	TYPEWRITER, ELECTRIC	02/29/92	508.37	00/00/00
P40253			HHS			TYPEWRITER, ELE 11-TRG06	02/29/92	508.35	00/00/00
								1,016.72	
P40497			MAIN		72072	PUMP, TRASH	02/29/92	810.97	00/00/00
								810.97	
P33204			HTEN		72535	PAGING, RADIO & CHARGERS	07/10/92	573.75	00/00/00
								573.75	
P40205			U8A-		72571	RADIO, 2-MAY REC, TRANSHITE	02/29/92	2,363.95	00/00/00
P40206			U8A-			RADIO, 2-MAY RE 483ASE0014	02/29/92	1,481.86	00/00/00
P40207			U8A-			RADIO, 2-MAY RE 221ASE0131	02/29/92	2,363.95	00/00/00

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A230
TIME: 00:09:56

ACQUIRE DATE FIN SVC DATE

STATE COST

RETIRES DATE

TAO #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
DEPT/DIV: 32944								
LOCATION: 91015								
			72571	COMMODITY CODE	DESC.			
P40209			RADIO, 2-WAY RE	483ASE0011		02/29/92	2,363.95	00/00/00
P40210			RADIO, 2-WAY RE	483ASE0013		02/29/92	2,363.95	00/00/00
P40211			RADIO, 2-WAY RE	221ASE0132		02/29/92	1,481.86	00/00/00
P40212			RADIO, 2-WAY RE	221ASE0133		02/29/92	1,481.86	00/00/00
P40213			RADIO, 2-WAY RE	483ASE0012		02/29/92	2,363.95	00/00/00
P40208			RADIO, 2-WAY RE	221ASE0129		02/29/92	1,481.86	00/00/00
P40203			RADIO, 2-WAY RE	221ASE0130		02/29/92	1,481.86	00/00/00
P40204			RADIO, 2-WAY RE	483ASE0009		02/29/92	2,363.95	00/00/00
21,593.00								

COMMODITY CODE:	CONT	COMMODITY CODE:	DESC:	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
P33135		72577	RADIO, 2-WAY PD 751ASL0844	07/10/92	07/10/92	746.76	00/00/00
		74062	ICE MAKING & DISPENSOR MACH			746.76	

COMMODITY CODE:	CONT	COMMODITY CODE:	DESC:	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
P40529		KITC	ICE MAKING & DI	02/18/94	02/18/94	1,944.81	00/00/00
P40530		KITC	ICE MAKING & DI	02/18/94	02/18/94	1,944.81	00/00/00
P40531		KITC	ICE MAKING & DI	01/11/93	01/11/93	1,944.81	00/00/00
						5,834.43	

COMMODITY CODE:	CONT	COMMODITY CODE:	DESC:	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
P40109		MHS	SEWING MACHINE, DD10L76132	02/29/92	02/29/92	756.12	00/00/00
P40110		MHS	SEWING MACHINE, DD10L76114	02/29/92	02/29/92	756.12	00/00/00
P40111		MHS	SEWING MACHINE, DD10L76151	02/29/92	02/29/92	756.12	00/00/00
						2,268.36	

COMMODITY CODE:	CONT	COMMODITY CODE:	DESC:	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
J02636		ADM	TV RECEIVER OR	07/01/96	07/01/96	231.66	00/00/00
P40143		MAIN	RECEIVER, TV &	02/29/92	02/29/92	231.66	00/00/00
P40459		STOR	RECEIVER, TV &	02/29/92	02/29/92	231.66	00/00/00
P40457		WARE	RECEIVER, TV &	02/29/92	02/29/92	231.66	00/00/00

STATE OF TENNESSEE
PERSONAL PROPERTY AS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A.
TIME: 00:09:33

ACQUIRE DATE FIN SVC DATE
STATE COST
RETIRE DATE

TAO #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	COMMODITY CODE	COMMODITY CODE DESC:	TV RECEIVER OR CONSOLE	STATE COST	RETIRE DATE
DEPT/DIV: 32944									
LOCATION: 91015									
			84042		COMMODITY CODE				
P40160			RECEIVER, TV &	370331			02/29/92	231.66	00/00/00
P40140			RECEIVER, TV &	370334			02/29/92	231.66	00/00/00
P40149			RECEIVER, TV &	370335			02/29/92	231.66	00/00/00
P40667			RECEIVER, TV &	370976			02/29/92	231.66	00/00/00
								1,853.28	

COMMODITY CODE:	COMMODITY CODE:	COMMODITY CODE DESC:	HELDER, ARC, NON-ENG DRIVE	STATE COST	RETIRE DATE
89514	89514	HELDER, ARC, NO D422927	02/29/92	561.66	00/00/00
		HELDER, ARC, NO D422928	02/29/92	561.66	00/00/00
		HELDER, ARC, NO 9791-A1197826	02/29/92	2,470.02	00/00/00
				3,593.34	
				84,199.25	

LOCATION: 91016	COMMODITY CODE:	COMMODITY CODE:	COMMODITY CODE DESC:	METAL FINDERS & DETECTOR	STATE COST	RETIRE DATE
		89037	METAL FINDERS & 21910	02/29/92	3,926.50	00/00/00
			METAL FINDERS & 21909	02/29/92	3,926.50	00/00/00
					7,853.00	
					7,853.00	

LOCATION: 91017	COMMODITY CODE:	COMMODITY CODE:	COMMODITY CODE DESC:	CPU: MICROCOMPUTER (PC)	STATE COST	RETIRE DATE
		20511	CPU: MICROCOMPUT 88281	02/29/92	1,244.52	00/00/00
					1,244.52	

LOCATION: 91016	COMMODITY CODE:	COMMODITY CODE:	COMMODITY CODE DESC:	METAL FINDERS & DETECTOR	STATE COST	RETIRE DATE
		89037	METAL FINDERS & 21910	02/29/92	3,926.50	00/00/00
			METAL FINDERS & 21909	02/29/92	3,926.50	00/00/00
					7,853.00	
					7,853.00	

STATE OF TENN
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

RT, BAI1A230 00/07/56	FLOOR ROOM UNIT DESCRIPTION	SERIAL 0	ACQUIRE DATE FIN SVC DATE	STATE COST	RETIRE DATE
0	FLOOR ROOM UNIT DESCRIPTION				
T/DIV, 32946					
LOCATION: 91017					
COMMODITY CODE:	20547	COMMODITY CODE DESC:	PRINTER, (PC) PLOTTER	390.06	00/00/00
0154	KITC	0LKARQ16326	02/29/92 02/29/92	390.06	
COMMODITY CODE:	41820	COMMODITY CODE DESC:	CABINET, FILING, METAL		
0273	KITC		02/29/92 02/29/92	592.09	00/00/00
0171	LAHD		02/29/92 02/29/92	530.21	00/00/00
0166	LAUN		02/29/92 02/29/92	530.21	00/00/00
COMMODITY CODE:				1,668.51	
40452	LAUN				
COMMODITY CODE:	60010	COMMODITY CODE DESC:	CALCULATOR, ELECTRONIC	121.54	00/00/00
			02/29/92 02/29/92	121.54	
				3,429.63	
LOCATION: 91018					
COMMODITY CODE:	20547	COMMODITY CODE DESC:	PRINTER, (PC) PLOTTER	746.99	00/00/00
OPER		1621242X	02/29/92 02/29/92	746.99	
COMMODITY CODE:	34567	COMMODITY CODE DESC:	AIR PACK, SAFETY EQUIP.		
			02/29/92 02/29/92	1,381.38	00/00/00
P40412	CENT	SCRUBA & SKIM D		1,381.31	00/00/00
P40146	10A	AIR PACK, SAFET		2,762.69	
COMMODITY CODE:	41816	COMMODITY CODE DESC:	DESK & TABLE, HOOD		

STATE OF TENNESSEE
PERSONAL PROPERTY
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: DATA JO
TIME: 00:09:36

DEPT/DIV: 32944

LOCATION: 91018

COMMODITY CODE: 41816

COMMODITY CODE DESC: DESK & TABLE, HOOD

COMMODITY CODE: 41820

COMMODITY CODE DESC: CABINET, FILING, METAL

COMMODITY CODE: 41834

COMMODITY CODE DESC: FURNITURE, LOUNGE, IM, HOOD

COMMODITY CODE: 60010

COMMODITY CODE DESC: CALCULATOR, ELECTRONIC

COMMODITY CODE: 60072

COMMODITY CODE DESC: TYPEWRITER, ELECTRIC

COMMODITY CODE: 60255

COMMODITY CODE DESC: MAIL METERING EQUIPMENT

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
P33018		CONF	DESK & TABLE, W		03/20/92	03/20/92	1,316.35	00/00/00
P40167		INTA	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40168		INTA	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40199		INTA	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40290		OPER	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40414		OPER	CABINET, FILING				2,852.69	
P33177		LOUN	FURNITURE, LOUN		04/06/92	04/06/92	934.75	00/00/00
P33178		MEDI	FURNITURE, LOUN		04/06/92	04/06/92	934.75	00/00/00
P33035		OPER	FURNITURE, LOUN		03/20/92	03/20/92	934.75	00/00/00
P33180		OPER	FURNITURE, LOUN		04/06/92	04/06/92	3,739.80	00/00/00
P40010		OPER	CALCULATOR, ELE		02/29/92	02/29/92	115.45	00/00/00
P40015		OPER	CALCULATOR, ELE		02/29/92	02/29/92	115.45	00/00/00
P40416		OPER	TYPEWRITER, ELE		02/29/92	02/29/92	527.67	00/00/00
			TYPEWRITER, ELE		02/29/92	02/29/92	527.67	

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

PORT: 0A11A230
FE: 00/09/36

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

UNIT DESCRIPTION

FLOOR ROOM

RETIRES DATE

PT/DIV	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE FIN SVC DATE	STATE COST	RETIRES DATE
32944			MAIL METERING EQUIPMENT		02/29/92 02/29/92	590.74	00/00/00
10274			MAIL METERING E			590.74	
33196			PAGING, RADIO &		07/10/92 07/10/92	573.75	00/00/00
33197			PAGING, RADIO &		07/10/92 07/10/92	573.75	00/00/00
33198			PAGING, RADIO &		07/10/92 07/10/92	573.75	00/00/00
33199			PAGING, RADIO &		07/10/92 07/10/92	573.75	00/00/00
33214			RADIO, 2-WAY RE BASE		09/15/92 09/15/92	85,283.84	00/00/00
33046			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33047			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33048			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33049			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33051			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33053			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33054			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33055			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33056			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33057			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33059			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33060			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33061			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33062			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33063			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33064			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00
33065			RADIO, 2-WAY PORT & CHARGER		07/10/92 07/10/92	746.76	00/00/00

STATE OF MISSISSIPPI
PERSONAL PROPERTY INVENTORY BY LOCATION
AUTHORIZED ASSETS FROM 01/01/60 TO 07/30/96

PORT: BAI125-
4E, 00-09-36

REIRE DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

COMMODITY CODE	PT/DIV	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	COMMODITY CODE	DESC	72577	COMMODITY CODE	DESC	RADIO, 2-WAY PORT & CHARGER	ACQUIRE DATE	FIN SVC DATE	STATE COST	REIRE DATE
33067	CONT			RADIO, 2-WAY PO		75IASL0800					07/10/92	07/10/92	746.76	00/00/00	
33068	CONT			RADIO, 2-WAY PO		75IASL0781					07/10/92	07/10/92	746.76	00/00/00	
33069	CONT			RADIO, 2-WAY PO		75IASL0786					07/10/92	07/10/92	746.76	00/00/00	
33070	CONT			RADIO, 2-WAY PO		75IASL0789					07/10/92	07/10/92	746.76	00/00/00	
33071	CONT			RADIO, 2-WAY PO		75IASL0782					07/10/92	07/10/92	746.76	00/00/00	
33072	CONT			RADIO, 2-WAY PO		75IASL0771					07/10/92	07/10/92	746.76	00/00/00	
33073	CONT			RADIO, 2-WAY PO		75IASL0783					07/10/92	07/10/92	746.76	00/00/00	
33074	CONT			RADIO, 2-WAY PO		75IASL0778					07/10/92	07/10/92	746.76	00/00/00	
33075	CONT			RADIO, 2-WAY PO		75IASL0780					07/10/92	07/10/92	746.76	00/00/00	
33076	CONT			RADIO, 2-WAY PO		75IASL0770					07/10/92	07/10/92	746.76	00/00/00	
33077	CONT			RADIO, 2-WAY PO		75IATG1006					07/10/92	07/10/92	746.76	00/00/00	
33078	CONT			RADIO, 2-WAY PO		75IASL0796					07/10/92	07/10/92	746.76	00/00/00	
33079	CONT			RADIO, 2-WAY PO		75IASL0797					07/10/92	07/10/92	746.76	00/00/00	
33080	CONT			RADIO, 2-WAY PO		75IASL0766					07/10/92	07/10/92	746.76	00/00/00	
33081	CONT			RADIO, 2-WAY PO		75IASL0749					07/10/92	07/10/92	746.76	00/00/00	
33082	CONT			RADIO, 2-WAY PO		75IASL0745					07/10/92	07/10/92	746.76	00/00/00	
33083	CONT			RADIO, 2-WAY PO		75IASL0748					07/10/92	07/10/92	746.76	00/00/00	
33084	CONT			RADIO, 2-WAY PO		75IASL0759					07/10/92	07/10/92	746.76	00/00/00	
33085	CONT			RADIO, 2-WAY PO		75IASL0746					07/10/92	07/10/92	746.76	00/00/00	
33086	CONT			RADIO, 2-WAY PO		75IASL0776					07/10/92	07/10/92	746.76	00/00/00	
33087	CONT			RADIO, 2-WAY PO		75IASL0743					07/10/92	07/10/92	746.76	00/00/00	
33088	CONT			RADIO, 2-WAY PO		75IASL0753					07/10/92	07/10/92	746.76	00/00/00	
33089	CONT			RADIO, 2-WAY PO		75IASL0747					07/10/92	07/10/92	746.76	00/00/00	
33090	CONT			RADIO, 2-WAY PO		75IASL0758					07/10/92	07/10/92	746.76	00/00/00	
33091	CONT			RADIO, 2-WAY PO		75IASL0757					07/10/92	07/10/92	746.76	00/00/00	
33092	CONT			RADIO, 2-WAY PO		75IASL0805					07/10/92	07/10/92	746.76	00/00/00	
33093	CONT			RADIO, 2-WAY PO		75IASL0756					07/10/92	07/10/92	746.76	00/00/00	
33094	CONT			RADIO, 2-WAY PO		75IASL0755					07/10/92	07/10/92	746.76	00/00/00	
33095	CONT			RADIO, 2-WAY PO		75IASL0742					07/10/92	07/10/92	746.76	00/00/00	
33096	CONT			RADIO, 2-WAY PO		75IASL0750					07/10/92	07/10/92	746.76	00/00/00	
33097	CONT			RADIO, 2-WAY PO		75IASL0754					07/10/92	07/10/92	746.76	00/00/00	
33098	CONT			RADIO, 2-WAY PO		75IASL0760					07/10/92	07/10/92	746.76	00/00/00	
33099	CONT			RADIO, 2-WAY PO		75IASL0744					07/10/92	07/10/92	746.76	00/00/00	
P33100	CONT			RADIO, 2-WAY PO		75IASL0741					07/10/92	07/10/92	746.76	00/00/00	
P33101	CONT			RADIO, 2-WAY PO		75IASL0804					07/10/92	07/10/92	746.76	00/00/00	
P33102	CONT			RADIO, 2-WAY PO		75IASL0811					07/10/92	07/10/92	746.76	00/00/00	
P33103	CONT			RADIO, 2-WAY PO		75IASL0788					07/10/92	07/10/92	746.76	00/00/00	
P33104	CONT			RADIO, 2-WAY PO		75IASL0791					07/10/92	07/10/92	746.76	00/00/00	
P33105	CONT			RADIO, 2-WAY PO		75IASL0790					07/10/92	07/10/92	746.76	00/00/00	
P33106	CONT			RADIO, 2-WAY PO		75IASL0794					07/10/92	07/10/92	746.76	00/00/00	
P33107	CONT			RADIO, 2-WAY PO		75IASL0794					07/10/92	07/10/92	746.76	00/00/00	
P33108	CONT			RADIO, 2-WAY PO		75IASL0751					07/10/92	07/10/92	746.76	00/00/00	
P33109	CONT			RADIO, 2-WAY PO		75IASL0795					07/10/92	07/10/92	746.76	00/00/00	

PT/DIV: 32944

LOCATION: 91018

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

BA11A230
00,091.56

RETIRE DATE

ACQUIRE DATE FIN SVC DATE

FLOOR ROOM UNIT DESCRIPTION

SERIAL #

STATE COST

V: 32944

LOCATION: 91018

COMMODITY CODE:	72577	COMMODITY CODE DESC:	RADIO, 2-HAY PORT & CHARGER	07/10/92	07/10/92	746.76	00/00/00
CONT	RADIO, 2-HAY PO	75IASL0792	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0809	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0789	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0793	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0787	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0798	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0862	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0858	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0824	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0861	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0821	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0859	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0825	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0829	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0841	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0860	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0816	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0838	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0826	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0852	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0827	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0830	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0837	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0842	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0822	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0836	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0813	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0848	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0845	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0851	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0818	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0817	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0855	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0834	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0835	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0833	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL086	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0819	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0814	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0857	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0854	07/10/92	07/10/92	746.76	00/00/00	
CONT	RADIO, 2-HAY PO	75IASL0839	07/10/92	07/10/92	746.76	00/00/00	

STAT. TENNESSEE
 PERSONAL PROPEN. ITEMS BY LOCATION
 AUTHORIZED ASSETS
 FROM 01/01/60 TO 07/30/96

REPORT: BA..A230
 TIME: 00.09.36

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32944								
LOCATION: 91018								
COMMODITY CODE: 72577 RADIO, 2-HAY PORT & CHARGER								
P33156			RADIO, 2-HAY PO	751ASL0828	07/10/92	07/10/92	746.76	00/00/00
P33157			RADIO, 2-HAY PO	751ASL0831	07/10/92	07/10/92	746.76	00/00/00
P33158			RADIO, 2-HAY PO	751ASL0850	07/10/92	07/10/92	746.76	00/00/00
P33159			RADIO, 2-HAY PO	751ASL0832	07/10/92	07/10/92	746.76	00/00/00
P33160			RADIO, 2-HAY PO	751ASL0853	07/10/92	07/10/92	746.76	00/00/00
P33162			RADIO, 2-HAY PO	751ASL0840	07/10/92	07/10/92	746.76	00/00/00
P33163			RADIO, 2-HAY PO	751ASL0843	07/10/92	07/10/92	746.76	00/00/00
P33164			RADIO, 2-HAY PO	751ASL0846	07/10/92	07/10/92	746.76	00/00/00
COMMODITY CODE: 89037 METAL FINDERS & DETECTOR								
P33037			VISI	METAL FINDERS & 21908	02/29/92	02/29/92	3,926.50	00/00/00
COMMODITY CODE: 89877 X-RAY MACHINE, DIAGNOSTIC								
P33195			PROP	X-RAY MACHINE, 50925	07/10/92	07/10/92	21,450.00	00/00/00
LOCATION: 91019								
COMMODITY CODE: 20511 CPU, MICROCOMPUTER (PC)								
P40007			ASTS	CPU, MICROCOMPUT 23-KBBPL	02/29/92	02/29/92	1,966.82	00/00/00
COMMODITY CODE: 20547 PRINTER, (PC) PLOTTER								
J02637			ADMNA DMM	PRINTER, (PC) 2100014886	07/01/96	07/01/96	398.60	00/00/00
P40297			CLAS	PRINTER, (PC) 1GMAT510091	02/29/92	02/29/92	398.60	00/00/00

84,383.88

210,106.25

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

BA11A239
00.09.36

FLOOR ROOM UNIT DESCRIPTION SERIAL # ACQUIRE DATE FIN SVC DATE STATE COST RETIRE DATE

IV. 32944

LOCATION: 91019

COMMODITY CODE:	20547	COMMODITY CODE DESC:	PRINTER, (PC)	PLOTTER	797.20	00/00/00
COMMODITY CODE:	26022	COMMODITY CODE DESC:	DENTAL UNIT & COMPONENT		625.27	00/00/00
DENT		DENTAL UNIT & C	02/29/92	02/29/92	625.27	00/00/00
DENT		DENTAL UNIT & C	02/29/92	02/29/92	625.27	00/00/00
DENT		DENTAL UNIT & C	02/29/92	02/29/92	1,875.81	00/00/00

COMMODITY CODE:

7 E27

COMMODITY CODE:	36974	COMMODITY CODE DESC:	SHAMPOO & BUFFING MACHINES	793.04	00/00/00
COMMODITY CODE: <td>SHAMPOO & BUFFI</td> <td>21280045</td> <td>02/29/92</td> <td>02/29/92</td> <td>793.04</td>	SHAMPOO & BUFFI	21280045	02/29/92	02/29/92	793.04

COMMODITY CODE:

40802
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
BEDS, HOSPITAL
INF

COMMODITY CODE:	40802	COMMODITY CODE DESC:	BEDS, HOSPITAL	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
HOSP		BEDS, HOSPITAL	02/29/92	560.30	00/00/00
INF		BEDS, HOSPITAL	02/29/92	1,416.77	00/00/00
				5,899.17	

COMMODITY CODE:

40866
TABLE, EXAMINATION
TABLE, EXAMINAT
TABLE, EXAMINAT
TABLE, EXAMINAT
CLIN

COMMODITY CODE:	40866	COMMODITY CODE DESC:	TABLE, EXAMINATION	727.32	00/00/00
CLIN		TABLE, EXAMINAT	02/29/92	727.32	00/00/00
CLIN		TABLE, EXAMINAT	02/29/92	727.32	00/00/00
CLIN		TABLE, EXAMINAT	02/29/92	727.32	00/00/00
CLIN		TABLE, EXAMINAT	02/29/92	2,909.28	00/00/00

STATE OF TI SSEE
PERSONAL PROPERTY ITE... BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

RT: BA11A230
: 00:09:36

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

FLOOR ROOM UNIT DESCRIPTION

RETIRE DATE

T/DIV, 32944

LOCATION: 91019

714.75
714.75

DESK & TABLE, HOOD
03/20/92 03/20/92

41816 COMMODITY CODE DESC:

COMMODITY CODE:

DESK & TABLE, M

031 MED

536.21
538.21
538.21
538.21
538.21
538.21
538.21
592.09
4,359.56

CABINET, FILING, METAL
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92

41820 COMMODITY CODE DESC:

CLIN
PERS
RECO
RECO
RECO
RECO
RECO
RECO
RECO
CABINET, FILING
CABINET, FILING
CABINET, FILING
CABINET, FILING
CABINET, FILING
CABINET, FILING
CABINET, FILING

2,686.61
2,686.61

DIAGNOSTIC EQUIP-COMPUTER
02/29/92 02/29/92

46524 COMMODITY CODE DESC:

COMMODITY CODE: CLIN
DIAGNOSTIC EQUI 10102712

614.18
614.18

ORTHOPEDIC EQUIPMENT
02/29/92 02/29/92

46558 COMMODITY CODE DESC:

COMMODITY CODE: CLIN
ORTHOPEDIC EQUI HU101C11853

121.54
121.54
243.08

CALCULATOR, ELECTRONIC
02/29/92 02/29/92
02/29/92 02/29/92

60010 COMMODITY CODE DESC:

COMMODITY CODE: ADM
E26
CALCULATOR, ELE 2D002031
CALCULATOR, ELE 1D057249

TYPEWRITER, ELECTRIC

60072 COMMODITY CODE DESC:

COMMODITY CODE:

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: DA11A230
TIME: 00.09.36

NO	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV:			32944					
LOCATION:			91019					
COMMODITY CODE:			60072	COMMODITY CODE DESC:			527.67	00/00/00
240399		E26	TYPWRITER, ELE 802691X		02/29/92	02/29/92	527.67	
COMMODITY CODE:			60082	COMMODITY CODE DESC:			2,394.16	00/00/00
240406		DENT	VALIDATING MACH		02/29/92	02/29/92	2,394.16	
LOCATION:			91021					
COMMODITY CODE:			04362	COMMODITY CODE DESC:			120.39	00/00/00
J02438		OPER OPER	VACUUM CLEANER, 944923374		07/01/96	07/01/96	120.39	
COMMODITY CODE:			20511	COMMODITY CODE DESC:				
P40294		CLAS	CPU:MICROCOMPUT	8860T	02/29/92	02/29/92	1,244.52	00/00/00
P40295		CLAS	CPU:MICROCOMPUT	8863T	02/29/92	02/29/92	1,244.52	00/00/00
P40299		CLAS	CPU:MICROCOMPUT	8866T	02/29/92	02/29/92	1,244.52	00/00/00
P40300		CLAS	CPU:MICROCOMPUT	8855T	02/29/92	02/29/92	1,244.52	00/00/00
P40301		CLAS	CPU:MICROCOMPUT	8870T	02/29/92	02/29/92	1,244.52	00/00/00
P40302		CLAS	CPU:MICROCOMPUT	8869T	02/29/92	02/29/92	1,244.52	00/00/00
P40303		CLAS	CPU:MICROCOMPUT	8856T	02/29/92	02/29/92	1,244.52	00/00/00
P40304		CLAS	CPU:MICROCOMPUT	8811T	02/29/92	02/29/92	1,244.52	00/00/00
P40305		CLAS	CPU:MICROCOMPUT	8826T	02/29/92	02/29/92	1,244.52	00/00/00
P40306		CLAS	CPU:MICROCOMPUT	8808T	02/29/92	02/29/92	1,244.52	00/00/00
P40307		CLAS	CPU:MICROCOMPUT	8812T	02/29/92	02/29/92	1,244.52	00/00/00
P40308		CLAS	CPU:MICROCOMPUT	8857T	02/29/92	02/29/92	1,244.52	00/00/00
P40309		CLAS	CPU:MICROCOMPUT	8806T	02/29/92	02/29/92	1,244.52	00/00/00
P40310		CLAS	CPU:MICROCOMPUT	8818T	02/29/92	02/29/92	1,244.52	00/00/00
P40311		CLAS	CPU:MICROCOMPUT	8848T	02/29/92	02/29/92	1,244.52	00/00/00
P40312		CLAS	CPU:MICROCOMPUT	8838T	02/29/92	02/29/92	1,244.52	00/00/00
P40313		CLAS	CPU:MICROCOMPUT	8836T	02/29/92	02/29/92	1,244.52	00/00/00

STATE OF TEXAS
PERSONAL PROPERTY ITEM BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

PORT: BA11A230
NE: 00:09:36

REIRE DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

UNIT DESCRIPTION

FLOOR ROOM

PT/DIV: 32944

LOCATION: 91021

COMMODITY CODE	20511	COMMODITY CODE DESC.	CPU-MICROCOMPUTER (PC)	ACQUIRE DATE	FIN SVC DATE	STATE COST	REIRE DATE
10314	CLAS	CPU-MICROCOMPUT	8868T	02/29/92	02/29/92	1,244.52	00/00/00
10317	CLAS	CPU-MICROCOMPUT	8845T	02/29/92	02/29/92	1,244.52	00/00/00
10318	CLAS	CPU-MICROCOMPUT	8861T	02/29/92	02/29/92	1,244.52	00/00/00
10321	CLAS	CPU-MICROCOMPUT	8840T	02/29/92	02/29/92	1,244.52	00/00/00
10322	CLAS	CPU-MICROCOMPUT	8832T	02/29/92	02/29/92	1,244.52	00/00/00
10323	CLAS	CPU-MICROCOMPUT	8857T	02/29/92	02/29/92	1,244.52	00/00/00
10324	CLAS	CPU-MICROCOMPUT	8821T	02/29/92	02/29/92	1,244.52	00/00/00
10325	CLAS	CPU-MICROCOMPUT	8809T	02/29/92	02/29/92	1,244.52	00/00/00
10326	CLAS	CPU-MICROCOMPUT	8864T	02/29/92	02/29/92	1,244.52	00/00/00
10327	CLAS	CPU-MICROCOMPUT	8810T	02/29/92	02/29/92	1,244.52	00/00/00
10328	CLAS	CPU-MICROCOMPUT	8854T	02/29/92	02/29/92	1,244.52	00/00/00
10329	CLAS	CPU-MICROCOMPUT	8823T	02/29/92	02/29/92	1,244.52	00/00/00
10330	CLAS	CPU-MICROCOMPUT	8827T	02/29/92	02/29/92	1,244.52	00/00/00
10331	CLAS	CPU-MICROCOMPUT	8867T	02/29/92	02/29/92	1,244.52	00/00/00
10333	CLAS	CPU-MICROCOMPUT	8874T	02/29/92	02/29/92	1,244.52	00/00/00
10334	CLAS	CPU-MICROCOMPUT	8833T	02/29/92	02/29/92	1,244.52	00/00/00
10336	CLAS	CPU-MICROCOMPUT	8835T	02/29/92	02/29/92	1,244.52	00/00/00
10337	CLAS	CPU-MICROCOMPUT	8819T	02/29/92	02/29/92	1,244.52	00/00/00
10338	CLAS	CPU-MICROCOMPUT	8843T	02/29/92	02/29/92	1,244.52	00/00/00
10339	CLAS	CPU-MICROCOMPUT	8850T	02/29/92	02/29/92	1,244.52	00/00/00
10340	CLAS	CPU-MICROCOMPUT	8801T	02/29/92	02/29/92	1,244.52	00/00/00
10341	CLAS	CPU-MICROCOMPUT	8813T	02/29/92	02/29/92	1,244.52	00/00/00
10346	CLAS	CPU-MICROCOMPUT	8816T	02/29/92	02/29/92	1,244.52	00/00/00
10347	CLAS	CPU-MICROCOMPUT	8853T	02/29/92	02/29/92	1,244.52	00/00/00
10356	CLAS	CPU-MICROCOMPUT	8849T	02/29/92	02/29/92	1,244.52	00/00/00
10357	CLAS	CPU-MICROCOMPUT	8825T	02/29/92	02/29/92	1,244.52	00/00/00
10358	CLAS	CPU-MICROCOMPUT	8841T	02/29/92	02/29/92	1,244.52	00/00/00
10359	CLAS	CPU-MICROCOMPUT	8821T	02/29/92	02/29/92	1,244.52	00/00/00
10362	CLAS	CPU-MICROCOMPUT	8821T	02/29/92	02/29/92	1,244.52	00/00/00
10363	CLAS	CPU-MICROCOMPUT	8829T	02/29/92	02/29/92	1,244.52	00/00/00
10364	CLAS	CPU-MICROCOMPUT	8822T	02/29/92	02/29/92	1,244.52	00/00/00
10365	CLAS	CPU-MICROCOMPUT	8844T	02/29/92	02/29/92	1,244.52	00/00/00
10366	CLAS	CPU-MICROCOMPUT	8858T	02/29/92	02/29/92	1,244.52	00/00/00
10368	CLAS	CPU-MICROCOMPUT	8820T	02/29/92	02/29/92	1,244.52	00/00/00
10370	CLAS	CPU-MICROCOMPUT	8866T	02/29/92	02/29/92	1,244.52	00/00/00
10373	CLAS	CPU-MICROCOMPUT	0082T	02/29/92	02/29/92	1,244.52	00/00/00
10374	CLAS	CPU-MICROCOMPUT	0082T	02/29/92	02/29/92	1,244.52	00/00/00
10350	FI	CPU-MICROCOMPUT	2092318847T	02/29/92	02/29/92	1,244.52	00/00/00
10351	F5	CPU-MICROCOMPUT	8839T	02/29/92	02/29/92	1,244.52	00/00/00
10367	PROG	CPU-MICROCOMPUT	209318831T	02/29/92	02/29/92	1,244.52	00/00/00
10029	VOC	CPU-MICROCOMPUT		02/29/92	02/29/92	1,244.52	00/00/00

STATE OF TENNESSEE
 PERSONAL PROPERTY ITEMS BY LOCATION
 AUTHORIZED ASSETS
 FROM 01/01/60 TO 07/30/96

TAO #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32944								
LOCATION: 91021								
			COMMODITY CODE:	20511	COMMODITY CODE DESC:	CPU-MICROCOMPUTER (PC)	73,426.68	
			COMMODITY CODE:	20547	COMMODITY CODE DESC:	PRINTER, (PC) PLOTTER		
P40021		CLAS	PRINTER, (PC)	1620969X	02/29/92	02/29/92	747.00	00/00/00
P40343		CLAS	PRINTER, (PC)	1GMATJ15473	02/29/92	02/29/92	398.60	00/00/00
P40202		VOTE	PRINTER, (PC)	1GMATJ23336	05/22/92	05/22/92	367.00	00/00/00
							1,512.60	
			COMMODITY CODE:	20549	COMMODITY CODE DESC:	PRINTER/SUBSYST WORKSTATION		
P40475		SECR	PRINTERS & PRIN	11-37722	02/29/92	02/29/92	382.23	00/00/00
							382.23	
			COMMODITY CODE:	34008	COMMODITY CODE DESC:	CABINET-SAFETY		
P40381		ART8	CABINET-SAFETY		02/29/92	02/29/92	557.70	00/00/00
							557.70	
			COMMODITY CODE:	36574	COMMODITY CODE DESC:	SHAMPOO & BUFFING MACHINES		
P40106		10A	SHAMPOO & BUFFI	920749	02/29/92	02/29/92	705.76	00/00/00
							705.76	
			COMMODITY CODE:	41816	COMMODITY CODE DESC:	DESK & TABLE, MOOD		
P33017		COVN	DESK & TABLE, M		03/20/92	03/20/92	714.75	00/00/00
P33191		LIOR	DESK & TABLE, M		02/19/92	02/19/92	714.75	00/00/00
P33192		LIOR	DESK & TABLE, M		02/19/92	02/19/92	579.95	00/00/00
P33189		PROO	DESK & TABLE, M		02/19/92	02/19/92	599.95	00/00/00
P40502		01	VOCED VUC		01/19/94	01/19/94	599.95	00/00/00
P40503		01	VOCED VUC		01/19/94	01/19/94	599.95	00/00/00
							3,924.10	

STATE OF INDIANA
PERSONAL PROPERTY ASSETS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BAI1A:
TIME: 00:09:56

TAG # FLOOR ROOM UNIT DESCRIPTION SERIAL # ACQUIRE DATE FIN SVC DATE STATE COST RETIRE DATE

DEPT/DIV: 32944

LOCATION: 91021

COMMODITY CODE:	41820	COMMODITY CODE DESC:	CABINET, FILING, METAL	02/29/92	00/00/00
P40018		CABINET, FILING		02/29/92	592.09
P40470		CABINET, FILING		02/29/92	538.21
P40173		CABINET, FILING		02/29/92	592.09
P40316		CABINET, FILING		02/29/92	538.21
P40348		CABINET, FILING		02/29/92	538.21
P40349		CABINET, FILING		02/29/92	538.21
P40352		CABINET, FILING		02/29/92	538.21
P40355		CABINET, FILING		02/29/92	592.09
P40360		CABINET, FILING		02/29/92	538.21
P40377		CABINET, FILING		02/29/92	538.21
P40353		CABINET, FILING		02/29/92	538.21
P40354		CABINET, FILING		02/29/92	538.21
P40345		CABINET, FILING		02/29/92	538.21
P40319		CABINET, FILING		02/29/92	538.21
P40165		CABINET, FILING		02/29/92	592.09
P40417		CABINET, FILING		02/29/92	592.09
P40380		CABINET, FILING		02/29/92	538.21
P40104		CABINET, FILING		02/29/92	538.21
P40375		CABINET, FILING		02/29/92	592.09
P40473		CABINET, FILING		02/29/92	538.21
P40107		CABINET, FILING		02/29/92	538.21
P40017		CABINET, FILING		02/29/92	538.21
P40022		CABINET, FILING		02/29/92	538.21
P40024		CABINET, FILING		02/29/92	538.21
P40030		CABINET, FILING		02/29/92	538.21
P40032		CABINET, FILING		02/29/92	14,316.74

COMMODITY CODE: 41834 COMMODITY CODE DESC: FURNITURE, LOUNGE, IN, HOOD 04/06/92 04/06/92 934.75 934.75 00/00/00

COMMODITY CODE: 42412 COMMODITY CODE DESC: FURNITURE, LIBRARY, CABINETS 02/29/92 02/29/92 530.89 530.89 00/00/00

P40361 F23

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

RT: 0A11A230
: 00.09.36

RETIRES DATE

ACQUIRE DATE FIN SVC DATE

STATE COST

FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
3				60010	CALCULATOR, ELECTRONIC				
						02/29/92	02/29/92	121.54	00/00/00
						02/29/92	02/29/92	115.45	00/00/00
						02/29/92	02/29/92	115.44	00/00/00
						02/29/92	02/29/92	115.44	00/00/00
						02/29/92	02/29/92	121.54	00/00/00
						02/29/92	02/29/92	121.54	00/00/00
						02/29/92	02/29/92	121.54	00/00/00
						02/29/92	02/29/92	121.54	00/00/00
						02/29/92	02/29/92	115.45	00/00/00
						02/29/92	02/29/92	115.45	00/00/00
						02/29/92	02/29/92	1,184.93	

COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
60072	TYPEWRITER, ELECTRIC	02/29/92	02/29/92	527.67	00/00/00
		02/29/92	02/29/92	508.37	00/00/00
		02/29/92	02/29/92	508.37	00/00/00
		02/29/92	02/29/92	1,544.41	

COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
60074	TYPEWRITER, ELECTRONIC	02/29/92	02/29/92	527.67	00/00/00
		02/29/92	02/29/92	508.37	00/00/00
		02/29/92	02/29/92	1,036.04	

COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
60211	COPYING MACHINE, PLAIN	02/29/92	02/29/92	22,657.75	00/00/00
		02/29/92	02/29/92	22,657.75	

COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
71502	BOOKS, PUBLICATION/COPYRIGHT	02/29/92	02/29/92	634.00	00/00/00
		02/29/92	02/29/92	896.41	00/00/00

COMMODITY CODE	COMMODITY CODE DESC.	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRES DATE
40004	COPY				
40115	LIDR				
40116	LIDR				

STATE OF TEX SEE
PERSONAL PROPERTY ITEM. BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

IT: BA11A230
00:09:36

REIRE DATE

ACQUIRE DATE FIN SVC DATE

STATE COST

REIRE DATE

FLOOR ROOM UNIT DESCRIPTION SERIAL #

/DIV, 32944

LOCATION, 91021

COMMODITY CODE, 71502 COMMODITY CODE DESC, BOOKS, PUBLICATION/COPYRIGHT

1,550.41

00/00/00

COMMODITY CODE, 72571 COMMODITY CODE DESC, RADIO, 2-WAY REC, TRANSHITE

944.53

00/00/00

ASTM RADIO, 2-WAY RE 42BASL3776 02/29/92 02/29/92

944.53

00/00/00

COMMODITY CODE, 80550 COMMODITY CODE DESC, GYMNASIUM APPARATUS

4,251.20

00/00/00

INMR GYMNASIUM APPAR 02/29/92 02/29/92

4,251.20

00/00/00

INMR GYMNASIUM APPAR 02/29/92 02/29/92

534.21

00/00/00

INMR GYMNASIUM APPAR 02/29/92 02/29/92

9,036.61

00/00/00

COMMODITY CODE, 84042 COMMODITY CODE DESC, TV RECEIVER OR CONSOLE

231.66

00/00/00

ORON RECEIVER, TV & 370336 02/29/92 02/29/92

231.66

00/00/00

PROG RECEIVER, TV & 370992 02/29/92 02/29/92

231.66

00/00/00

SATE RECEIVER, TV & 370329 02/29/92 02/29/92

231.66

00/00/00

VOC RECEIVER, TV & 370975 02/29/92 02/29/92

926.64

00/00/00

COMMODITY CODE, 84072 COMMODITY CODE DESC, VIDEO PLAYER & RECORDER

206.84

00/00/00

CHAR VIDEO PLAYER & 111842457 02/29/92 02/29/92

206.84

00/00/00

10133 CLOS VIDEO PLAYER & 111841738 02/29/92 02/29/92

206.84

00/00/00

10163 LIBR VIDEO PLAYER & 11841610 02/29/92 02/29/92

620.52

00/00/00

135,913.68

STATE OF ILLINOIS
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: 0011A230
TIME: 00:09:36

TAG # FLOOR ROOM UNIT DESCRIPTION SERIAL # ACQUIRE DATE FIN SVC DATE STATE COST RETIRE DATE

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32944								
			LOCATION: 91022					
P40284			COMMODITY CODE: 10C					
			02539 COMPRESSOR, AIR > SHP PORTAB		02/29/92	02/29/92	1,381.38	00/00/00
			COMPRESSOR, AIR AIR PACK				1,381.38	
P40308			COMMODITY CODE: CONT					
			20347 COMMODITY CODE DESC:					
			PRINTER, (PC) IAKAR036359		02/29/92	02/29/92	398.60	00/00/00
			PRINTER, (PC) PLOTTER				398.60	
P40385			COMMODITY CODE: E119					
			34567 COMMODITY CODE DESC:					
			AIR PACK, SAFET		02/29/92	02/29/92	1,381.38	00/00/00
			AIR PACK, SAFETY EQUIP.				1,381.38	
J02639			OPER OPER					
			36574 COMMODITY CODE DESC:					
			SHAMPOO & BUFFI P06892A		07/01/96	07/01/96	705.76	00/00/00
			SHAMPOO & BUFFING MACHINES				705.76	
P33102			COMMODITY CODE: HSA					
P33184			COMMODITY CODE: HSA					
			41816 COMMODITY CODE DESC:					
			DESK & TABLE, M		04/06/92	04/06/92	379.95	00/00/00
			DESK & TABLE, M		02/19/92	02/19/92	579.95	00/00/00
			DESK & TABLE, WOOD				1,159.90	
			41820 COMMODITY CODE DESC:					
			CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
			CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
			CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
P40386			COMMODITY CODE: A116					
P40188			COMMODITY CODE: HSA					
P40389			COMMODITY CODE: HSA					

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BAIL 0
TIME: 00:09:36

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
			DEPT/DIV: 32944					
			LOCATION: 91022					
P33207			COMMODITY CODE: 72535 PAGING, RADIO & CONT		07/10/92	07/10/92	573.75 573.75	00/00/00
			COMMODITY CODE: 84072 VIDEO PLAYER & CONT	111399821	02/29/92	02/29/92	733.24 733.24	00/00/00
			LOCATION: 91023					
P40138			COMMODITY CODE: 20547 PRINTER, (PC) PROG	1AKAR036317	02/29/92	02/29/92	390.05 390.05	00/00/00
			COMMODITY CODE: 34008 CABINET-SAFETY PROG		02/29/92	02/29/92	557.70 557.70	00/00/00
			COMMODITY CODE: 41820 CABINET, FILING VOC		02/29/92	02/29/92	538.21 538.21	00/00/00
			COMMODITY CODE: 60010 CALCULATOR, ELE C10S	2D003681	02/29/92	02/29/92	121.54 121.54	00/00/00

STATE OF TEXAS
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: 0A11A230
TIME: 00:09:36

STATE COST RETIRE DATE

ACQUIRE DATE FIN SVC DATE

TAO #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32944							
LOCATION: 91023							
			60010	COMMODITY CODE DESC:	CALCULATOR, ELECTRONIC	1,607.50	
LOCATION: 91024							
P40387			34967	COMMODITY CODE DESC:	AIR PACK, SAFETY EQUIP.	1,381.38	00/00/00
				AIR PACK, SAFET	02/29/92 02/29/92	1,381.38	
LOCATION: 91024							
P33186			41816	COMMODITY CODE DESC:	DESK & TABLE, WOOD	579.95	00/00/00
P33185				DESK & TABLE, W	02/19/92 02/19/92	579.95	00/00/00
				DESK & TABLE, W	02/19/92 02/19/92	1,159.90	
LOCATION: 91024							
P40177			41820	COMMODITY CODE DESC:	CABINET, FILING, METAL	538.21	00/00/00
P40474				CABINET, FILING	02/29/92 02/29/92	538.21	00/00/00
				CABINET, FILING	02/29/92 02/29/92	1,076.42	
LOCATION: 91024							
P40478			60010	COMMODITY CODE DESC:	CALCULATOR, ELECTRONIC	121.54	00/00/00
				CALCULATOR, ELE 10057229	02/29/92 02/29/92	121.54	
LOCATION: 91024							
P33206			72535	COMMODITY CODE DESC:	PAGING, RADIO & CHARGERS	573.75	00/00/00
				PAGING, RADIO &	07/10/92 07/10/92	573.75	

STATE OF TENNESSEE
PERSONAL PROPERTY ITEM LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

T. 9A11A230
00-09-36

STATE COST RETIRE DATE

ACQUIRE DATE FIN SVC DATE

SERIAL #

FLOOR ROOM UNIT DESCRIPTION

COMMODITY CODE

DIV. 32944

LOCATION: 91024

COMMODITY CODE DESC: 84042

TV RECEIVER OR CONSOLE

07/01/96 07/01/96

00/00/00

231.66

COMMODITY CODE: 40

ANRX VOYG TV RECEIVER OR 29820028

231.66

40

4,544.65

LOCATION: 91025

COMMODITY CODE DESC: 34567

AIR PACK, SAFETY EQUIP.

02/29/92 02/29/92

00/00/00

1,381.38

COMMODITY CODE: 285

AIR PACK, SAFET

1,381.38

285

COMMODITY CODE: 3205

PAGING, RADIO & CHARGERS

07/10/92 07/10/92

00/00/00

573.75

COMMODITY CODE: 3205

PAGING, RADIO & CHARGERS

07/10/92 07/10/92

00/00/00

573.75

1,955.13

LOCATION: 91026

COMMODITY CODE DESC: 34567

AIR PACK, SAFETY EQUIP.

02/29/92 02/29/92

00/00/00

1,381.38

COMMODITY CODE: 40283

AIR PACK, SAFET

1,381.38

40283

COMMODITY CODE: 40178

COMMODITY CODE DESC: 41020

CABINET, FILING, METAL

02/29/92 02/29/92

00/00/00

538.21

COMMODITY CODE: 40178

CABINET, FILING

538.21

40178

STATE OF TENNESSEE
PERSONAL PROPERTY ITEM Y LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

ORT: BA11A2J0
E: 00,09,36

FLOOR ROOM UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
LOCATION: 91027					
COMMODITY CODE: 41820	COMMODITY CODE DESC: CABINET, FILING, METAL	02/29/92	02/29/92	538.21	00/00/00
1176 COUN	CABINET, FILING	02/29/92	02/29/92	538.21	00/00/00
1180 COUN	CABINET, FILING			1,076.42	
LOCATION: 91028					
COMMODITY CODE: 72535	COMMODITY CODE DESC: PAGING, RADIO & CHARGERS	07/10/92	07/10/92	573.75	00/00/00
3201 CONT	PAGING, RADIO &			573.75	
LOCATION: 91028					
COMMODITY CODE: 84042	COMMODITY CODE DESC: TV RECEIVER OR CONSOLE	02/29/92	02/29/92	231.66	00/00/00
0464 ANNE	RECEIVER, TV & 370995			231.66	
LOCATION: 91028					
COMMODITY CODE: 41820	COMMODITY CODE DESC: CABINET, FILING, METAL	02/29/92	02/29/92	538.21	00/00/00
10183 UMGR	CABINET, FILING			538.21	
LOCATION: 91028					
COMMODITY CODE: 72535	COMMODITY CODE DESC: PAGING, RADIO & CHARGERS	07/10/92	07/10/92	573.75	00/00/00
33208 T	PAGING, RADIO &			573.75	
LOCATION: 91027					
COMMODITY CODE: 84042	COMMODITY CODE DESC: TV RECEIVER OR CONSOLE	07/01/96	07/01/96	231.66	00/00/00
102641 ANN X	VOY0 TV RECEIVER OR 29820027				

STATE OF MISSISSIPPI
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A230
TIME: 00:09:36

AG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32964								
LOCATION: 91028								
			84042	COMMODITY CODE DESC:	TV RECEIVER OR CONSOLE		231.66	
							1,343.62	
LOCATION: 91029								
			80550	COMMODITY CODE DESC:	GYMNASIUM APPARATUS		4,213.09	00/00/00
P40137		RECR		GYMNASIUM APPAR	02/29/92	02/29/92	4,213.09	
							4,213.09	
LOCATION: 91030								
			80550	COMMODITY CODE DESC:	GYMNASIUM APPARATUS		4,251.20	00/00/00
P40147		11B		GYMNASIUM APPAR	02/29/92	02/29/92	4,251.20	
							4,251.20	
LOCATION: 91032								
			89037	COMMODITY CODE DESC:	METAL FINDERS & DETECTOR		3,926.50	00/00/00
P33039		SALL		METAL FINDERS & 21911	02/29/92	02/29/92	3,926.50	
							3,926.50	

STATE OF T ESSEE
PERSONAL PROPERTY II
BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A23
TIME: 00:09:36

AO #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV: 32944								
LOCATION: 91033								
			20511	COMMODITY CODE DESC:	20511	COMMODITY CODE DESC:		
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	1,244.52	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	1,244.52	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	2,489.04	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	557.70	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	557.70	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	1,381.38	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	1,381.38	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	705.76	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	705.76	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	727.31	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	727.31	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	1,194.32	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	714.75	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	599.95	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	599.95	00/00/00
			20511	COMMODITY CODE DESC:	02/29/92	02/29/92	3,108.97	00/00/00

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: D011A230
TIME: 00:09:36

TAG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
DEPT/DIV, 32944								
LOCATION, 91033								
COMMODITY CODE: 41820 COMMODITY CODE DESC: CABINET, FILING, METAL								
P40197		ANNE	CABINET, FILING		02/29/92	02/29/92	592.09	00/00/00
P40025		VUC	CABINET, FILING		02/29/92	02/29/92	538.21	00/00/00
							1,130.30	
COMMODITY CODE: 41834 COMMODITY CODE DESC: FURNITURE, LOUNGE, IN, WOOD								
P33042		ANNE	FURNITURE, LOUN		04/28/92	04/28/92	802.05	00/00/00
							802.05	
COMMODITY CODE: 60072 COMMODITY CODE DESC: TYPEWRITER, ELECTRIC								
P40196		ANNE	TYPEWRITER, ELE 11-TRD01		02/29/92	02/29/92	508.37	00/00/00
							508.37	
COMMODITY CODE: 72335 COMMODITY CODE DESC: PAGING, RADIO & CHARGERS								
P33209		EX	PAGING, RADIO &		07/10/92	07/10/92	573.75	00/00/00
							573.75	
COMMODITY CODE: 80330 COMMODITY CODE DESC: GYMNASIUM APPARATUS								
P40158		ANX	GYMNASIUM APPAR		02/29/92	02/29/92	534.21	00/00/00
							534.21	
COMMODITY CODE: 84042 COMMODITY CODE DESC: TV RECEIVER OR CONSOLE								
P40469		ANNE	RECEIVER, TV & 370997		02/29/92	02/29/92	231.66	00/00/00
P40148		MAIN	RECEIVER, TV & 370990		02/29/92	02/29/92	231.66	00/00/00
							463.32	

STATE OF TENNESSEE
PERSONAL PROPERTY ITEM BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

IRT: BA11A230
00:09:36

STATE COST RETIRE DATE

ACQUIRE DATE FIN SVC DATE

FLOOR ROOM UNIT DESCRIPTION SERIAL #

/DIV: 32944

LOCATION: 91033

COMMODITY CODE: 89037 COMMODITY CODE DESC: METAL FINDERS & DETECTOR
ACQUIRE DATE: 02/29/92
FIN SVC DATE: 02/29/92
STATE COST: 3,926.50
RETIRE DATE: 00/00/00

038 ANNE METAL FINDERS & 21906

16,908.66

LOCATION: 91034

COMPUTER-CPU, ALL TYPES

COMMODITY CODE: 20505 COMMODITY CODE DESC: COMPUTER-CPU, A

ACQUIRE DATE: 03/18/94
FIN SVC DATE: 05/13/96

STATE COST: 1,202.00
RETIRE DATE: 00/00/00

1507 BUSI OFF COMPUTER-CPU, A
1506 HDNOF ADM COMPUTER-CPU, A SALR59636

2,404.00

COMMODITY CODE: 20511 COMMODITY CODE DESC: CPU, MICROCOMPUTER (PC)

ACQUIRE DATE: 02/29/92
FIN SVC DATE: 02/29/92

STATE COST: 1,966.82
RETIRE DATE: 00/00/00

0006 ACCT CPU, MICROCOMPUT 23-0176334
0156 ASTS CPU, MICROCOMPUT 2092318803T
3193 BRAD CPU, MICROCOMPUT 756
0298 CLAS CPU, MICROCOMPUT 8817T
0351 CLAS CPU, MICROCOMPUT 8805I
0372 LIBA CPU, MICROCOMPUT 8862I
0026 PERS CPU, MICROCOMPUT 2092318809T
0476 PERS CPU, MICROCOMPUT 23-KBBHX
0013 HMRS CPU, MICROCOMPUT 23-0181959

CPU, MINICOMPUTER

COMMODITY CODE: 20513 COMMODITY CODE DESC: CPU, MINICOMPUTER

ACQUIRE DATE: 02/29/92
FIN SVC DATE: 02/29/92

STATE COST: 1,966.82
RETIRE DATE: 00/00/00

0267 BUSH

MONITORS/OTHER PERIPHERALS

COMMODITY CODE: 20543 COMMODITY CODE DESC: MONITORS/OTHER PERIPHERALS

ACQUIRE DATE: 02/29/92
FIN SVC DATE: 02/29/92

STATE COST: 482.35
RETIRE DATE: 00/00/00

40266 BUSH MONITORS/OTHER AN08513001A

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

1 8A11A230
00,09,36

FLOOR ROOM UNIT DESCRIPTION SERIAL # ACQUIRE DATE FIN SVC DATE STATE COST RETIRE DATE

IV, 32944

ICATION, 91034

MONITORS/OTHER PERIPHERALS

482.35

COMMODITY CODE: 20543 COMMODITY CODE DESC:

COMMODITY CODE: 20547 COMMODITY CODE DESC:

PRINTER, (PC) PLOTTER

COMMODITY CODE:	COMMODITY CODE DESC:	PRINTER, (PC)	PLOTTER	STATE COST	RETIRE DATE
4	ASTM	1620997X	02/29/92	746.99	00/00/00
4	BRAD	203A0070189	06/22/92	1,129.00	00/00/00
8	BUSH	11-37713	02/29/92	382.23	00/00/00
4	CLAS	IKMATJ74628	02/29/92	398.60	00/00/00
4	MAIN	1621243X	02/29/92	746.99	00/00/00
2	PERS	IGHATJ20492	02/29/92	398.60	00/00/00
2	PERS	SX950011	02/29/92	746.99	00/00/00
8	WARS	1620690	02/29/92	747.00	00/00/00
6		OKKARQ60466	02/29/92	390.06	00/00/00
5	10B			5,686.46	

COMMODITY CODE: 36974 COMMODITY CODE DESC:

SHAMPOO & BUFFING MACHINES

705.76

COMMODITY CODE: 41816 COMMODITY CODE DESC:

SHAMPOO & BUFFI

705.76

DESK & TABLE, WOOD

COMMODITY CODE: 41816 COMMODITY CODE DESC:

DESK & TABLE, WOOD

COMMODITY CODE:	COMMODITY CODE DESC:	DESK & TABLE, WOOD	DESK & TABLE, WOOD	STATE COST	RETIRE DATE
58	ACCT	04/06/92	04/06/92	579.95	00/00/00
57	ADM	04/06/92	04/06/92	579.95	00/00/00
90	ADM	02/19/92	02/19/92	579.95	00/00/00
94	ASTS	04/28/92	04/28/92	579.95	00/00/00
21	ASTH	03/20/92	03/20/92	530.55	00/00/00
26	ASTH	03/20/92	03/20/92	579.95	00/00/00
43	ASTH	04/28/92	04/28/92	530.55	00/00/00
22	COMP	03/20/92	03/20/92	530.55	00/00/00
11	COUN	03/20/92	03/20/92	714.75	00/00/00
27	PERS	03/20/92	03/20/92	579.95	00/00/00
28	PERS	03/20/92	03/20/92	579.95	00/00/00
24	RECO	03/20/92	03/20/92	579.95	00/00/00
125	TRUS	04/06/92	04/06/92	579.95	00/00/00
69	TRUS	03/20/92	03/20/92	714.75	00/00/00
116	MARC	03/20/92	03/20/92	1,132.00	00/00/00
120	HARD	03/20/92	03/20/92		

STATE OF T ESSEE
PERSONAL PROPERTY II. BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BA11A234
TIME: 00:09:36

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

FLOOR ROOM UNIT DESCRIPTION

COMMODITY CODE

COMMODITY CODE DESC:

DESK & TABLE, WOOD

03/20/92

03/20/92

DEPT/DIV: 32944

LOCATION: 91034

COMMODITY CODE:

41816

COMMODITY CODE DESC:

DESK & TABLE, WOOD

03/20/92

579.95

P33023 MARS

DESK & TABLE, M

COMMODITY CODE DESC:

03/20/92

10,532.60

COMMODITY CODE:

41820

COMMODITY CODE DESC:

CABINET, FILING, METAL

02/29/92

538.21

ACCT FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

ANNE FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

ARMO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

BUSM FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

CKPT FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40413 CLER FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40291 COCO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

P40100 COMM FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40479 I.A. FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40264 K.I.T.C. FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40186 PERS FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

P40271 PERS FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40254 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40255 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40256 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40258 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40259 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

592.09

P40260 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

P40261 RECO FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

P40262 TRAI FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

538.21

P40280 TRAI FILING

CABINET, FILING

COMMODITY CODE DESC:

02/29/92

14,317.33

COMMODITY CODE:

41834

COMMODITY CODE DESC:

FURNITURE, LOUNGE, IM, WOOD

00/00/00

ADM

FURNITURE, LOUN

COMMODITY CODE DESC:

03/20/92

802.05

P33013 ADM

FURNITURE, LOUN

COMMODITY CODE DESC:

03/20/92

802.05

P33014 ADM

FURNITURE, LOUN

COMMODITY CODE DESC:

03/20/92

934.75

P33015 ADM

FURNITURE, LOUN

COMMODITY CODE DESC:

03/20/92

934.75

-P33045 BRAD

FURNITURE, LOUN

COMMODITY CODE DESC:

04/28/92

934.75

STATE OF TENNESSEE
 PERSONAL PROPERTY ITEMS BY LOCATION
 AUTHORIZED ASSETS
 FROM 01/01/60 TO 07/30/96

PAGE: 37
 DATE: 07/31/96

IT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
41834	COMMODITY CODE DESC:				
FURNITURE, LOUN		FURNITURE, LOUNGE, IN, HOOD			
FURNITURE, LOUN		03/20/92	03/20/92	672.30	00/00/00
FURNITURE, LOUN		03/20/92	03/20/92	934.75	00/00/00
FURNITURE, LOUN		04/06/92	04/06/92	934.75	00/00/00
FURNITURE, LOUN		04/06/92	04/06/92	934.75	00/00/00
FURNITURE, LOUN		04/06/92	04/06/92	8,819.65	
60010	COMMODITY CODE DESC:				
CALCULATOR, ELE		CALCULATOR, ELECTRONIC			
CALCULATOR, ELE	1D056769	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	1D056769	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D002211	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D003641	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D003631	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D002021	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D002191	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	2D002011	02/29/92	02/29/92	115.44	00/00/00
CALCULATOR, ELE	2D002231	02/29/92	02/29/92	115.44	00/00/00
CALCULATOR, ELE	1D056789	02/29/92	02/29/92	121.54	00/00/00
CALCULATOR, ELE	1D052769	05/19/92	05/19/92	115.44	00/00/00
CALCULATOR, ELE	1D058572	02/29/92	02/29/92	115.45	00/00/00
CALCULATOR, ELE	1D058539	02/29/92	02/29/92	115.45	00/00/00
60072	COMMODITY CODE DESC:			1,549.54	
TYPEWRITER, ELE		TYPEWRITER, ELECTRIC			
TYPEWRITER, ELE	11-TRD23	02/29/92	02/29/92	508.35	00/00/00
TYPEWRITER, ELE	1802689X	02/29/92	02/29/92	527.67	00/00/00
TYPEWRITER, ELE	802700X	02/29/92	02/29/92	527.67	00/00/00
60211	COMMODITY CODE DESC:			1,563.69	
COPYING MACHINE	6M6012395	COPYING MACHINE, PLAIN			
COPYING MACHINE		02/29/92	02/29/92	22,657.75	00/00/00
COPYING MACHINE		02/29/92	02/29/92	22,657.75	00/00/00

STATE OF TENNESSEE
PERSONAL PROPERTY ITEM LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

RI, PA11A230
00.09.36

FLOOR ROOM UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE	FIN SVC DATE	STATE COST	RETIRE DATE
014 PERS					
LOCATION, 91034					
	72514	02/29/92	02/29/92	2,118.57	00/00/00
COMMODITY CODE DESC: TRANSCIEVER, FACSIMILE					
	72514	02/29/92	02/29/92	2,118.57	00/00/00
COMMODITY CODE: TRANSCIEVER, FA 10104088					
1202 ORY	72535			573.75	00/00/00
1203 ORY				573.75	00/00/00
1210 T				573.75	00/00/00
COMMODITY CODE DESC: PAGING, RADIO & CHARGERS					
		07/10/92	07/10/92		
		07/10/92	07/10/92		
		07/10/92	07/10/92		
3211 TACT	72571			1,236.43	00/00/00
3212 TACT				1,343.98	00/00/00
3215 TACT				2,354.05	00/00/00
COMMODITY CODE DESC: RADIO, 2-MAY REC, TRANSMITE					
		07/10/92	07/10/92		
		07/10/92	07/10/92		
		07/10/92	07/10/92		
10275 RECR	80550			4,251.20	00/00/00
10276 RECR				534.21	00/00/00
10277 RECR				589.88	00/00/00
10278 RECR				589.88	00/00/00
COMMODITY CODE DESC: GYMNASIUM APPARATUS					
		02/29/92	02/29/92		
		02/29/92	02/29/92		
		02/29/92	02/29/92		
		02/29/92	02/29/92		
40200 WARD	84072			169.25	00/00/00
COMMODITY CODE DESC: VIDEO PLAYER & RECORDER					
		02/29/92	02/29/92		
		02/29/92	02/29/92		
		02/29/92	02/29/92		
P33036 CHKP	89037			3,926.50	00/00/00
COMMODITY CODE DESC: METAL FINDERS & DETECTOR					
		02/29/92	02/29/92		
		02/29/92	02/29/92		
		02/29/92	02/29/92		

STATE OF TENNESSEE
PERSONAL PROPERTY ITEMS BY LOCATION
AUTHORIZED ASSETS
FROM 01/01/60 TO 07/30/96

REPORT: BAI1A230
TIME: 00:09:36

RETIRE DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

AG # FLOOR ROOM UNIT DESCRIPTION SERIAL #

EPT/DIV: 32944

LOCATION: 91034

METAL FINDERS & DETECTOR

COMMODITY CODE DESC:

89037

COMMODITY CODE:

3,926.50

PISTOL, LAH ENFORCEMENT

COMMODITY CODE DESC:

89341

COMMODITY CODE:

AG #	FLOOR	ROOM	UNIT DESCRIPTION	SERIAL #	ACQUIRE DATE FIN SVC DATE	STATE COST	RETIRE DATE
40054			ARMO	BHV4903	02/29/92	232.64	00/00/00
40055			ARMO	BHV4916	02/29/92	232.64	00/00/00
40056			ARMO	BHV4930	02/29/92	232.64	00/00/00
40057			ARMO	BHV2259	02/29/92	232.64	00/00/00
40058			ARMO	BHV4987	02/29/92	232.64	00/00/00
40059			ARMO	BHV2270	02/29/92	232.64	00/00/00
40060			ARMO	BHV2424	02/29/92	232.64	00/00/00
40061			ARMO	BHV4912	02/29/92	232.64	00/00/00
40062			ARMO	BHV0083	02/29/92	232.64	00/00/00
40063			ARMO	BHV4858	02/29/92	232.64	00/00/00
40064			ARMO	BHV2481	02/29/92	232.64	00/00/00
40065			ARMO	BHV2478	02/29/92	232.64	00/00/00
40066			ARMO	BHV4730	02/29/92	232.64	00/00/00
40067			ARMO	BHV2285	02/29/92	232.64	00/00/00
40068			ARMO	BHV4674	02/29/92	232.64	00/00/00
40069			ARMO	BHV4784	02/29/92	232.64	00/00/00
40070			ARMO	BHV2395	02/29/92	232.64	00/00/00
40071			ARMO	BHV4830	02/29/92	232.64	00/00/00
40072			ARMO	BHV4727	02/29/92	232.64	00/00/00
40073			ARMO	BHV2049	02/29/92	232.64	00/00/00
40074			ARMO	BHV2427	02/29/92	232.64	00/00/00
40075			ARMO	BHV2290	02/29/92	232.64	00/00/00
40076			ARMO	BHV2437	02/29/92	232.64	00/00/00
40077			ARMO	BHV4789	02/29/92	232.64	00/00/00
40078			ARMO	BHV2241	02/29/92	232.64	00/00/00
5,816.00							

GUN, SHOTGUN & RIOTN

COMMODITY CODE DESC:

89365

COMMODITY CODE:

P40079	ARMO		GUN, SHOTGUN &	A344719M	02/29/92	230.59	00/00/00
P40080	ARMO		GUN, SHOTGUN &	A344285M	02/29/92	230.59	00/00/00
P40081	ARMO		GUN, SHOTGUN &	A344756M	02/29/92	230.59	00/00/00
P40082	ARMO		GUN, SHOTGUN &	A344698M	02/29/92	230.59	00/00/00
P40083	ARMO		GUN, SHOTGUN &	A344712M	02/29/92	230.59	00/00/00
P40084	ARMO		GUN, SHOTGUN &	A344740M	02/29/92	230.59	00/00/00
P60085	ARMO		GUN, SHOTGUN &	A344746M	02/29/92	230.59	00/00/00

STATE OF TENNESSEE
PERSONAL PROPERTY ITEM: LOCATION
AUTHORIZED ASSETS FROM 01/01/60 TO 07/30/96

IT. BA11A230
00.09.36

REIRE DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

FLOOR ROOM UNIT DESCRIPTION

DIV. 32944

LOCATION: 91034

COMMODITY CODE:	89365	COMMODITY CODE DESC:	GUN, SHOTGUN & RIOTH	02/29/92	00/00/00
86	ARMO	GUN, SHOTGUN & A346598M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
87	ARMO	GUN, SHOTGUN & A344754M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
88	ARMO	GUN, SHOTGUN & A344702M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
89	ARMO	GUN, SHOTGUN & A344306M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
90	ARMO	GUN, SHOTGUN & A344717M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
91	ARMO	GUN, SHOTGUN & A344705M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
92	ARMO	GUN, SHOTGUN & A347168M	GUN, SHOTGUN & RIOTH	02/29/92	230.59
93	ARMO	GUN, SHOTGUN & A344745M	GUN, SHOTGUN & RIOTH	02/29/92	337.84
95	ARMO	GUN, SHOTGUN & 650715	GUN, SHOTGUN & RIOTH	02/29/92	337.84
96	ARMO	GUN, SHOTGUN & 650720	GUN, SHOTGUN & RIOTH	02/29/92	4,134.53

COMMODITY CODE: 89371 COMMODITY CODE DESC: GUN, TEAR GAS

094	ARMO	GUN, TEAR GAS & 978	GUN, TEAR GAS	02/29/92	773.00
					773.00

COMMODITY CODE: 89877 COMMODITY CODE DESC: X-RAY MACHINE, MAIL/PACKAGE

166	POIN	X-RAY MACHINE, MAIL/PACKAGE	X-RAY MACHINE, DIAGNOSTIC	06/20/92	22,150.00
					22,150.00
					136,779.47
					744,641.01
					744,641.01

APPENDIX C

**T.D.O.C. POLICIES APPLICABLE TO
SOUTH CENTRAL CORRECTIONAL CENTER**

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
101.04.1	Policies and Procedures Distribution/ Inmate Access	9/1/84
101.06	Policy and Procedure Exemptions PCN 95-273 PCN 95-189	4/15/95 12/1/85 4/15/95
103.02	Incident Reporting PCN 96-27	12/1/95 6/1/96
103.04	Contacts with the Media PCN 95-69	11/1/84 3/15/95
103.05	Family Notification	5/1/84
103.07	Annual Inspections PCN 96-62 PCN 95-246	8/15/95 8/15/96 8/15/95
103.10	Title VI-Civil Rights Act of 1964	3/15/96
105.03	Diplomatic Access for Foreign National Inmates	7/1/95
107.02	Internal Affairs Operational Procedures	1/15/96
108.01	Institutional Maintenance and Construction PCN 95-75	1/1/85 3/15/95
112.02	Self-Contained Breathing Apparatus PCN 95-78	12/15/93 3/15/95
112.03	Occupational Health and Safety PCN 96-32 PCN 95-79	12/15/93 7/17/96 3/15/95
112.04	Fire Safety and Evacuation Plan PCN 94-15	12/15/93 4/1/84
112.05	Monitoring and Conducting Fire and Safety Inspections PCN 95-80 PCN 94-58	12/15/93 3/15/95 1/1/95

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
112.09	Control and Use of Flammable, Toxic, and Caustic Materials PCN 95-167 PCN 94-57	12/15/83 3/15/85 1/1/84
112.11	Smoking Policy-TDOC Institutions, Probation Offices and Academy	8/31/86
113.01	Health Services Administration	8/15/85
113.02	Health Care Facilities, Staffing, Equipment and Supplies	4/1/85
113.03	Disaster/Contingency Plan in Health Services	4/1/85
113.04	Medical Transfer of Inmates PCN 96-43	4/15/95 7/15/96
113.05	Death and Autopsies PCN 96-41 PCN 95-178	1/1/85 8/15/96 3/15/95
113.08	Health Care Prosthetics	4/1/85
113.09	Health Services Continuous Quality Improvement	4/15/95
113.10	Credentials of Health Care Personnel PCN 95-29	1/1/85 3/15/95
113.11	Clinical and Nursing Protocols PCN 95-180	1/1/85 5/1/85
113.12	Specialty Consultant Services	3/15/96
113.14	Inmate Workers in Health Care PCN 95-213	11/15/84 6/15/85
113.15	Inmate Co-payment of Health Services	1/31/86
113.20	Intake Physical Examination	4/1/85
113.21	Health Classification PCN 95-32	1/1/85 3/15/95
113.22	Health Orientation	4/15/95
113.23	Initial Screening	4/1/85

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
113.24	Inmates Assigned to Food Services	4/15/85
113.30	Access to Health Care	6/15/95
113.31	Sick Call/Assessment of Health Complaints	4/15/85
113.32	Levels of Care	4/15/85
113.34	Inpatient Care	8/1/86
113.35	Modified Diets	5/1/85
113.40	Health Education PCN 95-35	7/1/83 3/15/85
113.41	Health Maintenance and Preventive Health Care	5/1/85
113.42	Communicable Diseases	3/15/96
113.43	Immunizations PCN 95-37	7/1/83 3/15/95
113.44	Tuberculosis Control	7/1/96
113.45	AIDS: Education, Prevention and Case Management PCN 95-207	3/15/94 7/1/85
113.50	Health Records PCN 95-172 PCN 95-38	5/15/94 4/15/95 3/15/85
113.51	Consent/Refusal of Treatment	6/15/85
113.52	Confidentiality/Release of Health Information	4/15/85
113.53	Accident/Injury Reporting PCN 95-41	7/1/83 3/15/85
113.54	Health Statistics and Report	4/15/85
113.60	Dental Services Administration	5/1/85
113.61	Intake Examination/Priority of Dental Care	5/1/85
113.62	Dental Specialities PCN 96-3	5/1/85 1/15/96

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
113.70	Management of Pharmaceuticals	5/1/85
113.71	Administration/Distribution of Medication	4/15/85
113.72	Management of Hazardous Medical Devices PCN 95-45	11/15/84 3/15/85
113.84	Psychological Evaluations and Assessments	8/15/85
113.86	Mental Health Due Process and Transfer	8/15/85
8113.87	Mental Health Observation/Seclusion/ Suicide/Restraint PCN 96-20	1/1/86 6/15/86
113.88	Suicide Prevention PCN 96-21	1/1/86 5/15/86
113.89	Psychotropic Medication/Involuntary Treatment	8/15/85
113.92	DNA Testing PCN 96-22	1/15/86 5/15/86
117.01	Administrative Guidelines/Educational Programs PCN 95-204	7/1/83 6/15/85
117.02	Academic Programs in Adult Institutions PCN 95-267 PCN 94-20	7/1/83 12/1/85 4/1/84
117.03	Vocational Programs PCN 94-18	7/1/83 4/1/84
117.05	Chapter One Programs	7/1/83
117.06	Inmate Academic/Vocational Education Records	7/1/83
117.07	Special Education Programs	7/1/83
208.01	Trust Fund Accounts PCN 96-52 PCN 95-268 PCN 95-161	1/20/85 7/15/86 12/1/85 3/15/85
208.06	Money Found on Inmates and/or Institution	5/1/85
208.07	Reclaiming Confiscated Currency	7/15/85
208.08	Inmate Telephone System Trust Fund Accounts	10/30/85

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
209.04	Inmate Commissary Workers	5/31/86
401.01	Classification Programs Administration	3/30/86
9401.03	Classification Committee	8/1/86
401.04	Initial Classification Process PCN 95-5	12/1/84 1/15/85
9401.05	Reclassification Process PCN 94-44	3/15/84 10/15/84
9401.06	Use of Custody Overrides PCN 95-275 PCN 95-158	8/15/84 12/15/85 3/15/85
9401.08	Classification Hearing Process	6/15/84
9403.01	Institutional Transfers	8/15/85
403.01.1	Transfer of Records	8/1/86
403.02	Central Transportation System	8/1/86
403.03	Interstate Transportation	8/1/86
403.05	Population Reporting	8/15/85
404.05	Orientation Program	6/15/86
9404.07	Minimum Custody Placement	3/15/86
404.07.1	Notification to Committing Jurisdictions	8/1/86
9404.09	Protective Services PCN 95-261	12/15/84 10/1/85
9404.10	Administrative Placement, Segregation, and Release PCN 96-30	1/1/86 5/15/86
9501.01	Inmate Grievance Procedures PCN 96-26	10/1/85 3/15/86
9502.01	Uniform Disciplinary Procedures PCN 95-196	1/20/85 6/15/85
9502.02	Disciplinary Punishment Guidelines	5/31/86
502.01.1	Reasonable Suspicion Drug Testing Hearing	5/1/84
502.04	Rule Books for Inmates PCN 95-216	11/1/84 7/1/85

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
502.05	Definitions of Disciplinary Offenses PCN 95-258 PCN 95-185	1/20/85 10/1/85 7/1/85
503.11	Motor Vehicle Operation by Inmates PCN 96-53 PCN 95-107	2/15/85 7/15/86 3/15/85
504.01	Inmate Personal Property	3/15/85
504.02	Inmate Personal Property Accounting System	1/20/85
504.03	Purchase of Inmate Goods and Services	5/1/86
504.04	Inmate Pay	6/1/86
504.05	Inmate Clothing PCN 95-243	2/1/84 8/15/85
9505.01 505.07	Sentence Credits Inmate Jobs PCN 95-253 PCN 95-234	8/1/86 1/20/85 11/15/85 8/15/85
9506.01	Custody and Security Levels PCN 96-51 PCN 95-271	10/30/85 8/31/86 1/5/86
506.06	Searches PCN 96-60	5/15/86 8/1/86
8506.07	Use of Force/Security Devices	1/20/85
8506.07.1	Use of Chemical Agents PCN 96-5 PCN 95-219	3/15/84 1/15/86 7/1/85
506.07.2	Trained Assault and Containment Team	4/1/85
8506.07.3	Use of Electronic Restraint Devices	8/15/85
8506.08	Use of Deadly Force	1/20/85
506.10	Escorted Emergency Visits	1/15/85
506.11	Population Count	1/20/85
506.12	Escapes	4/1/86
506.13	Identification of Inmates	4/15/85

<u>Policy Number</u>	<u>Policy Title</u>	<u>Effective Date</u>
506.14	Housing Assignments PCN 95-215	1/20/85 7/1/85
506.14.1	Housing for New Admissions PCN 95-23	1/20/85 3/15/85
506.14.2	Housing and Programming of Juvenile Inmates PCN 95-137 PCN 95-20	2/1/84 3/15/85 3/15/85
8506.16	Living Conditions for Segregated Inmates PCN 96-45 PCN 95-115	1/20/85 6/15/96 3/15/85
506.20	Contingency Plans PCN 95-118	1/15/85 3/15/85
506.21	Drug Testing of Inmates for Security Purposes PCN 96-44 PCN 95-119	11/1/84 8/1/86 3/15/85
507.01	Visitation PCN 95-282 PCN 95-252	1/15/85 12/15/85 10/30/85
507.02	Inmate Mail PCN 96-39 PCN 96-14	3/1/86 5/15/86 3/2/86
9511.01	Furloughs PCN 96-11 PCN 96-8 PCN 95-128	1/20/85 5/15/86 2/5/86 3/15/85
9511.01.1	Medical Furloughs PCN 96-18 PCN 95-129	1/20/85 3/15/86 3/15/85
511.02	Pre-Release Services PCN 95-199 PCN 95-130	3/1/84 6/15/85 3/15/85
511.03	Release Procedures PCN 96-58 PCN 95-222	1/1/85 8/1/86 7/1/85
511.04	Coordination/Cooperation with Board of Paroles	12/15/84
512.01	Inmate Institutional Records	8/1/86

Appendix D - Insurance

State of Tennessee

Department of Correction

General Insurance Specifications

Insurance Company Eligibility

Proposals will be accepted from Bidders whose insurance companies are authorized to do business in the State of Tennessee, having a Best's Rating of "A" or better, and a financial size of "Class VIII" or better, in the latest edition of Best's Insurance Reports. Any deviation from this requirement must be requested in writing by October 18, 1996 and will necessitate prior written approval from the State of Tennessee, Department of Correction. Such approval will be issued in the form of an Addendum to the RFP. Any non-admitted insurer must be on the current approved list of the Tennessee Department of Insurance. A copy of the 1996 White List is attached for your reference.

Contractor and Insurance Company Services Required

The following list of minimum services required must be provided by the successful Contractor's insurance agent and/or by the insurance company(ies):

1. Qualified loss control personnel, either employees or qualified independent contractors, must make inspections of the insured locations for loss prevention purposes for third party and employee exposures. If an independent contractor is used, that organization must be identified in the proposal.
2. A quarterly status of all claims occurring with respect to workers' compensation, general liability, and business automobile liability insurance must be submitted to the State of Tennessee, Department of Correction. These reports must include at least the following information:
 - a. Amount of claim paid and/or reserved;
 - b. Claimant information; and
 - c. Cause and description of accident.
3. The Contractor must prepare an annual listing of all State of Tennessee, Department of Correction insurance policies involved with this project including a discussion of the coverage provided and the estimated annual cost of each policy.

4. At least thirty (30) days prior to each policy anniversary date, the Contractor must provide State of Tennessee, Department of Correction with renewal information, including estimated renewal premiums and suggested coverage changes.
5. The Contractor must provide constant monitoring of all companies providing coverage for State of Tennessee, Department of Correction to ensure that the carriers are financially sound.
6. The Contractor must furnish continuing advice and counsel to the State of Tennessee, Department of Correction as required.

Specimen Policies

Proposals will be accepted only if accompanied by specimen policies, showing all terms, conditions and exclusions as well as rates to be used for audit purposes. Blank forms are acceptable provided that all rates are shown for auditable exposures. Rates may be shown either on the policies or on a separate page.

Cancellation/Non-Renewal

Unless otherwise instructed, all policies shall be endorsed with an agreement that the company will give ninety (90) days prior written notice, by registered mail to the State of Tennessee, Department of Correction, of its intention (1) to cancel, not renew, or make any material change in the current coverages or premiums, or (2) to make any material change in the coverages or premiums on renewal of any policy.

Proposals

Proposals must be indicated as to separate types of insurance, although proposals may be for any package policy or mandatory groupings of coverage. We have enclosed a "Premium Proposal Form" which must be returned with the proposal. Individual premiums and combinations of premiums, to the extent applicable, must be indicated thereon, or on a reasonable facsimile thereof. Proposals will be considered as binding for the first year of coverage, except for changes in hazards or exposure units occurring after the inception of the insurance.

The limits of liability and the scope of coverages indicated are suggested by the State of Tennessee, Department of Correction as a starting point. Evaluation of proposals will take into consideration deviations from the enhancements to the Insurance Specifications as set forth in this Addendum to the RFP.

Review of Insurance

It is intended that all insurance will be reviewed for contract compliance. However, the State of Tennessee, Department of Correction reserves the right to reject all or any part of the insurance at any time. The review of insurance will be based upon:

1. Scope of coverage;
2. Company financial stability, experience and industry standing; and
3. Underwriting, claims and engineering services.

It is considered highly desirable to place all of the insurance coverage with one principal company. Therefore, proposals will be evaluated on an overall underwriting basis but the State of Tennessee, Department of Correction may require any combination of coverage as it sees fit.

The limits required by the State of Tennessee, Department of Correction are the minimum limits acceptable. However, these limits are not to be construed as being the maximum any prospective contractor may wish to purchase for their own benefit.

Nothing herein shall in any way limit the right of the State of Tennessee, Department of Correction to recourse to the fullest extent permitted by law.

As respects the total limits of liability requested, any combination of primary and/or umbrella coverage may satisfy those totals. However, if an umbrella is used, coverage must be at least as broad as the primary coverages.

Named Insured

See Attachment I to Appendix D - Insurance found on page 4 of 31.

Signature

All proposals will be considered as binding the insurance company. Therefore, each "Premium Proposal Form", or a reasonable facsimile thereof, should be signed by the Contractor's authorized Insurance Company representative who has binding authority.

Instructions

Pages 1 through 22 provide details on the scope of coverage specified in this RFP.

Pages 23 to 31 should be completed and returned in accordance with the Time Table as set forth on page 7 of RFS97-329.44-002.

Attachment I

to Appendix D - Insurance

Named Insured

Unless otherwise instructed, the named insured for all insurance coverages should be:

The Contractor; and as respects damages and defense of claims arising from:
(a) activities performed by or on behalf of the Contractor, (b) products and completed operations of the Contractor, or (c) premises owned, leased, or used by the Contractor; any subsidiary, affiliate, division or subdivision, corporate or otherwise, as may now or hereafter be constituted, and any other entity of which the named insured assumes management control;

Include as an Additional Insured:

State of Tennessee, Department of Correction, and All State Officers, employees, and volunteers whether in their official or individual capacities

- a. in areas where the State of Tennessee, Department of Correction, and All State Officers, employees, and volunteers whether in their official or individual capacities are not protected by immunity
- b. up to the limits of \$300,000/\$1,000,000 in areas where the State's tort liability is limited by T.C.A. 9-8-307(e) as it may be amended or construed by the courts and/or claims commission.

Workers Compensation

Named Insured: Attachment I to Appendix D - Insurance

Coverage: Statutory workers compensation and employers liability insurance.

Limits:

Employers Liability	\$1,000,000	per accident
Insurance	\$1,000,000	per employee disease
	\$1,000,000	Policy limit disease
		or as required by excess insurer.

Covered States: Tennessee

Scope of Coverage:

1. Other states insurance shall be afforded.
2. The voluntary compensation and employers liability coverage endorsement is to be attached.
3. Foreign voluntary compensation with repatriation expense at a \$10,000 limit shall apply. Include endemic disease.
4. USL&H
5. Repatriation expense with a \$100,000 limit shall apply.
6. Coverage for endemic disease to be provided.
7. Coverage shall include stop gap liability - employers liability in monopolistic states
8. Federal Employers Liability Act will be included
9. Waive liability for any actions against the State of Tennessee

General Liability Excluding Products and Completed Operations

Named Insured: Attachment I to Appendix D - Insurance

Coverage: Quote either the comprehensive or commercial general liability format on an occurrence basis.

A. Comprehensive General Liability

Coverage should include premises, operations, independent contractors, and broad form comprehensive general liability or their equivalent coverages.

Limit: \$10,000,000 combined single limit

B. Commercial General Liability

- Coverage A should include premises, operations, independent contractors, contractual liability, fire legal liability and broad form property damage coverages.
- Coverage B should include personal injury and advertising injury.
- Coverage C, medical payments, is not desired.

Limits:

Each occurrence:
Quote \$5,000,000

Personal and advertising injury limit:
Quote \$5,000,000

General aggregate limit:
Quote \$10,000,000

Scope of Coverage:

1. Provide blanket contractual liability for any agreement relating to the business of the insured, including oral agreements.
2. Coverage to apply to liability arising out of independent contractor operations.
3. Employees shall be additional insureds while acting within the scope of their duties.
4. Personal injury and advertising injury liability shall be included with the employment and contractual exclusions deleted.
5. Provide liquor legal liability coverage.
6. Fire legal liability is to be insured with a limit of \$1,000,000 per occurrence for real property.
7. Any waiver of subrogation shall be permitted, provided such waiver takes place before the loss and with prior consent of the State of Tennessee, Department of Correction.
8. Coverage to include non-owned watercraft liability with no length restriction.
9. Bodily injury liability arising from protecting persons or property to be insured.
10. Incidental malpractice liability coverage to be afforded.
11. Worldwide coverage shall apply for claims or suits brought within the United States.
12. Delete any explosion, collapse and underground property damage exclusions.
13. Provide broad form property damage liability.
14. Delete any alienated premises exclusion.

15. Notice of occurrence:

When an occurrence takes place, written notice shall be given by or on behalf of the insured to the company or any of its authorized agents as soon as practicable after the accident or occurrence becomes known to the Risk Manager.

16. Blanket additional insureds:

All persons or entities (except vendors) for whom the insured has agreed to provide insurance in accordance with the terms of oral or written agreements shall be covered as additional insureds.

17. Cross Liability:

Employees of one insured shall be deemed members of the public as concerns other insureds. Said relationship shall be considered as applying to all of the insureds named as such in the definition of insureds.

18. Errors and omissions:

Coverage shall not be invalidated or affected by errors, inadvertent omissions, or improper descriptions of premises or operations described in the policy.

19. Employee benefits liability should be provided with limits of \$1,000,000 each claim or occurrence. Premium to be shown separately.

20. Stand alone coverage for this project is desired. However, if the commercial general liability format is used, the aggregate limits are to apply per location and per project.

21. Amend the definition of personal injury to include mental anguish, mental injury, humiliation, discrimination and any other injury to the feelings and reputation of a natural person, except where prohibited by law.

22. Delete any fellow employee exclusion.
23. Failure to give notice:

The rights of the insured shall not be prejudiced if there is a failure to give notice of occurrence or incident due to the insured's inadvertent error or omission.
24. Extend coverage to provide sudden and accidental pollution liability.
25. Delete exclusions for personal injury and advertising injury arising out of advertising, publishing, broadcasting or telecasting.
26. Extend the coverage territory to a worldwide basis without limitations on where claim or suit is brought.
27. Medical and Professional Liability for employed nurses, doctors, attorneys, counselors, psychologists and/or social workers. (If not quoted with general liability, separate quotes should be obtained.)
28. Extend coverage to include sexual abuse/molestation.
29. Extend coverage to include civil rights violations, which will include all claims brought by any persons based in whole or in part on an alleged violation of the federal or state constitutions, statutes or regulations, including but not limited to, suits brought pursuant to 42 U.S.C. S1983.
30. Extend coverage to include communicable disease.
31. Extend coverage to provide coverage for special or punitive damages where permitted by law or public policy.
32. Coverage to include unlimited defense coverage in addition to limits of liability.
33. Extend coverage to include assault and battery as a covered act.

Products and Completed Operations Liability

- Named Insured:** Attachment I to Appendix D - Insurance
- Coverage:** Quote either the comprehensive or commercial general liability format on an occurrence basis.
- A. Comprehensive General Liability
Coverage should include products, completed operations, and related broad form comprehensive general liability or their equivalent coverages.
- Limit: \$10,000,000 combined single limit
- B. Commercial General Liability
- Coverage A should include products, completed operations, contractual liability, and related broad form property damage coverages.
- Limits:
- Each occurrence: \$5,000,000
- Products and completed operations aggregate limit:
Quote \$10,000,000
- Scope of Coverage:**
1. Provide blanket contractual liability for any agreement relating to the business of the insured, including oral agreements.
 2. Employees shall be additional insureds while acting within the scope of their duties.
 3. Any waiver of subrogation shall be permitted, provided such waiver takes place before the loss and with prior consent of the State of Tennessee, Department of Correction.

4. Worldwide coverage shall apply for claims or suits brought within the United States.
5. Provide broad form property damage liability for completed operations.
6. With respect to the completed operations hazard, exclusion "O" or "Z" or its equivalent should be modified to read as follows:

With respect to the completed operations hazard and with respect to any classifications stated as "including completed operations", to property damage to that smallest identifiable portion or the work performed by the named insured or to parts or equipment furnished in connection therewith that is defective or actively malfunctions, arising out of the work or portion thereof.

If the commercial format is used, paragraph 1 of exclusion L should be modified as follows:

Property damage to the smallest identifiable portion of your work arising out of it or any part of it and included in the products/completed operations hazard.

7. Notice of occurrence:

When an occurrence takes place, written notice shall be given by or on behalf of the insured to the company or any of its authorized agents as soon as practicable after the occurrence becomes known to the Risk Manager.

8. Provide additional insured - vendors coverage on a blanket basis.
9. Cross Liability:

Employees of one insured shall be deemed members of the public as concerns other insureds. Said relationship shall be considered as applying to all of the insureds named as such in the definition of insureds.

10. Errors and omissions:

Coverage shall not be invalidated or affected by errors, inadvertent omissions, or improper descriptions of premises or operations described in the policy.

11. Failure to give notice:

The rights of the insured shall not be prejudiced if there is a failure to give notice of occurrence or incident due to the insured's inadvertent error or omission.

12. Extend the coverage territory to a worldwide basis without limitation as to where claim or suit is brought.

Business Auto Liability

Named Insured: Attachment I to Appendix D - Insurance

Coverage Limits: Insurance to be provided under a business auto form:

<u>Coverages</u>	<u>Symbol</u>	<u>Limit</u>
Liability	1	\$5,000,000
Personal Injury Protection	10 Any Auto	\$5,000,000
Uninsured Motorists	10 Any Auto	\$5,000,000

Scope of Coverage:

1. Notice of accident:

When an occurrence takes place, written notice shall be given by or on behalf of the insured to the company or any of its authorized agents as soon as practicable after the accident or occurrence.

2. Failure to give notice:

The rights of the insured shall not be prejudiced if there is a failure to give notice of accident or incident due to the insured's inadvertent error or omission.

3. Contractual liability coverage is to be included in the business auto form. Contractual liability is to apply for all hired vehicles, regardless of the term of hire or size of autos.

4. Blanket additional insureds:

All persons or entities for whom the insured has agreed to provide insurance in accordance with the terms of vehicle leases or other oral or written agreement shall be covered as additional insureds.

5. Errors and Omissions:

Coverage shall not be invalidated or affected by any errors, inadvertent omissions or improper descriptions of underwriting information, autos, their use, or garaging locations.

6. Any "fellow employee" suits exclusions shall be deleted utilizing the following:

For all employees

7. An "Employees as Insureds" endorsement is to be attached.

8. Include Pollution Liability

9. Provide non-owned auto liability coverage

Owned & Non-Owned Aircraft Liability

Named Insured: Attachment I to Appendix D - Insurance

Coverage: Quote owned and non-owned aircraft coverage

Limits: \$10,000,000 and/or \$20,000,000 per occurrence

- Scope of Coverage:**
1. Include bodily injury, property damage and mental anguish
 2. Include bodily injury coverage for passengers (per seat)
 3. Include the claims of employees (crew)
 4. Coverage to apply on a worldwide basis
 5. Indicate the seating capacity of aircraft owned and/or leased
 6. Extend coverage to include contractual liability, both written and verbal
 7. Notice of Occurrence:

When an occurrence takes place, written notice shall be given by or on behalf of the insured to the Company or any of its authorized agents as soon as practicable after an accident or occurrence becomes known to the Risk Manager.

Umbrella/Excess Liability

Named Insured: See Attachment I to Appendix D - Insurance

Coverage Limits: It is permissible to meet minimum limit requirements in total by using a combination of primary and excess policies. Please note that if the excess policy form utilized has an overall aggregate policy limit, the total coverage provided must not be less than that which would have been available for any combination of general liability, auto liability and employers liability claims at the primary limit minimum specified.

Scope of Coverage: "Pay on Behalf of" policy form preferred.

The excess underwriter has reviewed the extensions of primary coverage parts and agrees to follow these forms by endorsement. Any exceptions to this must be specifically identified.

First Dollar Defense coverage is to be provided.

Defense without limitation is to be provided in addition to the policy limit.

A zero self-insured retention is preferred.

List any terms, conditions, or limitations of coverage not in common with those of the primary insurance specifications.

Directors & Officers Liability

Named Insured: List insured organization

Coverage: Quote coverage for Directors and Officers and for Corporate Reimbursement

Limits: \$10,000,000 annual aggregate with (various) deductible (options) for corporate reimbursement / \$0 retention for individual Directors & Officers

Scope of Coverage:

1. Include wrongful act(s) defined in policy form
2. Prior acts coverage should be included (Continuity of Coverage)
3. Include clause stating to the effect that information on the application will not void coverage for all insureds (Severability)
4. Policy shall pay 100% excess of retention (No Coinsurance)
5. Include discrimination coverage
6. Include punitive or exemplary damage coverage
7. Include clause which picks up any inadvertent failure to maintain insurance
8. Minimum discovery period of one year
9. Include wrongful acts reported during the policy term
10. Failure to file notice:

The rights of the insured shall not be prejudiced if there is a failure to give notice of an occurrence or incident due to inadvertent error or omission on the part of the insured.

11. Delete the anti-trust exclusion
12. Permit claims brought by governments
13. Include clause stating that coverage will not be invalidated by insured's insolvency
14. Permit insured vs. insured claims for wrongful termination
15. Include marital estate extension
16. Delete the RICO exclusion (Racketeering, Influence and Corrupt Organization)
17. Entities coverage: include coverage for the corporation itself, not just the Directors and Officers of same.
18. Include Employment Practices Liability (It is acceptable to provide this coverage under a separate policy form with limits equal to the D&O limit.)

Environmental Impairment Liability

- Named Insured:** Attachment I to Appendix D - Insurance
- Coverage:** Liability for bodily injury and property damage resulting from sudden, accidental or gradual pollution arising from operations conducted by the insured.
- Limits:** \$5,000,000 each pollution incident / \$10,000,000 aggregate
- Coverage Locations:**
1. All premises
 2. Alienated premises (if any present locations are alienated).
- Deductible:** Specify the deductible which will apply
- Scope of Coverage:**
1. On and off premises clean-up costs, including those for corrective action are to be covered.
 2. Employees shall be additional insureds while acting within the scope of their duties.
 3. Prior Acts coverage shall be afforded, if claims made.
 4. The cost of appeal and defense should be payable in addition to the limits of liability.
 5. The policy is to comply with the requirements of the financial responsibility regulations of the Environmental Protection Agency regarding petroleum underground storage tanks.
 6. Include Extended Reporting Provision; indicate cost, duration and implications if insured cancels.

Professional and Medical Liability
(Nurses, Doctors, Attorneys, Counselors, Psychologists, Social Workers)

Named Insured: See Attachment I to Appendix D - Insurance **and** any individual who was, now is or shall be employed as a nurse, doctor, attorney, counselor, psychologist or social worker of the contractor.

Coverage: Professional Liability form to insure bodily injury, including mental injury or death, arising out of the rendering or failure to render professional services.

Limits: \$ 5,000,000 each occurrence;
\$10,000,000 annual aggregate;
Other at option of the proposer.

Scope of Coverage:

1. Coverage should be on an occurrence basis **or** claims made with a 3 or 5 year tail.
2. Full Prior Acts coverage shall be afforded.
3. All proposals should disclose the cost of an extended reporting provision and the conditions under which it may be purchased.

Property / Boiler and Machinery

Named Insured: See Attachment I - Appendix D - Insurance

Coverage: "All Risks" of Physical Loss or Damage including the perils of earthquake and flood

Limits:

- Building - \$5,000
- Contents - of Contractor on location (contractor will be solely responsible for all loss or damage to contractor owned property.)

Sublimits:

- Transit
- Extra Expense
- Electronic Data Processing
- Expediting Expense
- Service Interruption (PD & BI) - all utilities
- Contingent Extra Expense
- Business Interruption including Ordinary Payroll
- Offsite Storage
- Errors & Omissions
- Mechanical Breakdown, Electrical Arcing
- Pollution Contamination
- Personal Property of Employees
- Contingent Business Interruption

Deductibles: \$250

Term & Conditions:

- 90 day notice of cancellation
- Repair or Replacement Coverage
- Automatic Reinstatement of Limits
- Coinsurance - 100% - Waived
- Permit Other Insurance

Employee Dishonesty

- Named Insured:** See Attachment I to Appendix D - Insurance
- Coverage:** Quote blanket employee dishonesty (Fidelity) coverage
- Limits:** At a minimum, \$50,000 per loss
- Scope of Coverage:**
1. Include a Faithful Performance Rider to cover the malfeasance, misfeasance, or nonfeasance of duties of the Contractor.
 2. Notice of occurrence:

When an occurrence takes place written notice shall be given by or on behalf of the insured to the Company or any of its authorized agents as soon as practicable after an accident or occurrence becomes known to the Risk Manager.
 3. Failure to file notice;

The rights of the insured shall not be prejudiced if there is a failure to give notice of an occurrence or incident due to inadvertent error or omission on the part of the insured.
 4. Include Employee Benefit Plans as Insureds.

State of Tennessee Department of Correction Proposal Form for Appendix D - Insurance

Must be completed and returned in accordance with the timetable as set forth on Page 7 of RFS 97-329.44-002.

General Conditions

Insurance company eligibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90 day notice of cancellation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
non-renewal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
material change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor and insurance company services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Named Insured (See Attachment I to Appendix D - Insurance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Workers' Compensation

Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limits - \$1,000,000 / 1,000,000 / 1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

States Covered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List any other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Scope of Coverage:

Includes:

1. Other states insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Voluntary compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Foreign voluntary compensation endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. U.S.L.&H. endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Excess repatriation expense coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
\$100,000 limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Endemic disease coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Stop gap (all monopolistic states)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. FELA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Waive actions against State of Tennessee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experience mod: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interstate: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Liability Excluding Products / Completed Operations

Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comprehensive form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occurrence basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Scope of Coverage:

Includes:

1. Blanket contractual liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Independent contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Employees as insureds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- | | | | | |
|--|-------|-----|-------|----|
| 4. Personal injury and advertising injury | _____ | Yes | _____ | No |
| Employment exclusion deleted | _____ | Yes | _____ | No |
| Contractual exclusion deleted | _____ | Yes | _____ | No |
| 5. Liquor liability | _____ | Yes | _____ | No |
| 6. Fire legal - \$1,000,000 | _____ | Yes | _____ | No |
| 7. Waiver of subrogation | _____ | Yes | _____ | No |
| 8. Non-owned watercraft | _____ | Yes | _____ | No |
| No length limitation | _____ | Yes | _____ | No |
| 9. Extended bodily injury | _____ | Yes | _____ | No |
| 10. Incidental medical malpractice | _____ | Yes | _____ | No |
| 11. Worldwide coverage | _____ | Yes | _____ | No |
| 12. Delete X, C and U exclusions (if any) | _____ | Yes | _____ | No |
| 13. Broad form property damage | _____ | Yes | _____ | No |
| 14. Delete alienated premises exclusion | _____ | Yes | _____ | No |
| 15. Notice of occurrence | _____ | Yes | _____ | No |
| 16. Blanket additional insureds | _____ | Yes | _____ | No |
| 17. Cross liability | _____ | Yes | _____ | No |
| 18. Errors and omissions | _____ | Yes | _____ | No |
| 19. Employee benefits liability | _____ | Yes | _____ | No |
| 20. Aggregate limits per location/project | _____ | Yes | _____ | No |
| 21. Personal injury to include: | | | | |
| Mental anguish | _____ | Yes | _____ | No |
| Mental injury | _____ | Yes | _____ | No |
| Humiliation | _____ | Yes | _____ | No |
| Discrimination | _____ | Yes | _____ | No |
| Any other injury to the feelings and
reputation of a natural person | _____ | Yes | _____ | No |
| 22. Delete fellow employee exclusion | _____ | Yes | _____ | No |
| 23. Failure to give notice endorsement | _____ | Yes | _____ | No |
| 24. Sudden and accidental pollution | _____ | Yes | _____ | No |
| 25. Advertising publishing exclusion deleted | _____ | Yes | _____ | No |
| 26. Worldwide basis | _____ | Yes | _____ | No |
| 27. Medical and Professional liability | _____ | Yes | _____ | No |
| 28. Sexual abuse / molestation coverage | _____ | Yes | _____ | No |
| 29. Civil rights violations | _____ | Yes | _____ | No |
| 30. Communicable disease | _____ | Yes | _____ | No |
| 31. Punitive damages | _____ | Yes | _____ | No |
| 32. Unlimited defense in addition to limits | _____ | Yes | _____ | No |
| 33. Assault & Battery as a covered act | _____ | Yes | _____ | No |

Limits:

Comprehensive form:
 \$10,000,000 CSL
 \$ 1,000,000 employee benefits liability

Premium: _____
 Deductible: _____

Commercial form:
 \$ 5,000,000 occurrence
 \$10,000,000 aggregate

Premium: _____
 Deductible: _____

Products and Completed Operations Liability

Coverage:

Comprehensive form
 Commercial form
 Occurrence basis

_____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No

Scope of Coverage:

Includes:

- | | | | | |
|--|-------|-----|-------|----|
| 1. Blanket contractual | _____ | Yes | _____ | No |
| 2. Employees as insureds | _____ | Yes | _____ | No |
| 3. Waiver of subrogation | _____ | Yes | _____ | No |
| 4. Worldwide coverage | _____ | Yes | _____ | No |
| 5. Broad form property damage | _____ | Yes | _____ | No |
| 6. Exclusion O modified | _____ | Yes | _____ | No |
| Exclusion Z modified | _____ | Yes | _____ | No |
| Exclusion L modified | _____ | Yes | _____ | No |
| 7. Notice of occurrence | _____ | Yes | _____ | No |
| 8. Blanket additional insureds - vendors | _____ | Yes | _____ | No |
| 9. Cross liability | _____ | Yes | _____ | No |
| 10. Errors and omissions | _____ | Yes | _____ | No |
| 11. Failure to give notice | _____ | Yes | _____ | No |
| 12. Worldwide basis | _____ | Yes | _____ | No |

Limits:

Comprehensive form:
\$10,000,000 CSL

Premium: _____
Deductible: _____

Commercial form:

\$ 5,000,000 occurrence
\$10,000,000 aggregate

Premium: _____
Deductible: _____

Business Auto Liability

Covered autos:

- | | | | | |
|----------------------|-------|-----|-------|----|
| Liability - symbol 1 | _____ | Yes | _____ | No |
| UM - symbol 10 | _____ | Yes | _____ | No |
| PIP - symbol 10 | _____ | Yes | _____ | No |

Scope of Coverage:

Includes:

- | | | | | |
|--|-------|-----|-------|----|
| 1. Notice of accident | _____ | Yes | _____ | No |
| 2. Failure to give notice | _____ | Yes | _____ | No |
| 3. Contractual liability | _____ | Yes | _____ | No |
| All hired autos regardless of term or size | _____ | Yes | _____ | No |
| 4. Blanket additional insureds | _____ | Yes | _____ | No |
| 5. Errors and Omissions | _____ | Yes | _____ | No |
| 6. Fellow employee exclusion deleted | _____ | Yes | _____ | No |
| 7. Employees as insureds | _____ | Yes | _____ | No |
| 8. Pollution liability | _____ | Yes | _____ | No |
| 9. Non owned automobile liability | _____ | Yes | _____ | No |

Limits:

\$5,000,000 CSL

Premium: _____
Deductible: _____

Owned and Non-owned Aircraft Liability

Owned liability coverage Yes No N/A
 Non-owned liability coverage Yes No N/A

Scope of Coverage:

- Includes:
- 1. Bodily injury, property damage and mental anguish Yes No
 - 2. Bodily injury - passengers Yes No
 - 3. Claims of employees Yes No
 - 4. Coverage territory - worldwide Yes No
 - 5. Specify seat capacity warranty _____ (number) Yes No
 - 6. Contractual liability Yes No
 - 7. Notice of occurrence Yes No

Premium:
 \$10,000,000 limit _____
 \$20,000,000 limit _____

Umbrella / Excess Liability

- 1. Policy aggregate Yes No
 Includes Specify Total _____
- 2. "Pay on Behalf of" Form Yes No
- 3. Named insured as per Attachment I to Appendix D - Insurance Yes No
- 4. Follow form all primary extensions Yes No

List all exceptions _____

- 5. First dollar defense Yes No
- 6. Defense in excess of limits Yes No
- 7. Zero self-insured retention Yes No
- 8. List non-concurrent (with Primary) _____
 Terms, conditions or limitations _____

Limits: _____
 Premium: _____

Directors and Officers

List insured organization(s)

Coverage:

Occurrence Coverage Yes No
 Directors and Officers liability Yes No
 Corporate reimbursement Yes No

Scope of Coverage:

Includes:

- | | |
|---|--------------------|
| 1. Wrongful act defined | _____ Yes _____ No |
| 2. Complete prior acts | _____ Yes _____ No |
| 3. Information on application will not void coverage for all insureds | _____ Yes _____ No |
| 4. Policy pays 100% excess of retention | _____ Yes _____ No |
| 5. Discrimination coverage | _____ Yes _____ No |
| 6. Punitive or exemplary damages covered | _____ Yes _____ No |
| 7. Failure in maintaining insurance | _____ Yes _____ No |
| 8. Discovery Period: | |
| Cost _____ | _____ Yes _____ No |
| Duration _____ | _____ Yes _____ No |
| If Insured cancels _____ | _____ Yes _____ No |
| 9. Wrongful acts reported during policy coverage | _____ Yes _____ No |
| 10. Failure to file notice | _____ Yes _____ No |
| 11. Delete anti-trust exclusion | _____ Yes _____ No |
| 12. Allow claims brought by governments | _____ Yes _____ No |
| 13. Coverage if insured insolvent | _____ Yes _____ No |
| 14. Insured versus insured claims for wrongful termination | _____ Yes _____ No |
| 15. Marital Estate Extension | _____ Yes _____ No |
| 16. Delete RICO exclusion | _____ Yes _____ No |
| 17. Entity coverage | _____ Yes _____ No |
| 18. Employment Practices Liability | _____ Yes _____ No |

Limits and retentions:

\$10,000,000 annual aggregate:

Deductible Option 1 Premium: _____
 Deductible Option 2 _____
 Other _____

Environmental Impairment Liability

- | | |
|-------------------------------|--------------------|
| Coverage - gradual | _____ Yes _____ No |
| Coverage - sudden, accidental | _____ Yes _____ No |
| Occurrence coverage | _____ Yes _____ No |

Covered locations:

- | | |
|--|--------------------|
| 1. All locations - statement of values | _____ Yes _____ No |
| 2. All job sites | _____ Yes _____ No |
| 3. Specified sites | List _____ |

Deductible _____

Scope of coverage:

Includes:

- | | |
|--|------------------------------|
| 1. On/Off premises cleanup costs including corrective action | _____ Yes _____ No |
| 2. Employees as insureds | _____ Yes _____ No |
| 3. Prior acts coverage (if claims made) | _____ Yes _____ No _____ N/A |
| 4. Defense in addition to the limit | _____ Yes _____ No |
| 5. Compliance with EPA requirements | _____ Yes _____ No |
| 6. Extended reporting provision | _____ Yes _____ No _____ N/A |
| Cost _____ | |
| Duration _____ | |
| If insured cancels _____ | _____ Yes _____ No _____ N/A |

Limits: Premium: _____

\$5,000,000 incident / \$10,000,000 aggregate _____

Property / Boiler & Machinery

Named Insured : As per Attachment I to Appendix D - Insurance _____ Yes _____ No

Scope of Coverage:

- | | | | | |
|---|-------|-----|-------|----|
| 1. Is "All Risk" coverage provided | _____ | Yes | _____ | No |
| 2. Does quote include the peril of Flood | _____ | Yes | _____ | No |
| 3. Does quote include the peril of Earthquake | _____ | Yes | _____ | No |
| 4. Is coverage on a Repair and Replacement Basis | _____ | Yes | _____ | No |
| 5. Is Automatic Reinstatement of Limits included | _____ | Yes | _____ | No |
| 6. What coinsurance % is used | _____ | Yes | _____ | No |
| 7. Is it waived | _____ | Yes | _____ | No |
| 8. Does quote include building | _____ | Yes | _____ | No |
| 9. Does quote include office equipment | _____ | Yes | _____ | No |
| 10. Does quote include EDP exposures | _____ | Yes | _____ | No |
| 11. Does quote include all other contents | _____ | Yes | _____ | No |
| 12. Does quote include boiler & machinery exposures | _____ | Yes | _____ | No |
| 13. Does quote include transit | _____ | Yes | _____ | No |
| 14. Does quote include extra expense | _____ | Yes | _____ | No |
| 15. Does quote include expediting expense | _____ | Yes | _____ | No |
| 16. Does quote include service interruption for all utilities | _____ | Yes | _____ | No |
| 17. Does quote include contingent extra expense | _____ | Yes | _____ | No |
| 18. Does quote include business interruption including ordinary payroll | _____ | Yes | _____ | No |
| 19. Does quote include offsite storage | _____ | Yes | _____ | No |
| 20. Does quote include errors and omissions | _____ | Yes | _____ | No |
| 21. Does quote include mechanical breakdown or electrical arcing | _____ | Yes | _____ | No |
| 22. Does quote include pollution and contamination | _____ | Yes | _____ | No |
| 23. Does quote include personal property of employees | _____ | Yes | _____ | No |
| 24. Does quote include contingent business interruption | _____ | Yes | _____ | No |
| 25. Will form permit other insurance? | _____ | Yes | _____ | No |

Deductible (options) _____

Limits & Sublimits _____

Premium _____

Employee Dishonesty

Named Insured: As per Attachment I to Appendix D - Insurance Yes No

Coverage: Blanket employee dishonesty (Fidelity Coverage) Yes No

Deductible: _____

Limits: _____

Scope of Coverage:

- 1. Is Faithful Performance Rider included? Yes No
 - Does it include Malfeasance? Yes No
 - Does it include Misfeasance? Yes No
 - Does it include Nonfeasance? Yes No
- 2. Notice of Occurrence wording Yes No
- 3. Failure to file notice Yes No
- 4. Includes Employee Benefit Plans as insureds? Yes No

Premium: _____

Professional and Medical Liability
 (Nurses/Doctors/Counselors/Psychologists/Social Workers)

Named Insured: As per Attachment I to Appendix D - Insurance Yes No

Scope of Coverage:

- 1. Is occurrence coverage provided? Yes No
- 2. If no, does claims made quote include "tail" coverage? Yes No
 - For what period of time _____ years.
- 3. Full Prior acts Yes No N/A
- 4. Extended reporting provision Yes No N/A
 - Cost _____
 - Duration _____
 - If insured cancels Yes No N/A

Limits:

\$5,000,000 each occurrence
 \$10,000,000 annual aggregate

Premium: _____

Deviations from Specifications:

Insurance Companies Utilized:

Company

Coverage
(Indicate mandatory groupings)

Does your agent have binding authority with each company utilized in this proposal.
Yes ____ No ____ . If not, indicate those companies for which an agency agreement does not exist, and affix the signature, title, and mailing address of an insurance company employee authorized to bind coverage and countersign policies on their behalf.

Contractor submitting proposal: _____

Insurance Agent / Company Employee: _____

Address: _____

Phone Number: _____

Signature: _____

*Note: Must be an authorized representative or employee of the Insurance Company who has binding authority.
If more than one Company is used, attach an authorized signature for each.*

**LLOYD'S OF LONDON UNDERWRITERS
SPONSORING SYNDICATES & MANAGING AGENTS**

<u>Syndicate Number</u>	<u>Managing Agent</u>
2	Claremount Underwriting Agency Ltd
28	Murray Lawrence & Partners Ltd
33	Hiscox Syndicates Ltd
34	Bankside Syndicates Ltd
40	Murray Lawrence & Partners Ltd
47	Methuen (Lloyd's U/W Agents) Ltd
48	Methuen (Lloyd's U/W Agents) Ltd
51	Wellington Underwriting Agencies Ltd
52	Hiscox Syndicates Ltd
53	Merchant Eliot U/W Ltd
55	Cater Allen Syndicates Management Ltd
62	Barder & Marsh Ltd
79	Janson Green Ltd
102	Gammell Kershaw & Company Ltd
112	C I de Rougemont & Company Ltd
122	Sturge Non-Marine Syndicate Management Ltd
123	R J Kiln & Company Ltd
136	Methuen (Lloyd's U/W Agents) Ltd
138	R F Bailey (Underwriting Agencies) Ltd
159	Sturge Non-Marine Syndicate Management Ltd
172	Stewart Syndicates Ltd
173	Stewart Syndicates Ltd
178	Wren Syndicate Management Ltd
179	Catlin Underwriting Agencies Ltd
183	Ashley Palmer Syndicates Ltd
187	Claremount Underwriting Agency Ltd
190	Liberty Syndicate Management Ltd
204	Sturge Non-Marine Syndicate Management Ltd
205	Jago Managing Agency Ltd
218	Christopherson Heath Ltd
219	Sturge Non-Marine Syndicate Management Ltd
227	Gravett & Tilling (Underwriting Agencies) Ltd
228	Cotesworth & Company Ltd
250	Wren Syndicate Management Ltd
270	Tower Managing Agents Ltd
271	Claremount Underwriting Agency Ltd
282	Merchant Eliot U/W Ltd
314	Ashley Palmer Syndicate Ltd
318	Bankside Syndicates Ltd
322	Cater Allen Syndicate Management Ltd
328	Octavian Syndicate Management Ltd
329	Octavian Syndicate Management Ltd
340	Gravett & Tilling (Underwriting Agencies) Ltd
362	Murray Lawrence & Partners Ltd
375	Cater Allen Syndicate Management Ltd
376	Venton Underwriting Agencies Ltd
382	Hardy (U/A) Ltd
386	Janson Green Ltd
431	Wren Syndicate Management Ltd
435	D P Mann Underwriting Agency Ltd
441	Murray Lawrence & Partners Ltd
456	Bankside Syndicates Ltd
457	Stewart Syndicates Ltd

**LLOYD'S OF LONDON UNDERWRITERS
SPONSORING SYNDICATES & MANAGING AGENTS**

<u>Syndicate Number</u>	<u>Managing Agent</u>
473	Wren Syndicate Management Ltd
483	Methuen (Lloyd's U/W Agents) Ltd
484	Methuen (Lloyd's U/W Agents) Ltd
488	Charman Underwriting Agencies Ltd -
490	RGB Underwriting Agencies Ltd
500	Vanguard Underwriting Agencies Ltd
506	Claremount Underwriting Agency Ltd
507	Claremount Underwriting Agency Ltd
510	R J Kiln & Co Ltd
529	Sterling Underwriting Agencies Ltd
535	Cotesworth & Co Ltd
544	Tower Managing Agents Ltd
545	Sturge Aviation Syndicate Management Ltd
552	Mander Thomas & Cooper (U/A) Ltd
557	R J Kiln & Co Ltd
566	Bankside Syndicates Ltd
570	M H Cockell & Partners
582	Cassidy Davis Underwriting Ltd
588	Brockbank Syndicate Management Ltd
590	L G Cox & Co Ltd
609	Atrium Underwriting Ltd
623	Beazley Furlonge Ltd
624	Hiscox Syndicates Ltd
625	Hiscox Syndicates Ltd
658	Cox Octavian Agency Ltd
672	Wellington Underwriting Agencies Ltd
683	Janson Green Ltd
702	Octavian Syndicate Management Ltd
718	Sturge Non-Marine Syndicate Management Ltd
724	Active Syndicate Management Ltd
727	S A Meacock & Co
732	C I de Rougemont & Company Ltd
734	L G Cox & Co Ltd
735	Wren Syndicate Management Ltd
741	Tower Managing Agents Ltd
744	Barder & Marsh Ltd
765	R J Kiln & Co Ltd
766	Murray Lawrence & Partners Ltd
780	B F Caudle Agencies Ltd
800	Wren Syndicate Management Ltd
807	R J Kiln & Co Ltd
808	Crowe Syndicate Management Ltd
822	Murray Lawrence & Partners Ltd
823	Murray Lawrence & Partners Ltd
824	Murray Lawrence & Partners Ltd
839	Tower Managing Agents Ltd
858	Mathuen (Lloyd's U/W Agents) Ltd
861	Brockbank Syndicate Management Ltd
902	P B Coffey (U/A) Ltd
920	Murray Lawrence & Partners Ltd
923	Tower Managing Agents Ltd
925	Sturge Aviation Syndicate Management Ltd
947	Towering Managing Agents Ltd

**LLOYD'S OF LONDON UNDERWRITERS
SPONSORING SYNDICATES & MANAGING AGENTS**

<u>Syndicate Number</u>	<u>Managing Agent</u>
955	R J Kiln & Co Ltd
957	Barder & Marsh Ltd
958	G S Christensen & Partners
959	Octavian Syndicate Management Ltd
960	Sturge Aviation Syndicate Management Ltd
963	Crowe Syndicate Management Ltd
990	Morgan Fentiman & Barger
991	A E Grant (Underwriting Agencies) Ltd
994	Tower Managing Agents Ltd
998	Sturge Aviation Syndicate Management Ltd
1003	Catlin Underwriting Agencies Ltd
1007	Spreckley Villers Burnhope & Company Ltd
1009	Octavian Syndicate Management Ltd
1010	Spreckley Villers Burnhope & Company Ltd
1019	Ernest Blackmore & Son Ltd
1023	Mander Thomas & Cooper (U/A) Ltd
1027	Cox Newton & Harmon Ltd
1028	Wellington Underwriting Agencies Ltd
1036	Bankside Syndicates Ltd
1038	Venton Underwriting Agencies Ltd
1047	Barder & Marsh Ltd
1051	Murray Lawrence & Partners Ltd
1069	Cotesworth & Co Ltd
1084	Stewart Syndicates Ltd
1087	Tower Managing Agents Ltd
1093	Sterling Underwriting Agencies Ltd
1095	Wellington Underwriting Agencies Ltd
1096	Stewart Syndicates Ltd
1101	Trafalgar Underwriting Agencies Ltd
1115	Spreckley Villers Burnhope & Company Ltd
1119	Jago Managing Agency
1141	J E Mumfurd (U/A) Ltd
1165	Hiscox Syndicates Ltd
1173	Cottrell & Maguire Ltd
1175	Bankside Syndicates Ltd
1176	Cox Newton & Harman Ltd
1179	R J Kiln & Co Ltd
1183	Venton Underwriting Agencies Ltd
1185	Murray Lawrence & Partners Ltd
1203	Spreckley Villers Burnhope & Company Ltd
1205	Bankside Syndicates Ltd
1206	Lloyd's of London Syndicate
1212	Spreckley Villers Burnhope & Company Ltd
1213	Spreckley Villers Burnhope & Company Ltd
1214	Spreckley Villers Burnhope & Company Ltd
1215	Janson Green Ltd
1234	Bankside Syndicates Ltd
1251	Wellington Underwriting Agencies Ltd
2322	Cater Allen Syndicate Management Ltd
2488	Charman Underwriting Agencies Ltd
2490	RGB Underwriting Agencies Ltd
2947	Lloyd's of London Syndicate

FOREIGN SURPLUS LINES INSURERS

State of Tennessee Eligible Surplus Lines Insurers List
Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

ACCEPTANCE INDEMNITY INS COMPANY

222 SOUTH 15TH #600 NORTH
OMAHA NE 68102
Contact: WILLIAM R BAXTER
402-344-8800
EFF: 11/21/91

ADMIRAL INSURANCE COMPANY

PO BOX 5725
CHERRY HILL NJ 08034-3220
Contact: KATHLEEN CRAWFORD
800-257-6258
EFF: 08/19/74

ADRIATIC INSURANCE COMPANY

3501 NORTH CAUSEWAY BLVD #1000
METAIRIE LA 70002
Contact: DENNIS L BOYCE
EFF: 06/23/88

AGRICULTURAL EXCESS & SURPLUS INS CO

PO BOX 2575
CINCINNATI OH 45201-2575
Contact: ROBERT J SCHWARTZ
513-369-5000
EFF: 08/14/81

ALLIANCE GENERAL INS COMPANY

200 W ADAMS ST #2100
CHICAGO IL 60606
Contact: ERIC W RAHN, CEO
EFF: 08/24/89

ALLIANZ UNDERWRITERS INS INC

PO BOX 7780
BURBANK CA 91505-7780
Contact: EDMAN LEE-CHIN
213-658-5000
EFF: 03/7/80

ALPINE INSURANCE COMPANY

311 SOUTH WACKER DR #500
CHICAGO IL 60606-6618
Contact: JOHN THOMAS CLARK
312-922-8800
EFF: 07/15/93

AMERICAN COUNTRY INSURANCE COMPANY

222 NORTH LASALLE ST #1600
CHICAGO IL 60601-1105
Contact: JAMES P BYRNE, VP
312-456-2000
EFF: 01/20/87

AMERICAN DYNASTY SURPLUS LINES INS CO

PO BOX 5370
CINCINNATI OH 45201
Contact: T MATTHEW HELD
513-369-3000
EFF: 07/5/84

AMERICAN EMPIRE SURPLUS LINES INS CO

PO BOX 5370
CINCINNATI OH 45201
Contact: T MATTHEW HELD
EFF: 12/1/77

AMERICAN EQUITY INSURANCE COMPANY

8370 EAST VIA DE VENTURE BLDG K
SCOTTSDALE AZ 85258
Contact: RODNEY BRUCE PRANTZ
602-991-0833
EFF: 04/1/95

AMERICAN INTL SPECIALTY LINE INS CO

HARBORSIDE FINANCIAL CTR, 401 PLAZA 3, 4TH FL
JERSEY CITY NJ 07311
Contact: ARMAND PEPIN
201-309-1100
EFF: 03/7/91

AMERICAN WESTERN HOME INS CO

PO BOX 5323
CINCINNATI OH 45201-5323
Contact: JAMES P TERNEY
513-721-3010 EXT2289
EFF: 03/1/95

AMERICAS SURPLUS LINES INS CO

400 POYDRAS ST #2200
NEW ORLEANS LA 70130
Contact: BRIAN MARTIN PAGRAGAN
504-528-9555
EFF: 04/1/95

APPALACHIAN INS CO OF PROVIDENCE

PO BOX 7500
JOHNSTON RI 02919
Contact: NORMAN L BELGARDE
406-275-3000 EXT1662
EFF: 09/12/69

ASSOCIATED INTERNATIONAL INS CO

21860 BURBANK BLVD #380
WOODLAND HILLS CA 91367
Contact: ROBERT BLAZER, CPA
818-595-0600
EFF: 06/7/88

AUDUBON INDEMNITY COMPANY

PO DRAWER 15989
BATON ROUGE LA 70895-5989
Contact: EARL J NORMAND
800-272-9830
EFF: 08/1/87

BURLINGTON INSURANCE COMPANY

238 SMITH SCHOOL RD
BURLINGTON NC 27215
Contact: KERRY WAYNE FAVOR
919-538-2830
EFF: 09/28/89

CANAL INDEMNITY COMPANY

PO BOX 7
GREENVILLE SC 29602
Contact: B J MCMURRY
803-242-5365
EFF: 11/11/76

CAPITOL INDEMNITY CORPORATION

PO BOX 5900
MADISON WI 53705-0900
Contact: PAUL JOHN BREITNAUER
608-231-4450
EFF: 09/12/88

CAREAMERICA COMPENSATION & LIABILITY

577 AIRPORT BLVD #540
BURLINGAME CA 94010
Contact: HELEN LEONG
415-342-1812
EFF: 02/10/81

CENTURY SURETY COMPANY

PO BOX 2689
COLUMBUS OH 43231
Contact: GLENN D SOUTHWICK
614-895-2000
EFF: 07/1/87

CHUBB CUSTOM INSURANCE COMPANY

PO BOX 1615
WARREN NJ 07061-1615
Contact: TRACEY A HOLLERAN
908-903-2982
EFF: 04/7/86

CIGNA SPECIALTY INSURANCE COMPANY

PO BOX 7716
PHILADELPHIA PA 19192
Contact: JOSEPH STAGLIANO
215-761-1000
EFF: 11/21/69

COLONIA UNDERWRITERS INSURANCE CO

200 GARRISON AVENUE
FORT SMITH AR 72901
Contact: RHONDA SAUTER
501-782-2829
EFF: 05/1/95

COLONY INSURANCE COMPANY

PO BOX 85122
RICHMOND VA 23285-5122
Contact: EDWARD DESCH
804-261-7011
EFF: 09/4/84

COLUMBIA CASUALTY COMPANY

CNA PLAZA
CHICAGO IL 60685
Contact: RICHARD E RUSTON
312-822-5653
EFF: 12/29/75

COMMERCIAL CASUALTY INS CO OF GEORGIA

160 TECHNOLOGY PARKWAY
NORCROSS GA 30092
Contact: LINDA MARIE LUOMA
404-729-8100
EFF: 10/25/95

FOREIGN SURPLUS LINES INSURERS

State of Tennessee Eligible Surplus Lines Insurers List
Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

COMMERCIAL UNDERWRITERS INS CO

100 CORPORATE POINTE #350
CULVER CITY CA 90230-7608
Contact: WILLIAM LEONE
310-670-0254
EFF: 07/1/95

CONNECTICUT SPECIALTY INSURANCE CO

PO BOX 420
HARTFORD CT 06141
Contact: PETER M VINCI
203-674-6600
EFF: 06/29/94

COREGIS INDEMNITY COMPANY

181 WEST MADISON AVE #2600
CHICAGO IL 60602
Contact: ROBERT SHORTELL
312-849-5000
EFF: 09/3/93

DEARBORN INSURANCE COMPANY

123 NORTH WACKER DRIVE
CHICAGO IL 60606
Contact: JACK MCDONNELL
312-701-3738
EFF: 01/1/88

EDEN PARK INSURANCE COMPANY

PO BOX 2575
CINCINNATI OH 45201-2575
Contact: ROBERT J SCHWARTZ
513-369-5000
EFF: 10/25/93

EMPIRE INDEMNITY INSURANCE COMPANY

1624 DOUGLAS AVENUE
OMAHA NE 68102
Contact: KEVIN H PURCELL
402-341-0135
EFF: 08/10/82

ESSEX INSURANCE COMPANY

4551 COX ROAD
GLEN ALLEN VA 23060
Contact: BILL GRODE GOLDFINE
804-273-1400
EFF: 11/14/83

EVANSTON INSURANCE COMPANY

SHAND MORAHAN PLAZA
EVANSTON IL 60201
Contact: EDGAR W PHOEBUS
708-866-2800
EFF: 08/31/81

EXECUTIVE RISK SPECIALTY INSURANCE CO

PO BOX 21002
SIMSBURY CT 06070-7683
Contact: JEFFREY H KOENIG
203-244-8980
EFF: 12/1/93

FIDELITY EXCESS & SURPLUS INS CO

105 CAMPUS DRIVE, UNIVERSITY SQUARE
PRINCETON NJ 08543-7006
Contact: ROBERT F WOOP
609-520-1133
EFF: 07/15/93

FIREMAN'S FUND INSURANCE CO OF OHIO

777 SAN MARIN DRIVE
NOVATO, CA 94998
Contact: CHARLES E MCAULEY III
415-899-2817
EFF: 04/8/88

FIRST SPECIALTY INSURANCE CORPORATION

PO BOX 2928
OVERLAND PARK KS 66201-1338
Contact: SHARON L BUTLER
913-676-5884
EFF: 03/27/90

FLORIDA INTERNATIONAL INDEMNITY CO

27 EAST ROBINSON STREET
ORLANDO FL 32801
Contact: C GLENN ALEXANDER
404-981-7100
EFF: 08/12/82

FRONTIER PACIFIC INSURANCE COMPANY

195 LAKE LOUISE MARIE ROAD
ROCK HILL NY 12775-8000
Contact: LINDA MARKOVITS, ADM. ASST. CPWA
800-836-2100 EXT 521
EFF: 08/1/95

FULCRUM INSURANCE COMPANY

199 WATER STREET
NEW YORK NY 10038-3526
Contact: BERRY GOLUB
212-480-1900 EXT 326
EFF: 06/1/95

GENERAL AGENTS INS CO OF AMERICA

PO BOX 2933
FORT WORTH TX 76113-2933
Contact: DANIEL JAY COOTS
817-336-2500
EFF: 06/4/85

GENERAL STAR INDEMNITY COMPANY

PO BOX 10354
STAMFORD CT 06904-2354
Contact: DAVID W MICK
203-328-5664
EFF: 05/6/84

GENESIS INDEMNITY INSURANCE COMPANY

PO BOX 10352
STAMFORD CT 06904-2352
Contact: PATRICIA A FOX
203-328-5643
EFF: 04/6/90

GILBRALTAR CASUALTY INSURANCE CO

751 BROAD STREET, 14TH PLAZA
NEWARD NJ 07102-3077
Contact: CHRISTINE KNIGHT
201-802-2024
EFF: 07/29/80

GLOBAL INSURANCE COMPANY

5901 PEACHTREE-DUNWOODY RD NE #B470
ATLANTA GA 30328-5307
Contact: PETER RAMAGLIA
800-634-4175
EFF: 01/2/90

GOTHAM INSURANCE COMPANY

330 MADISON AVENUE
NEW YORK NY 10017
Contact: THOMAS JOHN IACOPELLI
212-551-0645
EFF: 07/1/87

GULF UNDERWRITERS INSURANCE CO

PO BOX 1771
DALLAS TX 75221-1771
Contact: DAVID MARSHALL BARBER
214-670-2905
EFF: 08/1/92

HERMITAGE INSURANCE COMPANY

707 WESTCHESTER AVENUE #411
WHITE PLAINS NY 10604
Contact: JOSEPH JOHN JAWORSKI
914-683-8008
EFF: 03/27/89

HOMI INSURANCE COMPANY OF ILLINOIS

10 SOUTH RIVERSIDE PLAZA
CHICAGO IL 60606
Contact: HANS JOACHIM PREDEL
312-559-9500
EFF: 09/25/73

HOMESTEAD INSURANCE COMPANY

200 PLAZA DRIVE
SECAUCUS, NJ 07096-1581
Contact: NOEL SCHULZ
201-271-0200
EFF: 06/27/88

ILLINOIS EMCASCO INSURANCE COMPANY

815 COMMERCE DRIVE
OAKBROOK IL 60521-1978
Contact: J M VANSLOUN
515-280-2674
EFF: 05/5/82

ILLINOIS INSURANCE EXCHANGE

311 SOUTH WACKER DRIVE #4000
CHICAGO IL 60606
Contact: GARY D HACKLEY
312-408-8000
EFF: 10/18/85

ILLINOIS UNION INSURANCE COMPANY

8755 WEST HIGGINS ROAD
CHICAGO IL 60651
Contact: FRANK GAGLIANO
312-380-8100
EFF: 09/1/76

FOREIGN SURPLUS LINES INSURERS

State of Tennessee Eligible Surplus Lines Insurers List
Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

INDEPENDENT FIRE INSURANCE OF FLORIDA
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276
Contact: B LANE BUSSEY III
904-358-5470
EFF: 02/9/72

INTERSTATE FIRE & CAUSALTY COMPANY
55 EAST MONROE STREET
CHICAGO IL 60603
Contact: PAUL OSMOLSKI
312-346-4600
EFF: 07/30/69

INVESTORS INSURANCE CO OF AMERICA
200 SCHULZ DRIVE
REDBANK NJ 07701
Contact: FRANK T BUZIAK, EXEC VP
908-224-0500
EFF: 05/5/78

LAFAYETTE INSURANCE COMPANY
PO BOX 53265
NEW ORLEANS LA 70153
Contact: LARRY L HAYWARD
504-826-5222
EFF: 05/14/79

LANDMARK AMERICAN INSURANCE COMPANY
PO BOX 3329
ENGLEWOOD CO 80155
Contact: PATRICIA T HEMLEY
303-754-8702
EFF: 10/16/87

LANDMARK INSURANCE COMPANY
PO BOX 720594
ATLANTA GA 30328-2594
Contact: WILLIAM P SCHUCHERT
212-770-1100
EFF: 05/1/87

LEXINGTON INSURANCE COMPANY
200 STATE STREET
BOSTON MA 02109
Contact: WILLIAM P SCHUCHERT
212-770-8596
EFF: 02/3/70

LINCOLN INSURANCE COMPANY
PO BOX 4679
WILMINGTON DE 19807
Contact: THOMAS D SYKES
302-594-4700 EXT 128
EFF: 05/10/77

MID ATLANTIC MEDICAL INSURANCE CO
225 INTERNATIONAL CIRCLE
HUNT VALLEY MD 21030
Contact: MARK PATRICK WELSH
410-785-0050
EFF: 04/1/95

MONTICELLO INSURANCE COMPANY
NEWPORT TOWER, 525 WASHINGTON BLVD
JERSEY CITY NJ 07310-1693
Contact: CHRIS COKE
EFF: 04/12/88

MT HAWLEY INSURANCE COMPANY
9025 NORTH LINDBERG DRIVE
PEORIA IL 61615
Contact: TIMOTHY J KRUEGER
309-692-1000
EFF: 05/9/86

NATIONAL FIRE & MARINE INSURANCE CO
3024 HARNEY STREET
OMAHA NE 68131-3580
Contact: DAVID BRYNE, ASST TREASURER
402-536-3269
EFF: 02/18/70

NAUTILUS INSURANCE COMPANY
7273 EAST BUTHERUS DRIVE
SCOTTSDALE AZ 85260
Contact: JOHN M RUNBERG
602-951-0905
EFF: 02/18/86

NORTH AMERICAN CAPACITY INSURANCE CO
650 ELM STREET, 6TH FLOOR
MANCHESTER NH 03101-2524
Contact: EDWARD D STYS
603-221-6600
EFF: 03/27/89

NORTHFIELD INSURANCE COMPANY
PO BOX 64816
MENDOTA HEIGHTS MN 55120-1146
Contact: RICHARD J WEINGARTNER
612-688-4100
EFF: 09/21/79

NUTMEG INSURANCE COMPANY
HARTFORD PLAZA
HARTFORD CT 06115
Contact: S A SOTHERLAND
203-547-5000
EFF: 09/9/81

OLD REPUBLIC UNION INSURANCE COMPANY
307 NORTH MICHIGAN AVENUE
CHICAGO IL 60601
Contact: THELMA EVANS, ACCT MGR
312-346-8100
EFF: 05/14/86

PACIFIC INSURANCE COMPANY
180 MAIDEN LANE
NEW YORK NY 10038
Contact: PERRY E DEFONTAINE
212-937-5411
EFF: 06/20/84

PACIFIC INSURANCE COMPANY LTD
1001 BISHOP STREET
HONOLULU HA 96813
Contact: RUBY KONISHI, ASST SECRETARY
808-546-5863
EFF: 10/15/92

PACIFIC NATIONAL INSURANCE COMPANY
PO BOX 2070
MILWAUKEE WI 53201-2070
Contact: HOWARD C MILLER
414-792-3020
EFF: 08/22/90

PARADIGM INSURANCE COMPANY
9000 WESSEX PLACE #300
LOUISVILLE KY 40222
Contact: LINDA F SERGEANT, ASST CORP SEC
502-429-5585
EFF: 08/30/94

PENN-AMERICA INSURANCE COMPANY
420 SOUTH YORK ROAD
HATBORO PA 19040
Contact: WESLEY M BOBBIE
215-443-3631
EFF: 06/23/80

PROFESSIONAL UNDERWRITERS LIABILITY
185 GREENWOOD ROAD
NAPA CA 94559
Contact: JERRY J REILEY
707-226-0100
EFF: 03/8/91

RELIANCE INSURANCE COMPANY OF ILLINOIS
4 PENN CENTER PLAZA
PHILADELPHIA PA 19103
Contact: JOHN P TAYLOR
215-864-4007
EFF: 08/2/83

REWOOD FIRE & CASUALTY INS CO
9290 WEST DODGE ROAD #300
OMAHA NE 68114
Contact: MICHELLE ACRI
402-393-7255
EFF: 10/17/86

RISCORP NATIONAL INSURANCE COMPANY
PO BOX 32370
KANSAS CITY MO 64171-5370
Contact: KATHIE J WILLIAMS
913-262-2953
EFF: 12/31/86

ROCK RIVER INSURANCE COMPANY
3400 80TH STREET
MOLINE IL 61265
Contact: DENNIS GENE COOK
815-447-0653
EFF: 10/25/91

ROYAL SURPLUS LINES INSURANCE CO
PO BOX 10000
CHARLOTTE NC 28201-10000
Contact: FRANK J PRESTOPINO
704-522-3250
EFF: 07/21/83

FOREIGN SURPLUS LINES INSURERS
 State of Tennessee Eligible Surplus Lines Insurers List
 Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

SAFECO SURPLUS LINES INSURANCE CO
 SAFECO PLAZA
 SEATTLE WA 98185 EFF: 08/1/86
 Contact: DAVID W KRAFT
 206-545-3394

SAVERS PROPERTY & CASUALTY INS CO
 10985 CODY #135
 OVERLAND PARK KS 66210 EFF: 07/17/89
 Contact: ROBERT A HOFFMAN
 810-358-1100 EXT 340

SCOTTSDALE INSURANCE COMPANY
 PO BOX 4110
 SCOTTSDALE AZ 85258 EFF: 07/26/83
 Contact: ARLAN G OLIVA
 800-423-7675

SHEFFIELD INSURANCE CORPORATION
 PO BOX 43360
 BIRMINGHAM AL 35243-3360 EFF: 10/1/85
 Contact: DAVE THOMPSON JR
 205-970-7122

ST PAUL SURPLUS LINES INSURANCE CO
 385 WASHINGTON STREET
 ST PAUL MN 55102 EFF: 04/14/75
 Contact: DELROY W PREUSS
 612-221-8069

STEADFAST INSURANCE COMPANY
 ZURICH TOWERS, 1400 AMERICAN LANE
 SCHAUMBURG IL 60196-1056 EFF: 04/30/90
 Contact: WILLIAM H WIGGS
 708-605-6000

SUTTER INSURANCE COMPANY
 PO BOX 6000
 LARKSPUR CA 94577-6000 EFF: 10/25/93
 Contact: WILLIAM A KLEDNECKE
 415-925-1404 EXT 333

TIG INSURANCE COMPANY OF MICHIGAN
 PO BOX 152870
 IRVING TX 75015-8830 EFF: 05/1/96
 Contact: CAROLINE WOODBURY
 214-831-5000

TIG SPECIALTY INSURANCE COMPANY
 PO BOX 6300
 WOODLAND HILLS CA 91367 EFF: 12/3/87
 Contact: STEVEN A COOK
 818-596-5323

TRADERS & PACIFIC INSURANCE COMPANY
 PO BOX 2932
 FORT WORTH TX 76113-2932 EFF: 06/4/96
 Contact: LISA FOSTER
 817-377-6000

TUDOR INSURANCE COMPANY
 400 PARSONS POND DRIVE
 FRANKLIN LAKES NJ 07417-2600 EFF: 06/1/83
 Contact: ALICE LEW MUI
 201-825-3300

ULICO INDEMNITY COMPANY
 111 MASSACHUSETTS AVENUE
 WASHINGTON, DC 20001 EFF: 06/29/94
 Contact: DANIEL P SPENCER
 202-682-4952

UNDERWRITERS INDEMNITY COMPANY
 EIGHT GREENWAY PLAZA #4000
 HOUSTON TX 77046 EFF: 02/5/88
 Contact: GREG E CHILSON

UNITED CAPITOL INSURANCE COMPANY
 400 PERIMETER CENTER TERRACE #345
 ATLANTA GA 30346 EFF: 02/13/84
 Contact: KATHY D BRUNE
 404-843-5599

UNITED NATIONAL INSURANCE COMPANY
 THREE BALA PLAZA EAST #300
 BALA CYNWYD PA 19004 EFF: 03/23/79
 Contact: DANIEL J KELLEHER
 610-664-1500

UNITED STATES LIABILITY INSURANCE CO
 PO BOX 1551
 KING OF PRUSSIA PA 19406-0951 EFF: 10/26/71
 Contact: LOUIS F RIVITUSO
 215-688-2535

USF INSURANCE COMPANY
 1760 MARKET STREET
 PHILADELPHIA PA 19103 EFF: 11/15/94
 Contact: STEPHEN ROBERT RUFO
 215-563-3800

USF&G SPECIALTY INSURANCE COMPANY
 PO BOX 1138
 BALTIMORE MD 21203-1138 EFF: 05/1/96
 Contact: CAROL RAAB
 410-547-3704

VANGUARD UNDERWRITERS INSURANCE CO
 PO BOX 660560
 DALLAS TX 75266-0560 EFF: 05/12/87
 Contact: JOHN KLEDNER
 214-559-1295

WAUSAU GENERAL INSURANCE COMPANY
 901 WARRENVILLE ROAD #500
 LISLE IL 60532 EFF: 04/14/75
 Contact: MICHAEL ROCCA, TREASURER
 715-845-5211

WESTCHESTER SURPLUS LINES INS CO
 SIX CONCOURSE PARKWAY #2700
 ATLANTA GA 30328-5346 EFF: 10/25/93
 Contact: BRIAN W IMPERIALE
 404-393-9955

WESTERN ALLIANCE INSURANCE COMPANY
 PO BOX 201425
 AUSTIN TX 78720 EFF: 12/17/90
 Contact: DONALD E WOELLNER
 512-345-6505

WESTERN HERITAGE INSURANCE COMPANY
 PO BOX 5100
 SCOTTSDALE AZ 85261 EFF: 10/11/91
 Contact: SCOTT A WILSON
 602-951-0703

WESTERN WORLD INSURANCE COMPANY
 400 PARSONS POND DRIVE
 FRANKLIN LAKES NJ 07417-2600 EFF: 04/27/70
 Contact: ALICE LEW MUI
 201-825-3300

ALIEN SURPLUS LINES INSURERS
State of Tennessee Eligible Surplus Lines Insurers List
Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

ASSICURAZIONI GENERALI SPA (UK)
PIZZA DUCA DEGLI ABRUZZIE 2
34132 TRIESTE ITALY
EFF: 10/24/90

ASSOCIATED ELECTRIC & GAS INS SERVICES LTD (AEGI)
HARBORSIDE FINANCIAL CTR, 700 PLAZA 2
JERSEY CITY NJ 07311-3994
EFF: 08/12/94

BRITISH AVIATION INSURANCE COMPANY LTD
FITZWILLIAM HOUSE, 10 ST MARY AXE
LONDON EC3A 8EQ ENGLAND
EFF: 10/01/94

CNA INTERNATIONAL REINSURANCE COMPANY LTD
FOUNTAIN HOUSE, 125/135 FENCHURCH ST
LONDON EC3M 5DJ ENGLAND
EFF: 05/08/86

COMMERCIAL UNION ASSURANCE COMPANY PLC
ST HELENS - 1 UNDERSHAFT
LONDON EC3P 3DQ ENGLAND
EFF: 06/10/87

COMMONWEALTH INSURANCE COMPANY - U.S. BRANCH
595 BURRARD ST #1500 BENTALL TOWER 3
VANCOUVER, BRITISH COLUMBIA V7X 1G4
EFF: 12/01/95

COPENHAGEN REINSURANCE COMPANY U.K. LTD
25/26 LIME STREET
LONDON EC3M 7HR ENGLAND
EFF: 08/01/86

GAP INSURANCE COMPANY LTD
MINISTER HOUSE - ARTHUR STREET
LONDON EC4R 9BJ ENGLAND
EFF: 10/04/71

INDEMNITY MARINE ASSURANCE COMPANY LTD
ST HELENS - 1 UNDERSHAFT
LONDON EC3P 3DQ ENGLAND
EFF: 06/10/87

INSURANCE COMPANY OF NORTH AMERICA (U.K.) LTD
CIGNA HOUSE, 8 LIME STREET
LONDON EC3M 7NA ENGLAND
EFF: 11/18/91

LA CONCORDE COMPAGNIE D'ASSURANCES
5 RUE DE LONDRES
PARIS FRANCE
EFF: 07/19/94

LIBERTY MUTUAL INSURANCE COMPANY (U.K.) LTD
ONE MINSTER COURT MINDING LANE
LONDON ENGLAND EC3R 7AA
EFF: 03/01/95

LLOYD'S UNDERWRITERS AT LONDON
LIME STREET
LONDON EC3M 7HL ENGLAND
EFF: 04/23/70

MARINE INSURANCE COMPANY LTD
34 LIME STREET
LONDON EC3M 7JE ENGLAND
EFF: 10/17/86

NORTHERN ASSURANCE COMPANY LTD
ST HELENS - 1 UNDERSHAFT
LONDON EC3P 3DQ ENGLAND
EFF: 06/10/87

OCEAN MARINE ASSURANCE COMPANY LTD
ST HELENS - 1 UNDERSHAFT
LONDON EC3P 3DQ ENGLAND
EFF: 06/10/87

PHOENIX ASSURANCE PLC
ONE BARTHOLOMEW LANE
LONDON EC2N 2AB ENGLAND
EFF: 10/17/86

KROLL & TRACT
JOHN P DEARIE JR
212-921-9100 FAX: 212-869-3657

LEBOEUF LAMB GREENE & MACRAE
212-424-8000 FAX: 212-424-8500

MENDES & MOUNT
MICHAEL C GIORDANO
212-261-8423 FAX: 212-261-8750

CNA INSURANCE COMPANIES
JAMES J MORRIS
312-822-4650 FAX: 312-822-2893

MENDES & MOUNT
MICHAEL C GIORDANO
212-261-8423 FAX: 212-261-8750

BUCHALTER NEMER FIELDS & YOUNGER
JOHN L INGERSOLL
213-891-0700 FAX: 213-896-0400

KROLL & TRACT
JOHN P DEARIE JR
212-921-9100 FAX: 212-869-3657

KROLL & TRACT
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212-921-9100 FAX: 212-869-3657

ALIEN SURPLUS LINES INSURERS
State of Tennessee Eligible Surplus Lines Insurers List
Pursuant to Chapter 14, Sections 56-14-101 thru 56-14-117 T.C.A.

QBE INTERNATIONAL INSURANCE LTD
FOURTEEN FENCHURCH AVENUE
LONDON EC3M 5BS ENGLAND
Eff: 06/29/94

RIVER THAMES INSURANCE COMPANY LTD
150152 FENCHURCH STREET
LONDON EC3M 6DL ENGLAND
Eff: 06/30/70

SKANDIA INTERNATIONAL INSURANCE CORPORATION
SVEAVAGEN 44 BOX 7693
S-103 95 STOCKHOLM SWEDEN
Eff: 04/08/86

SPHERE DRAKE INSURANCE PLC
52-54 LEADHALL STREET
LONDON EC3A 2BJ ENGLAND
Eff: 12/10/69

SR INTERNATIONAL BUSINESS INSURANCE CO LTD
71-77 LEADENHALL STREET
LONDON EC3A 2PQ ENGLAND
Eff: 03/01/89

ST PAUL REINSURANCE COMPANY LTD
ST PAUL HOUSE, 27 CAMPER DOWN STREET
LONDON EL 3DS ENGLAND
Eff: 05/23/89

TERRA NOVA INSURANCE COMPANY LTD
TERRA NOVA HOUSE - 41/43 MENCING LAN
LONDON EC3R 7SP ENGLAND
Eff: 04/17/84

THREADNEEDLE INSURANCE COMPANY LTD
60 ST MARY AXE
LONDON EC3A 8JQ ENGLAND
Eff: 10/20/87

UNIONAMERICA INSURANCE COMPANY LTD
77 GRACECHURCH STREET
LONDON EC3V ODA ENGLAND
Eff: 10/05/87

YORKSHIRE INSURANCE COMPANY LTD
TWO ROUGIER STREET
YORK YO1 1HR ENGLAND
Eff: 09/05/90

ZURICH RE (U.K.) LIMITED
90 FENCHURCH STREET, THE ZURICH BLDG
LONDON EC3M 4JX ENGLAND
Eff: 07/20/90

GILBERT SEGALL & YOUNG
JANE DAVIS
212-644-4000 FAX: 212-644-4051

WILSON ELSEER MOSKOWITZ EDELMAN & DICKER
LINDA ESKAY
212-490-3000 FAX: 212-490-3038

LEBOEUF LAMB GREENE & MACRAE
212-424-8000 FAX: 212-424-8500

WILSON ELSEER MOSKOWITZ EDELMAN & DICKER
LINDA ESKAY
212-490-3000 FAX: 212-490-3038

LEBOEUF LAMB GREENE & MACRAE
212-424-8000 FAX: 212-424-8500

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212-424-8000 FAX: 212-424-8500

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212-424-8000 FAX: 212-424-8500

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212-424-8000 FAX: 212-424-8500

LEBOEUF LAMB GREENE & MACRAE
212-424-8000 FAX: 212-424-8500

MENDES & MOUNT
MICHAEL C GIORDANO
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LEBOEUF LAMB GREENE & MACRAE
212-424-8000 FAX: 212-424-8500

APPENDIX E

Liquidated Damages Schedule

Liquidated damages will be calculated in accordance with the following formula:
 $V \times B \times \$25.00$ where

V = Relative value of Service Area
 B = Relative value of the Breach

Service Area 1 - Value = 5: Inmate Classification, Custody and Movement, Access to Courts, Disciplinary Procedures, Inmate Relations, Sentence Reduction Credits, Sentence Computation, Inmate Records:

Contractor Breach:	B
Failure of Staff	5
Failure to Document	4
Failure to Report	3
Failure to Comply with Other Applicable Standards	5

Service Area 2 - Value = 4: General Administration, Personnel and Training, Security and Control, Use of Force, Health/Medical/Mental Health/Dental, Inmate Work and Education, Transportation, Inmate Drug Testing:

Contractor Breach:	B
Failure of Staff	5
Failure to Document	3
Failure to Report	2
Failure to Comply with Other Applicable Standards	5

Service Area 3 - Value = 3: Equipment, Supplies and Perishables, Sanitation and Hygiene, Facility Management, Maintenance, and Utilities:

Contractor Breach:	B
Failure of Staff	4
Failure to Document	2
Failure to Report	1
Failure to Comply with Other Applicable Standards	4

Service Area 4 - Value = 2: Personal Property, Visitation, Food Service, Laundry and Clothing, Recreation, Library, Commissary, Religious Services, Volunteer Services, Released Inmates, Telephone and Correspondence, Inmate Trust Fund, Community Relations, and other requirements of the Standards:0

Contractor Breach:	B
Failure of Staff	4
Failure to Document	1
Failure to Report	1
Failure to Comply with Other Applicable Standards	4

PERFORMANCE AND PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS, that _____

(hereinafter called the "Principal") and _____

(hereinafter called the "Surety") do hereby acknowledge ourselves indebted and securely bound and held unto _____

(hereinafter called the "State"), and in the penal sum of _____

good and lawful money of the United States of America, for the use and benefit of those entitled thereto, for the payment of which, well and truly to be made, we bind ourselves, our heirs, our administrators, executors, successors, and assigns, jointly and severally, firmly by these presents.

But the condition of the foregoing obligation or bond is this:
Whereas, the State has engaged the principal for the sum of _____

to staff, manage, and operate the South Central Correctional Center, Clifton, Wayne County, Tennessee, RFP/RFS 97-329.44-002 as more fully appears in a written agreement or contract bearing the date of

a copy of which said agreement or contract is by reference hereby made a part hereof, as fully and to the same extent as if copied at length herein, and it is the desire of the State that the Principal shall assure all undertakings under said agreement or contract.

Now, therefore, if the Principal shall fully and faithfully perform all undertakings and obligations under the contract hereinbefore referred to and shall fully indemnify and hold harmless the State from all costs and damage whatsoever which it may suffer by reason of any failure on the part of the Principal to do so, and shall fully reimburse and repay the State any and all outlay and expense which it may incur in making good any such default, by the Principal, and shall fully pay in lawful money of the United States, as the same shall become due, then this obligation or bond shall be null and void, otherwise to remain in full force and effect.

And for value received the receipt of which is acknowledged, it is hereby stipulated and agreed that no change, extension of time, alteration or addition to the terms of the contract or to the Principal's duties thereunder shall in any wise affect the obligation under this bond, and notice is hereby waived of

any such change, extension of time, alteration or addition to the terms of the contract or to the Principal's duties thereunder.

Now, therefore, the condition of this obligation is such, that if the Principal shall faithfully perform said contract according to its terms, covenants and conditions and shall promptly pay all persons who supply labor or material to the Principal for use in the prosecution of the work under said contract, then this obligation shall be void; otherwise it shall remain in full force and effect.

Subject to the named State's priority, all persons who have supplied labor or material directly to the Principal for use in the prosecution of the work under said contract shall have a direct right of action under this bond. The Surety's aggregate liability hereunder shall in no event exceed the amount set forth above.

In witness whereof the Principal has hereunto affixed its signature and Surety has hereunto caused to be affixed its corporate signature and seal, by its duly authorized officers, on this ____ day of _____, 19__.

Executed in _____ counterparts.

Witness:

(name of Principal)

(name of Surety)

(authorized signature)

(signature of Attorney-in-Fact)

(name of signatory)

(name of Attorney-in-Fact)

(title of signatory)

(Tennessee license number of Agent or Attorney-in-Fact)

(countersignature of resident Agent if not same as Attorney-in-Fact)

Surety Company issuing bond shall be licensed to transact business in State of Tennessee by Tennessee Department of Commerce and Insurance. Bonds shall have certified and current Power-of-Attorney for the Surety's Attorney-in-Fact attached.

AMENDMENT THREE
TO CONTRACT FA-97-12268-00

BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF CORRECTION
AND
CORRECTIONS CORPORATION OF AMERICA

This Contract , by and between the State of Tennessee, Department of Correction, hereinafter referred to as the State, and Corrections Corporation of America, hereinafter referred to as the Contractor, is hereby amended as follows:

1. Add the following as Section 12.34:

Section 12.34 Name Change. Effective December 21, 2000, all references to "Corrections Corporation of America" shall be deleted and replaced with "CCA of Tennessee, Inc. d/b/a Corrections Corporation of America."

2. Add the following as Section 12.35:

Section 12.35 Federal Employer Identification Number. Effective December 21, 2000, the Federal Employer Identification Number of the Contractor shall be 62-1806755.


The other terms and conditions of this agreement not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

CCA OF TENNESSEE, INC. D/B/A CORRECTIONS CORPORATION OF AMERICA:

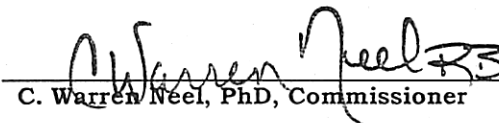

John D. Ferguson, CEO Date 2/8/2001

DEPARTMENT OF CORRECTION

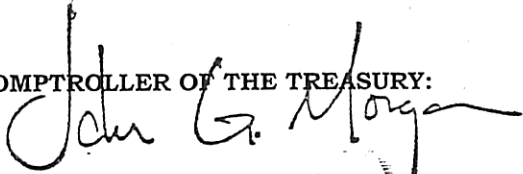

Donal Campbell, Commissioner Date 2-8/2001

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:


C. Warren Neel, PhD, Commissioner Date MAR 05 2001

COMPTROLLER OF THE TREASURY:




3/15/01

John G. Morgan, Comptroller of the Treasury

Date

ATTORNEY GENERAL AND REPORTER:



3/06/01

Paul G. Summers, Attorney General and Reporter

Date

**AMENDMENT TWO
TO CONTRACT FA-97-12268-00**

**BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF CORRECTION
AND
CORRECTIONS CORPORATION OF AMERICA**

This Contract, by and between the State of Tennessee, Department of Correction, hereinafter referred to as the State, and Corrections Corporation of America, hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section 7.1 in its entirety and insert the following in its place:

Section 7.1 Management Payment. The State shall pay the Contractor a Per Diem Rate per Inmate Day as follows:

Period	Per Diem Rate	
	1 — 1506 Inmates	1507 — 1676 Inmates
02/28/97 — 06/30/97	\$32.26	
07/01/97 — 06/30/98	\$32.26	
07/01/98 — 06/30/99	\$33.31	
07/01/99 — 02/29/00	\$34.40	
03/01/00 — 06/30/00	\$34.40	
07/01/00 — 01/31/01	\$35.51	
2/01/01 — 6/30/01	\$35.51	\$28.50
07/01/01 — 02/28/02	\$36.67	\$29.43

In the event the State exercises its right to construct additional buildings at the Facility and/or to expand the capacity of existing buildings at the Facility, the parties will negotiate

a Per Diem Rate for such additional Inmates, it being the intent of the parties that the State will pay only the marginal costs for such additional Inmates.

2. Delete Section 12.26 in its entirety and insert the following in its place:


Section 12.26 Maximum Liability. Notwithstanding any provision contained herein to the contrary, in no event shall the maximum liability of the State under this Contract exceed \$97,629,784. The maximum liability of the State under this Contract for each respective year of this Contract is as follows:

Fiscal Year 1996 – 1997	<u>\$ 6,037,924</u>
Fiscal Year 1997 – 1998	<u>\$ 18,069,683</u>
Fiscal Year 1998 – 1999	<u>\$ 18,656,075</u>
Fiscal Year 1999 – 2000	<u>\$ 19,326,998</u>
Fiscal Year 2000 – 2001	<u>\$ 20,629,650</u>
Fiscal Year 2001 – 2/28/2002	<u>\$ 14,909,454</u>

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Service Rates detailed in Section 7.1. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contractor.


IN WITNESS WHEREOF:

CORRECTIONS CORPORATION OF AMERICA:


John D. Ferguson, CEO

DATE: 1/23/01

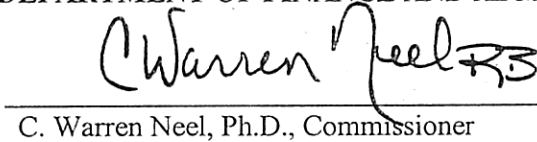
DEPARTMENT OF CORRECTION:


Donal Campbell, Commissioner

DATE: 2/13/01

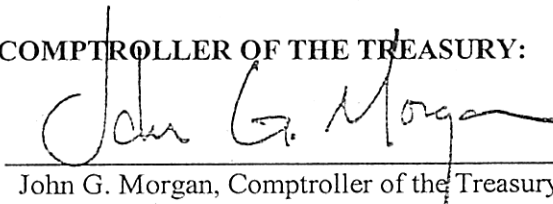
APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:


C. Warren Neel, Ph.D., Commissioner

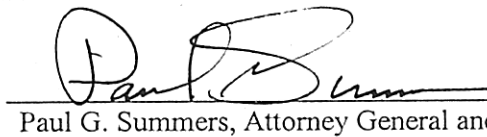
MAR 05 2001
DATE: _____

COMPTROLLER OF THE TREASURY:


John G. Morgan, Comptroller of the Treasury

DATE: 3/7/01

ATTORNEY GENERAL AND REPORTER:


Paul G. Summers, Attorney General and Reporter

DATE: 3/06/01

**AMENDMENT ONE
TO CONTRACT FA-97-12268-00**

**BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF CORRECTION
AND
CORRECTIONS CORPORATION OF AMERICA**

This Contract, by and between the State of Tennessee, Department of Correction, hereinafter referred to as the State, and Corrections Corporation of America, hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete following Section in its entirety:

Section 2.1 Term

(a) The term of this Contract shall be from the Effective Date of Contract until three (3) years after the Service Commencement Date, February 28, 1997, unless terminated earlier pursuant to the terms hereof. This term requires three (3) years of management service ending at 12:00 noon on February 29, 2000.

(b) The State shall have an option to renew the Contract upon the same terms and conditions for an additional twenty-four (24) month period by giving the Contractor written notice of its intent to exercise such option on or before November 1, 1999; provided, however, exercise of the option to renew is solely within the discretion of the State.

and insert the following in its place:

Section 2.1 Term. The term of this Contract shall be from the Effective Date of Contract until five (5) years after the Service Commencement Date, February 28, 1997, unless terminated earlier pursuant to the terms hereof. This term requires five (5) years of management service ending at 12:00 noon on February 28, 2002.

2. Delete following Section in its entirety:

Section 12.26 Maximum Liability. Notwithstanding any provision contained herein to the contrary, in no event shall the maximum liability of the State under this Contract exceed \$55,639,180. The maximum liability to the State under this Contract for each respective

year of this Contract is as follows:

Fiscal Year 1996 – 1997	\$ <u>6,037,924</u>
Fiscal Year 1997 – 1998	\$ <u>18,069,683</u>
Fiscal Year 1998 – 1999	\$ <u>18,656,075</u>
Fiscal Year 1999 – 2-29-2000	\$ <u>12,875,498</u>

and insert the following in its place:

Section 12.26 Maximum Liability. Notwithstanding any provision contained herein to the contrary, in no event shall the maximum liability of the State under this Contract exceed \$95,687,280. The maximum liability of the State under this Contract for each respective year of this Contract is as follows:

Fiscal Year 1996 – 1997	\$ <u>6,037,924</u>
Fiscal Year 1997 – 1998	\$ <u>18,069,683</u>
Fiscal Year 1998 – 1999	\$ <u>18,656,075</u>
Fiscal Year 1999 – 2000	\$ <u>19,326,998</u>
Fiscal Year 2000 – 2001	\$ <u>19,902,900</u>
Fiscal Year 2001 – 2/28/2002	\$ <u>13,693,700</u>

3. Delete following Section in its entirety:

Section 6.10 Background Checks. Prior to employment with Contractor, applicants shall be subjected to a thorough background investigation, including criminal, employment, and medical histories. The background investigation for applicants for correctional officer positions shall also include psychological history. Criminal and employment histories must go back a minimum of five (5) years. Said background investigations shall be available to the State upon request. The State shall not provide NCIC background checks.

and insert the following in its place:

Section 6.10 Background Checks.

a) Prior to employment with Contractor, applicants shall be subjected to a thorough background investigation, including criminal, employment, and medical histories. The background investigation for applicants for correctional officer positions shall also include

psychological history. Criminal and employment histories must go back a minimum of five (5) years. Said background investigations shall be available to the State upon request.

b) The Warden shall immediately cause a "Criminal History Request" from NCIC to be completed on each individual hired to work at the Facility. The request shall be forwarded to the State and processed in accordance with procedures established by the Commissioner. In no instance may an employee be assigned to a post until the NCIC check has been completed; however, the employee may participate in preservice training while the check is in process. The State shall notify the Warden whether the employee is cleared for further consideration of employment. The criminal history obtained from NCIC or FBI may be used solely for the purpose requested, and may not be disseminated outside the Department of Correction or the affected employee.

4. Add the following as Section 7.7 and renumber any subsequent sections as necessary:

Section 7.7 Failure to Pay Health Care Providers. The Contractor shall be responsible for

the payment of the State's contract hospital and physicians providing services at the

programs shall be borne by the Contractor. The Contractor's employees shall receive at least the same number of hours of orientation, pre-service, and in-service training as required by ACA standards.

The Contractor shall provide documentation to the Contract Liaison of all completed employee training as soon as possible after its completion. The Liaison shall be permitted to review training curricula and other training-related records and to audit training classes at any time.

The Contractor shall comply with T.C.A. § 4-6-143 including but not limited to compensation for teachers.

and insert the following in its place:

Section 6.13 Training. Contractor shall provide training programs for all employees in accordance with the Standards. All costs incurred for said orientation and training programs shall be borne by the Contractor. The Contractor's employees shall receive at least the same number of hours of orientation, pre-service, and in-service training as required by ACA standards.


The Liaison shall be permitted to review training curricula and other training-related records and to audit training classes at any time.

The Contractor shall comply with T.C.A. § 4-6-143 including but not limited to compensation for teachers.

The other terms and conditions of this Contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

CORRECTIONS CORPORATION OF AMERICA:

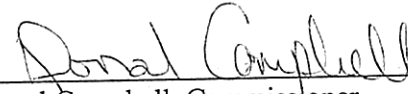


Michael Quintan, President

DOCTOR R. CRANTS
CEO

DATE: 6-Jan 2000

DEPARTMENT OF CORRECTION:

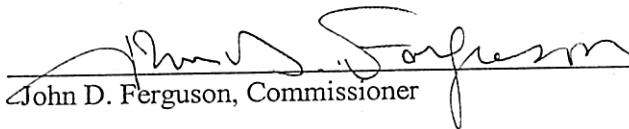


Donal Campbell, Commissioner

DATE: 2/24/00

APPROVED:

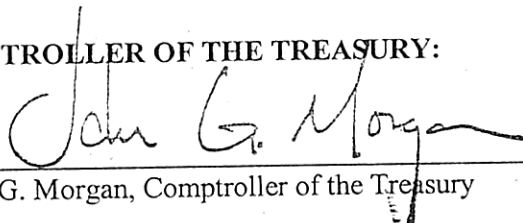
DEPARTMENT OF FINANCE AND ADMINISTRATION:



John D. Ferguson, Commissioner

DATE: 2/24/00

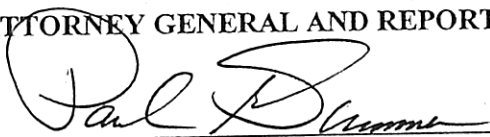
COMPTROLLER OF THE TREASURY:



John G. Morgan, Comptroller of the Treasury

DATE: 2/25/00

ATTORNEY GENERAL AND REPORTER:



Paul G. Summers, Attorney General and Reporter

DATE: 2/25/2000