

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

B11A230
STREET
073096
01
SCH1000
32944
32944
010160
073096

PARAMETER NAME

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

Y

RGS PERFORMANCE STATISTICS

PAGE-WIDTH IS: 132
PAGE-LENGTH IS: 060
VOL 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 | | | 91010 | | | TILLAGE EQUIPMENT | | 12/14/93 | 12/14/93 | 849.00 | 00/00/00 |
| | | | | | | TILLAGE EQUIPME | | | | 849.00 | |
| P40539 | | | | | | TRACTOR, FARM, WHEEL TYPE | | 11/18/93 | 11/18/93 | 14,250.00 | 00/00/00 |
| | | | | | | TRACTOR, FARM, | | | | 14,250.00 | |
| | | | | | | 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 | | | | 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 | | 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 | 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 | 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 | 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 |

PT/DIV: 32944

LOCATION: 91015

COMMODITY CODE: 02008 COMMODITY CODE DESC: CUTTER/SHREDDER,TON CNT/MNT

COMMODITY CODE: 02539 COMMODITY CODE DESC: COMPRESSOR,AIR > SHP PORTAB

COMMODITY CODE: 04562 COMMODITY CODE DESC: VACUUM CLEANER, HOUSEHOLD

COMMODITY CODE: 19455 COMMODITY CODE DESC: SENER PIPE CLEANING MACH

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

COMMODITY CODE: 20545 COMMODITY CODE DESC: COMPUTER POWER RELATED EQUI

COMMODITY CODE: 20547 COMMODITY CODE DESC: PRINTER, (PC) PLOTTER

REPORT: BA11A230
 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 | SCCC POLISHING & SCR | | 12/28/93 | 12/28/93 | 650.00 | 00/00/00 |
| | | SCCC POLISHING & SCR | | | | 1,300.00 | |

STATE OF MESSIE
PERSONAL PROPERTY 1.45 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 | | | SHAMPOO & BUFFI 21280043 | | 02/29/92 | 02/29/92 | 793.04 | 00/00/00 |
| | | | SHAMPOO & BUFFING MACHINES | | | | 793.04 | |
| P33030 | | | DESK & TABLE, WOOD | | 03/20/92 | 03/20/92 | 579.95 | 00/00/00 |
| P33029 | | | DESK & TABLE, WOOD | | 03/20/92 | 03/20/92 | 579.95 | 00/00/00 |
| | | | DESK & TABLE, WOOD | | | | 1,159.90 | |
| P40520 | | | CABINET, FILING, METAL | | 01/27/94 | 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 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 592.09 | 00/00/00 |
| P40390 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40179 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40181 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40471 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40480 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40484 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40485 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40487 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40499 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40288 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 592.09 | 00/00/00 |
| P40190 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40185 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40182 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 14,572.86 | 00/00/00 |

COMMODITY CODE: 41834 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 | COMMODITY CODE DESC: | FURNITURE, LOUNGE, IN, HOOD | 03/20/92 | 672.30 | 00/00/00 |
| 32 | | CKPT | FURNITURE, LOUN | | | 672.30 | |
| | | COMMODITY CODE: 51510 | COMMODITY CODE DESC: | 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 | 00/00/00 |
| | | COMMODITY CODE: 54914 | COMMODITY CODE DESC: | 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 | COMMODITY CODE DESC: | SANDERS, BENCH OR PORTABLE | | | |
| 1040 | | VOC | SANDERS, BENCH 1100043 | 02/29/92 | | 877.93 | 00/00/00 |
| | | COMMODITY CODE: 54954 | COMMODITY CODE DESC: | 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 02/29/92 | 1,238.38 | 00/00/00 |
| | | | | | | | | 1,238.38 | |
| P40121 | | | CLOS | | 60010 | CALCULATOR, ELECTRONIC | 02/29/92 02/29/92 | 121.54 | 00/00/00 |
| P40486 | | | MAIN | | | CALCULATOR, ELE 2D003671 | 02/29/92 02/29/92 | 121.54 | 00/00/00 |
| P40488 | | | MAIN | | | CALCULATOR, ELE 1D058549 | 02/29/92 02/29/92 | 121.54 | 00/00/00 |
| P40449 | | | HHS | | | CALCULATOR, ELE 1D056749 | 02/29/92 02/29/92 | 121.54 | 00/00/00 |
| P40469 | | | HHS | | | CALCULATOR, ELE 1D057219 | 02/29/92 02/29/92 | 607.70 | 00/00/00 |
| P40483 | | | MAIN | | 60072 | TYPEWRITER, ELECTRIC | 02/29/92 02/29/92 | 508.37 | 00/00/00 |
| P40253 | | | HHS | | | TYPEWRITER, ELE 11-TRG06 | 02/29/92 02/29/92 | 508.35 | 00/00/00 |
| | | | | | | TYPEWRITER, ELE 11-TRG09 | 02/29/92 02/29/92 | 1,016.72 | |
| P40497 | | | MAIN | | 72072 | PUMP, TRASH | 02/29/92 02/29/92 | 810.97 | 00/00/00 |
| | | | | | | PUMP, TRASH | 02/29/92 02/29/92 | 810.97 | |
| P33204 | | | HTEN | | 72535 | PAGING, RADIO & CHARGERS | 07/10/92 07/10/92 | 573.75 | 00/00/00 |
| | | | | | | PAGING, RADIO & CHARGERS | 07/10/92 07/10/92 | 573.75 | |
| P40205 | | | U8A- | | 72571 | RADIO, 2-MAY REC, TRANSHITE | 02/29/92 02/29/92 | 2,363.95 | 00/00/00 |
| P40206 | | | U8A- | | | RADIO, 2-MAY RE 483ASE0014 | 02/29/92 02/29/92 | 1,481.86 | 00/00/00 |
| P40207 | | | U8A- | | | RADIO, 2-MAY RE 221ASE0131 | 02/29/92 02/29/92 | 2,363.95 | 00/00/00 |
| | | | | | | RADIO, 2-MAY RE 483ASE0010 | 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: BA11A230
TIME: 00:09:56

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

DEPT/DIV: 32944 LOCATION: 91015

72571

COMMODITY CODE: UBA-
P40209
P40210
P40211
P40212
P40213
P40208
P40203
P40204

COMMODITY CODE DESC: RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE
RADIO, 2-WAY RE

COMMODITY CODE: 483ASE0011
483ASE0013
221ASE0132
221ASE0133
483ASE0012
221ASE0129
221ASE0130
483ASE0009

RADIO, 2-WAY REC, TRANSMITE

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
02/29/92 02/29/92
2,363.95
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1,481.86
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2,363.95
1,481.86
1,481.86
2,363.95
21,593.00

COMMODITY CODE: 72577

COMMODITY CODE DESC: RADIO, 2-WAY PORT & CHARGER

RADIO, 2-WAY PORT & CHARGER

07/10/92 07/10/92

746.76
746.76

00/00/00

P33135

CONT

RADIO, 2-WAY PD 751ASL0844

COMMODITY CODE: 74062

COMMODITY CODE DESC: ICE MAKING & DISPENCOR MACH

ICE MAKING & DISPENCOR MACH

02/18/94 02/18/94
02/18/94 02/18/94
01/11/93 01/11/93

1,944.81
1,944.81
1,944.81
5,834.43

00/00/00
00/00/00
00/00/00

COMMODITY CODE: 79556

COMMODITY CODE DESC: SEWING MACHINE, HEAVY DUTY

SEWING MACHINE, HEAVY DUTY

02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92

756.12
756.12
756.12
2,268.36

00/00/00
00/00/00
00/00/00

COMMODITY CODE: 84042

COMMODITY CODE DESC: TV RECEIVER OR CONSOLE

TV RECEIVER OR CONSOLE

07/01/96 07/01/96
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92

231.66
231.66
231.66
231.66

00/00/00
00/00/00
00/00/00
00/00/00

J02636
P40143
P40459
P40457

ADM
MAIN
STOR
WARE

COMMODITY CODE: ADM
ADM
ADM
ADM

TV RECEIVER OR
RECEIVER, TV &
RECEIVER, TV &
RECEIVER, TV &

415521048
370999
370974
370996

07/01/96 07/01/96
02/29/92 02/29/92
02/29/92 02/29/92
02/29/92 02/29/92

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

REPORT: BA11A.
TIME: 00:09:33

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

DEPT/DIV: 32944

LOCATION: 91015

| COMMODITY CODE: | 84042 | COMMODITY CODE DESC: | TV RECEIVER OR CONSOLE | 02/29/92 | 231.66 | 00/00/00 |
|-----------------|-------|----------------------|------------------------|----------|----------|----------|
| P40160 | HHS | RECEIVER, TV & | 370331 | 02/29/92 | 231.66 | 00/00/00 |
| P40140 | 10A | RECEIVER, TV & | 370334 | 02/29/92 | 231.66 | 00/00/00 |
| P40149 | 10B | RECEIVER, TV & | 370335 | 02/29/92 | 231.66 | 00/00/00 |
| P40667 | 10DA | RECEIVER, TV & | 370976 | 02/29/92 | 1,853.28 | 00/00/00 |

| COMMODITY CODE: | 89514 | COMMODITY CODE DESC: | HELDER, ARC, NON-ENG DRIVE | 02/29/92 | 561.66 | 00/00/00 |
|-----------------|-------|----------------------|----------------------------|----------|----------|----------|
| P40174 | MAIN | HELDER, ARC, NO | D422927 | 02/29/92 | 561.66 | 00/00/00 |
| P40175 | MAIN | HELDER, ARC, NO | D422928 | 02/29/92 | 2,470.02 | 00/00/00 |
| P40496 | MAIN | HELDER, ARC, NO | 9791-A1197826 | 02/29/92 | 3,593.34 | 00/00/00 |

84,199.25

LOCATION: 91016

| COMMODITY CODE: | 89037 | COMMODITY CODE DESC: | METAL FINDERS & DETECTOR | 02/29/92 | 3,926.50 | 00/00/00 |
|-----------------|-------|----------------------|--------------------------|----------|----------|----------|
| P33041 | HSA | METAL FINDERS & | 21910 | 02/29/92 | 3,926.50 | 00/00/00 |
| P33040 | HHS | METAL FINDERS & | 21909 | 02/29/92 | 7,853.00 | 00/00/00 |

7,853.00

LOCATION: 91017

| COMMODITY CODE: | 20511 | COMMODITY CODE DESC: | CPU-MICROCOMPUTER (PC) | 02/29/92 | 1,244.52 | 00/00/00 |
|-----------------|-------|----------------------|------------------------|----------|----------|----------|
| P40332 | KITC | CPU-MICROCOMPUT | 88281 | 02/29/92 | 1,244.52 | 00/00/00 |

1,244.52

1,244.52

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 90
TIME: 00:09:36

| TAG # | FLOOR | ROOM | UNIT DESCRIPTION | SERIAL # | ACQUIRE DATE | FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-------|------|--------------------|----------|--------------|--------------|------------|-------------|
| DEPT/DIV. 32944 | | | | | | | | |
| LOCATION: 91018 | | | | | | | | |
| P33018 | | | CONF | | | | | |
| | | | DESK & TABLE, W | | 03/20/92 | 03/20/92 | 1,316.35 | 00/00/00 |
| | | | DESK & TABLE, HOOD | | 03/20/92 | 03/20/92 | 1,316.35 | 00/00/00 |
| P40167 | | | INITA | | | | 592.09 | 00/00/00 |
| P40168 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 592.09 | 00/00/00 |
| P40199 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40290 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| P40414 | | | CABINET, FILING | | 02/29/92 | 02/29/92 | 2,852.69 | 00/00/00 |
| P33177 | | | LOUN | | | | 934.75 | 00/00/00 |
| P33178 | | | FURNITURE, LOUN | | 04/06/92 | 04/06/92 | 934.75 | 00/00/00 |
| P33035 | | | FURNITURE, LOUN | | 03/20/92 | 03/20/92 | 934.75 | 00/00/00 |
| P33180 | | | FURNITURE, LOUN | | 04/06/92 | 04/06/92 | 3,739.80 | 00/00/00 |
| P40010 | | | OPER | | | | 115.45 | 00/00/00 |
| P40015 | | | OPER | | | | 115.45 | 00/00/00 |
| P40416 | | | OPER | | | | 230.90 | 00/00/00 |

| COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: |
|-----------------|-----------------------------|-----------------|-------------------------|
| 41816 | DESK & TABLE, W | 41820 | CABINET, FILING, METAL |
| 41834 | FURNITURE, LOUNGE, IM, HOOD | 60010 | CALCULATOR, ELECTRONIC |
| 60072 | TYPEWRITER, ELECTRIC | 60255 | MAIL METERING EQUIPMENT |

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

PORT: 00109136

RETIRES DATE

ACQUIRE DATE FIN SVC DATE

STATE COST

| PORT | FLOOR | ROOM | UNIT DESCRIPTION | SERIAL # | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRES DATE |
|--------|-------|------|-----------------------------|----------|---------------------------|------------|--------------|
| 33196 | | | MAIL METERING E | | 02/29/92 | 590.74 | 00/00/00 |
| 33197 | | | PAGING, RADIO & CHARGERS | | 07/10/92 | 573.75 | 00/00/00 |
| 33198 | | | PAGING, RADIO & CHARGERS | | 07/10/92 | 573.75 | 00/00/00 |
| 33199 | | | PAGING, RADIO & CHARGERS | | 07/10/92 | 573.75 | 00/00/00 |
| 33214 | | | RADIO, 2-WAY RE BASE | | 09/15/92 | 85,283.84 | 00/00/00 |
| P33046 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33047 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33048 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33049 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33051 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33053 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33054 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33055 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33056 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33057 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33059 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33060 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33061 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33062 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33063 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33064 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33065 | | | RADIO, 2-WAY PORT & CHARGER | | 07/10/92 | 746.76 | 00/00/00 |
| P33066 | | | RADIO, 2-WAY PORT & CHARGER | | 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

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

| 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 | |
| COMMODITY CODE: 26022 | COMMODITY CODE DESC: DENTAL UNIT & COMPONENT | | | | |
| DENT | DENTAL UNIT & C 011135891 | 02/29/92 | 02/29/92 | 625.27 | 00/00/00 |
| DENT | DENTAL UNIT & C 011136291 | 02/29/92 | 02/29/92 | 625.27 | 00/00/00 |
| DENT | DENTAL UNIT & C 011136691 | 02/29/92 | 02/29/92 | 625.27 | 00/00/00 |
| | | | | 1,875.81 | |
| COMMODITY CODE: 36974 | COMMODITY CODE DESC: SHAMPOO & BUFFING MACHINES | | | | |
| COMMODITY CODE: SHAMPOO & BUFFI 21280045 | | 02/29/92 | 02/29/92 | 793.04 | 00/00/00 |
| E27 | | | | 793.04 | |
| COMMODITY CODE: 40802 | COMMODITY CODE DESC: BEDS, HOSPITAL | | | | |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| HOSP | BEDS, HOSPITAL | 02/29/92 | 02/29/92 | 560.30 | 00/00/00 |
| INF | | | | 1,416.77 | |
| | | | | 5,899.17 | |
| COMMODITY CODE: 40866 | COMMODITY CODE DESC: TABLE, EXAMINATION | | | | |
| CLIN | TABLE, EXAMINAT | 02/29/92 | 02/29/92 | 727.32 | 00/00/00 |
| CLIN | TABLE, EXAMINAT | 02/29/92 | 02/29/92 | 727.32 | 00/00/00 |
| CLIN | TABLE, EXAMINAT | 02/29/92 | 02/29/92 | 727.32 | 00/00/00 |
| CLIN | TABLE, EXAMINAT | 02/29/92 | 02/29/92 | 727.32 | 00/00/00 |
| | | | | 2,909.28 | |

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

RETIRES DATE

T/DIV, 32944

LOCATION: 91019

DESK & TABLE, HOOD

COMMODITY CODE DESC:

COMMODITY CODE:

03/20/92 03/20/92

714.75

00/00/00

031

DESK & TABLE, M

COMMODITY CODE DESC:

COMMODITY CODE:

03/20/92 03/20/92

714.75

00/00/00

0396

COMMODITY CODE:

COMMODITY CODE DESC:

CABINET, FILING, METAL

538.21

00/00/00

0287

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

538.21

00/00/00

0400

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

538.21

00/00/00

0401

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

538.21

00/00/00

0402

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

538.21

00/00/00

0403

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

538.21

00/00/00

0404

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

592.09

00/00/00

0405

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

4,359.56

00/00/00

10410

COMMODITY CODE:

COMMODITY CODE DESC:

DIAGNOSTIC EQUIP-COMPUTER

2,686.61

00/00/00

CLIN

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

2,686.61

00/00/00

40053

COMMODITY CODE:

COMMODITY CODE DESC:

ORTHOPEDIC EQUIPMENT

614.18

00/00/00

CLIN

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

614.18

00/00/00

40125

COMMODITY CODE:

COMMODITY CODE DESC:

CALCULATOR, ELECTRONIC

121.54

00/00/00

40398

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

121.54

00/00/00

ADM

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

243.08

00/00/00

E26

COMMODITY CODE:

COMMODITY CODE DESC:

02/29/92

243.08

00/00/00

60072

COMMODITY CODE:

COMMODITY CODE DESC:

TYPEWRITER, ELECTRIC

243.08

00/00/00

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 | | TYPewriter, 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) | REIRE DATE | STATE COST |
|----------------|-------|----------------------|------------------------|------------|------------|
| 10314 | CLAS | CPU-MICROCOMPUT | 8868T | 02/29/92 | 1,244.52 |
| 10317 | CLAS | CPU-MICROCOMPUT | 8845T | 02/29/92 | 1,244.52 |
| 10318 | CLAS | CPU-MICROCOMPUT | 8861T | 02/29/92 | 1,244.52 |
| 10321 | CLAS | CPU-MICROCOMPUT | 8840T | 02/29/92 | 1,244.52 |
| 10322 | CLAS | CPU-MICROCOMPUT | 8832T | 02/29/92 | 1,244.52 |
| 10323 | CLAS | CPU-MICROCOMPUT | 8857T | 02/29/92 | 1,244.52 |
| 10324 | CLAS | CPU-MICROCOMPUT | 8821T | 02/29/92 | 1,244.52 |
| 10325 | CLAS | CPU-MICROCOMPUT | 8804T | 02/29/92 | 1,244.52 |
| 10326 | CLAS | CPU-MICROCOMPUT | 8864T | 02/29/92 | 1,244.52 |
| 10327 | CLAS | CPU-MICROCOMPUT | 8810T | 02/29/92 | 1,244.52 |
| 10328 | CLAS | CPU-MICROCOMPUT | 8854T | 02/29/92 | 1,244.52 |
| 10329 | CLAS | CPU-MICROCOMPUT | 8823T | 02/29/92 | 1,244.52 |
| 10330 | CLAS | CPU-MICROCOMPUT | 8827T | 02/29/92 | 1,244.52 |
| 10331 | CLAS | CPU-MICROCOMPUT | 8867T | 02/29/92 | 1,244.52 |
| 10333 | CLAS | CPU-MICROCOMPUT | 8874T | 02/29/92 | 1,244.52 |
| 10334 | CLAS | CPU-MICROCOMPUT | 8833T | 02/29/92 | 1,244.52 |
| 10336 | CLAS | CPU-MICROCOMPUT | 8835T | 02/29/92 | 1,244.52 |
| 10337 | CLAS | CPU-MICROCOMPUT | 8819T | 02/29/92 | 1,244.52 |
| 10338 | CLAS | CPU-MICROCOMPUT | 8843T | 02/29/92 | 1,244.52 |
| 10339 | CLAS | CPU-MICROCOMPUT | 8850T | 02/29/92 | 1,244.52 |
| 10340 | CLAS | CPU-MICROCOMPUT | 8801T | 02/29/92 | 1,244.52 |
| 10341 | CLAS | CPU-MICROCOMPUT | 8813T | 02/29/92 | 1,244.52 |
| 10346 | CLAS | CPU-MICROCOMPUT | 8816T | 02/29/92 | 1,244.52 |
| 10347 | CLAS | CPU-MICROCOMPUT | 8853T | 02/29/92 | 1,244.52 |
| 10356 | CLAS | CPU-MICROCOMPUT | 8849T | 02/29/92 | 1,244.52 |
| 10357 | CLAS | CPU-MICROCOMPUT | 8825T | 02/29/92 | 1,244.52 |
| 10358 | CLAS | CPU-MICROCOMPUT | 8841T | 02/29/92 | 1,244.52 |
| 10359 | CLAS | CPU-MICROCOMPUT | 8821T | 02/29/92 | 1,244.52 |
| 10362 | CLAS | CPU-MICROCOMPUT | 8822T | 02/29/92 | 1,244.52 |
| 10363 | CLAS | CPU-MICROCOMPUT | 8829T | 02/29/92 | 1,244.52 |
| 10364 | CLAS | CPU-MICROCOMPUT | 8844T | 02/29/92 | 1,244.52 |
| 10365 | CLAS | CPU-MICROCOMPUT | 8858T | 02/29/92 | 1,244.52 |
| 10366 | CLAS | CPU-MICROCOMPUT | 8820T | 02/29/92 | 1,244.52 |
| 10368 | CLAS | CPU-MICROCOMPUT | 8866T | 02/29/92 | 1,244.52 |
| 10370 | CLAS | CPU-MICROCOMPUT | 8821T | 02/29/92 | 1,244.52 |
| 10373 | CLAS | CPU-MICROCOMPUT | 8821T | 02/29/92 | 1,244.52 |
| 10374 | CLAS | CPU-MICROCOMPUT | 8821T | 02/29/92 | 1,244.52 |
| 10350 | FI | CPU-MICROCOMPUT | 2092318847T | 02/29/92 | 1,244.52 |
| 10351 | F5 | CPU-MICROCOMPUT | 8839T | 02/29/92 | 1,244.52 |
| 10367 | PROG | CPU-MICROCOMPUT | 209318831T | 02/29/92 | 1,244.52 |
| 10029 | VOC | CPU-MICROCOMPUT | | | |

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 | CPU/MICROCOMPUTER (PC) | | 73,426.68 | |
| | | | COMMODITY CODE: | 20547 | PRINTER, (PC) PLOTTER | | | |
| P40021 | | CLAS | COMMODITY CODE DESC: | 1620969X | 02/29/92 | 02/29/92 | 747.00 | 00/00/00 |
| P40343 | | CLAS | COMMODITY CODE DESC: | 1GMATJ15473 | 02/29/92 | 02/29/92 | 398.60 | 00/00/00 |
| P40202 | | VOTE | COMMODITY CODE DESC: | 1GMATJ23336 | 05/22/92 | 05/22/92 | 367.00 | 00/00/00 |
| | | | COMMODITY CODE: | 20549 | PRINTER/SUBSYST WORKSTATION | | 382.23 | 00/00/00 |
| P40475 | | SECR | COMMODITY CODE DESC: | PRINTERS & PRIN 11-37722 | 02/29/92 | 02/29/92 | 382.23 | |
| | | | COMMODITY CODE: | 34008 | CABINET-SAFETY | | 557.70 | 00/00/00 |
| P40381 | | ART8 | COMMODITY CODE DESC: | CABINET-SAFETY | 02/29/92 | 02/29/92 | 557.70 | |
| | | | COMMODITY CODE: | 36574 | SHAMPOO & BUFFING MACHINES | | 705.76 | 00/00/00 |
| P40106 | | 10A | COMMODITY CODE DESC: | SHAMPOO & BUFFI 920749 | 02/29/92 | 02/29/92 | 705.76 | |
| | | | COMMODITY CODE: | 41816 | DESK & TABLE, MOOD | | 714.75 | 00/00/00 |
| P33017 | | COUN | COMMODITY CODE DESC: | DESK & TABLE, M | 03/20/92 | 03/20/92 | 714.75 | 00/00/00 |
| P33191 | | LIOR | COMMODITY CODE DESC: | DESK & TABLE, M | 02/19/92 | 02/19/92 | 714.75 | 00/00/00 |
| P33192 | | LIOR | COMMODITY CODE DESC: | DESK & TABLE, M | 02/19/92 | 02/19/92 | 579.95 | 00/00/00 |
| P33189 | | PROO | COMMODITY CODE DESC: | DESK & TABLE, M | 02/19/92 | 02/19/92 | 579.95 | 00/00/00 |
| P40502 | | 01 | COMMODITY CODE DESC: | DESK & TABLE, M NO SER NUM AVAL | 01/19/94 | 01/19/94 | 599.95 | 00/00/00 |
| P40503 | | 01 | COMMODITY CODE DESC: | DESK & TABLE, M NO SER NUM AVAL | 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 | 00/00/00 |
| P40070 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40173 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40316 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40348 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40349 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40352 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40355 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40360 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40377 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40353 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40354 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40345 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40319 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40417 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40380 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40375 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40473 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40107 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40017 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40022 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40024 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40030 | | CABINET, FILING | | 02/29/92 | 00/00/00 |
| P40032 | | CABINET, FILING | | 02/29/92 | 00/00/00 |

| COMMODITY CODE: | 41834 | COMMODITY CODE DESC: | FURNITURE, LOUNGE, IM, HOOD | 04/06/92 | 04/06/92 | 934.75 | 00/00/00 |
|-----------------|-------|----------------------|-----------------------------|----------|----------|--------|----------|
| P33172 | | VOTE | FURNITURE, LOUNGE, IM, HOOD | 04/06/92 | 04/06/92 | 934.75 | 00/00/00 |

| COMMODITY CODE: | 42412 | COMMODITY CODE DESC: | FURNITURE, LIBRARY, CABINETS | 02/29/92 | 02/29/92 | 530.89 | 00/00/00 |
|-----------------|-------|----------------------|------------------------------|----------|----------|--------|----------|
| P40361 | | F23 | FURNITURE, LIBRARY, CABINETS | 02/29/92 | 02/29/92 | 530.89 | 00/00/00 |

14,316.74

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

RT: 0A11A230
: 00.09.36

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

I/DIV: 32944

LOCATION: 91021

| COMMODITY CODE: | COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-----------------|------------------------|-----------------|------------------------|---------------------------|------------|-------------|
| 60010 | 60010 | CALCULATOR, ELECTRONIC | 60010 | CALCULATOR, ELECTRONIC | | | |
| 418 | ASTM | CALCULATOR, ELE | 1D058569 | | 02/29/92 | 121.54 | 00/00/00 |
| 005 | BUSH | CALCULATOR, ELE | 1D056700 | | 02/29/92 | 115.45 | 00/00/00 |
| 132 | CLUS | CALCULATOR, ELE | 2D002241 | | 02/29/92 | 115.44 | 00/00/00 |
| 107 | FLJ | CALCULATOR, ELE | 2D002051 | | 02/29/92 | 121.54 | 00/00/00 |
| 119 | KITC | CALCULATOR, ELE | 1D058559 | | 02/29/92 | 121.54 | 00/00/00 |
| 128 | LIDR | CALCULATOR, ELE | 2D003661 | | 02/29/92 | 121.54 | 00/00/00 |
| 1020 | LIDR | CALCULATOR, ELE | 2D002041 | | 02/29/92 | 115.45 | 00/00/00 |
| 1028 | VOC | CALCULATOR, ELE | 2D002221 | | 02/29/92 | 115.45 | 00/00/00 |
| | VOC | CALCULATOR, ELE | 2D002061 | | 02/29/92 | 1,184.93 | |

TYPEWRITER, ELECTRIC

| COMMODITY CODE: | COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-----------------|----------------------|-----------------|----------------------|---------------------------|------------|-------------|
| 60072 | 60072 | TYPEWRITER, ELECTRIC | 60072 | TYPEWRITER, ELECTRIC | | | |
| 0019 | VOC | TYPEWRITER, ELE | 8026051 | | 02/29/92 | 527.67 | 00/00/00 |
| 0033 | VOC | TYPEWRITER, ELE | 11-TRF92 | | 02/29/92 | 508.37 | 00/00/00 |
| 0472 | 10B | TYPEWRITER, ELE | 11-TRD08 | | 02/29/92 | 508.37 | 00/00/00 |
| | | | | | | 1,544.41 | |

TYPEWRITER, ELECTRONIC

| COMMODITY CODE: | COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-----------------|------------------------|-----------------|------------------------|---------------------------|------------|-------------|
| 60074 | 60074 | TYPEWRITER, ELECTRONIC | 60074 | TYPEWRITER, ELECTRONIC | | | |
| 0265 | HSA | TYPEWRITER, ELE | 802705X | | 02/29/92 | 527.67 | 00/00/00 |
| 0376 | PROO | TYPEWRITER, ELE | 11-TRB92 | | 02/29/92 | 508.37 | 00/00/00 |
| | | | | | | 1,036.04 | |

COPYING MACHINE, PLAIN

| COMMODITY CODE: | COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-----------------|------------------------|-----------------|------------------------|---------------------------|------------|-------------|
| 60211 | 60211 | COPYING MACHINE, PLAIN | 60211 | COPYING MACHINE, PLAIN | | | |
| 40004 | COPY | COPYING MACHINE | 2Y504892 | | 02/29/92 | 22,657.75 | 00/00/00 |
| | | | | | | 22,657.75 | |

BOOKS, PUBLICATION/COPYRIGHT

| COMMODITY CODE: | COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-----------------|------------------------------|-----------------|------------------------------|---------------------------|------------|-------------|
| 71502 | 71502 | BOOKS, PUBLICATION/COPYRIGHT | 71502 | BOOKS, PUBLICATION/COPYRIGHT | | | |
| 40115 | LIDR | BOOKS, PUBLICATION | | | 02/29/92 | 634.00 | 00/00/00 |
| 40116 | LIDR | BOOKS, PUBLICATION | | | 02/29/92 | 896.41 | 00/00/00 |

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, TRANSMITE

944.53

00/00/00

ASTM RADIO, 2-WAY RE 428ASL3776 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 |
| | | | CABINET, FILING | | | | 1,668.51 | |

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 & | | 07/10/92 | 07/10/92 | 573.75 | 00/00/00 |
| | | | CONT | | | | 573.75 | |
| | | | COMMODITY CODE: 84072 VIDEO PLAYER & RECORDER | | 02/29/92 | 02/29/92 | 733.24 | 00/00/00 |
| | | | CONT | | | | 733.24 | |
| | | | COMMODITY CODE: 111399821 VIDEO PLAYER & | | | | 8,002.52 | |
| | | | LOCATION: 91023 | | | | | |
| | | | COMMODITY CODE: 20547 PRINTER, (PC) | | 02/29/92 | 02/29/92 | 390.05 | 00/00/00 |
| | | | PROG | | | | 390.05 | |
| | | | COMMODITY CODE: 34008 CABINET-SAFETY | | 02/29/92 | 02/29/92 | 557.70 | 00/00/00 |
| | | | PROG | | | | 557.70 | |
| | | | COMMODITY CODE: 41820 CABINET, FILING | | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| | | | VOC | | | | 538.21 | |
| | | | COMMODITY CODE: 60010 CALCULATOR, ELECTRONIC | | 02/29/92 | 02/29/92 | 121.54 | 00/00/00 |
| | | | CLOS | | | | 121.54 | |

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

TV RECEIVER OR 29820028

231.66

40

ANXX

VOYG

TV RECEIVER OR

29820028

TV RECEIVER OR CONSOLE

07/01/96

07/01/96

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

COMMODITY CODE DESC: 34567

AIR PACK, SAFETY EQUIP.

02/29/92

02/29/92

1,381.38

1205

COMMODITY CODE: 285

PAGING, RADIO &

COMMODITY CODE DESC: 72535

PAGING, RADIO & CHARGERS

07/10/92

07/10/92

573.75

573.75

00/00/00

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

COMMODITY CODE DESC: 34567

AIR PACK, SAFETY EQUIP.

02/29/92

02/29/92

1,381.38

40283

MED

AIR PACK, SAFET

COMMODITY CODE DESC: 41020

CABINET, FILING, METAL

02/29/92

02/29/92

538.21

538.21

00/00/00

40178

COMMODITY CODE: 40178

CABINET, FILING

COMMODITY CODE DESC: 41020

CABINET, FILING, METAL

02/29/92

02/29/92

538.21

538.21

00/00/00

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

PORT: BA11A230
ME: 00:09:36

| IG # | FLOOR | ROOM | UNIT DESCRIPTION | SERIAL # | ACQUIRE DATE | FIN SVC DATE | STATE COST | RETIRE DATE |
|-----------------|-------|------|------------------|--------------------------|------------------------------|--------------|------------|-------------|
| EPT/DIV: 32944 | | | | | | | | |
| LOCATION: 91026 | | | | | | | | |
| | | | 72535 | COMMODITY CODE DESC: | PAGING, RADIO & CHARGERS | | | |
| 33200 | | | CONT | PAGING, RADIO # | 07/10/92 | 07/10/92 | 573.75 | 00/00/00 |
| | | | 84042 | COMMODITY CODE DESC: | TV RECEIVER OR CONSOLE | | | |
| 40153 | | | 10C | RECEIVER, TV # | 02/29/92 | 02/29/92 | 231.66 | 00/00/00 |
| 40461 | | | 10C | RECEIVER, TV # | 02/29/92 | 02/29/92 | 231.66 | 00/00/00 |
| 40462 | | | 10C | RECEIVER, TV # | 02/29/92 | 02/29/92 | 694.98 | 00/00/00 |
| LOCATION: 91027 | | | | | | | | |
| | | | 02539 | COMMODITY CODE DESC: | COMPRESSOR, AIR > SHP PORTAB | | | |
| 40286 | | | 10D | COMPRESSOR, AIR AIR PACK | 02/29/92 | 02/29/92 | 1,381.38 | 00/00/00 |
| | | | 36538 | COMMODITY CODE DESC: | FLOOR MAINTENANCE MACHINES | | | |
| 40191 | | | MAIN | FLOOR MAINTENAN 22527 | 02/29/92 | 02/29/92 | 705.74 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | DESK & TABLE, WOOD | | | |
| 433187 | | | COUN | DESK & TABLE, W | 02/19/92 | 02/19/92 | 579.95 | 00/00/00 |
| 433188 | | | PRUG | DESK & TABLE, W | 02/19/92 | 02/19/92 | 714.75 | 00/00/00 |
| | | | 41820 | COMMODITY CODE DESC: | CABINET, FILING, METAL | | | |
| | | | | | | | 1,294.70 | |

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 |
|-----------------------------|-----------------------------------------------|--------------|--------------|------------|-------------|
| T/DIV: 32944 | | | | | |
| LOCATION: 91027 | | | | | |
| COMMODITY CODE: 41820 | COMMODITY CODE DESC: CABINET, FILING, METAL | | | | |
| 1176 COUN | CABINET, FILING | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| 1180 COUN | CABINET, FILING | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| | | | | 1,076.42 | |
| 3201 CONT | | | | | |
| COMMODITY CODE: 72535 | COMMODITY CODE DESC: PAGING, RADIO & CHARGERS | | | | |
| | PAGING, RADIO & | 07/10/92 | 07/10/92 | 573.75 | 00/00/00 |
| | | | | 573.75 | |
| 0464 ANNE | | | | | |
| COMMODITY CODE: 84042 | COMMODITY CODE DESC: TV RECEIVER OR CONSOLE | | | | |
| | RECEIVER, TV & | 02/29/92 | 02/29/92 | 231.66 | 00/00/00 |
| | | | | 231.66 | |
| | | | | 5,263.65 | |
| LOCATION: 91028 | | | | | |
| COMMODITY CODE: 41820 | COMMODITY CODE DESC: CABINET, FILING, METAL | | | | |
| 10183 UMGR | CABINET, FILING | 02/29/92 | 02/29/92 | 538.21 | 00/00/00 |
| | | | | 538.21 | |
| 33208 T | | | | | |
| COMMODITY CODE: 72535 | COMMODITY CODE DESC: PAGING, RADIO & CHARGERS | | | | |
| | PAGING, RADIO & | 07/10/92 | 07/10/92 | 573.75 | 00/00/00 |
| | | | | 573.75 | |
| 102641 ANNEX VOY0 | | | | | |
| COMMODITY CODE: 84042 | COMMODITY CODE DESC: TV RECEIVER OR CONSOLE | | | | |
| | TV RECEIVER OR CONSOLE | 07/01/96 | 07/01/96 | 231.66 | 00/00/00 |
| | | | | | |

COMMODITY CODE: ANNEX 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 | | | | | |
| | | | COMMODITY CODE: | 84042 | COMMODITY CODE DESC: | TV RECEIVER OR CONSOLE | 231.66 | |
| | | | LOCATION: 91029 | | | | | |
| | | | COMMODITY CODE: | 80550 | COMMODITY CODE DESC: | GYMNASIUM APPARATUS | 4,213.09 | 00/00/00 |
| P40137 | | | RECR | | | 02/29/92 | 4,213.09 | |
| | | | COMMODITY CODE: | | | 02/29/92 | 4,213.09 | |
| | | | LOCATION: 91030 | | | | | |
| | | | COMMODITY CODE: | 80550 | COMMODITY CODE DESC: | GYMNASIUM APPARATUS | 4,251.20 | 00/00/00 |
| P40147 | | | 11B | | | 02/29/92 | 4,251.20 | |
| | | | COMMODITY CODE: | | | 02/29/92 | 4,251.20 | |
| | | | LOCATION: 91032 | | | | | |
| | | | COMMODITY CODE: | 89037 | COMMODITY CODE DESC: | METAL FINDERS & DETECTOR | 3,926.50 | 00/00/00 |
| P33039 | | | SALL | | | 02/29/92 | 3,926.50 | |
| | | | COMMODITY CODE: | | | 02/29/92 | 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: | | | | |
| | | | 20923188151 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 1,244.52 | 00/00/00 |
| | | | 88521 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 1,244.52 | 00/00/00 |
| | | | 20923188151 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 2,489.04 | 00/00/00 |
| | | | 88521 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 2,489.04 | 00/00/00 |
| | | | 34008 | COMMODITY CODE DESC: | | | | |
| | | | 34008 | COMMODITY CODE DESC: | | | | |
| | | | 34008 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 557.70 | 00/00/00 |
| | | | 34008 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 557.70 | 00/00/00 |
| | | | 34567 | COMMODITY CODE DESC: | | | | |
| | | | 34567 | COMMODITY CODE DESC: | | | | |
| | | | 34567 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 1,381.38 | 00/00/00 |
| | | | 34567 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 1,381.38 | 00/00/00 |
| | | | 36538 | COMMODITY CODE DESC: | | | | |
| | | | 36538 | COMMODITY CODE DESC: | | | | |
| | | | 36538 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 705.76 | 00/00/00 |
| | | | 36538 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 705.76 | 00/00/00 |
| | | | 40866 | COMMODITY CODE DESC: | | | | |
| | | | 40866 | COMMODITY CODE DESC: | | | | |
| | | | 40866 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 727.31 | 00/00/00 |
| | | | 40866 | COMMODITY CODE DESC: | 02/29/92 | 02/29/92 | 727.31 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | | | | |
| | | | 41816 | COMMODITY CODE DESC: | | | | |
| | | | 41816 | COMMODITY CODE DESC: | 03/20/92 | 03/20/92 | 1,194.32 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 03/20/92 | 03/20/92 | 1,194.32 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 02/19/92 | 02/19/92 | 714.75 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 02/19/92 | 02/19/92 | 714.75 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 05/13/96 | 05/13/96 | 599.95 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 05/13/96 | 05/13/96 | 599.95 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 05/13/96 | 05/13/96 | 3,108.97 | 00/00/00 |
| | | | 41816 | COMMODITY CODE DESC: | 05/13/96 | 05/13/96 | 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

COMMODITY CODE: 20505 COMMODITY CODE DESC: COMPUTER-CPU, ALL TYPES

ACQUIRE DATE: 03/18/94
FIN SVC DATE: 03/18/94
STATE COST: 1,202.00
RETIRE DATE: 00/00/00

1507 BUSI OFF COMPUTER-CPU, A 05/13/96
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

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 CPU, MINICOMPUTE 23-0177698

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

100101230
00,09,36

REIRE DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

| FLOOR ROOM UNIT DESCRIPTION | SERIAL # | ACQUIRE DATE FIN SVC DATE | STATE COST | REIRE DATE |
|--------------------------------------------------------------------------|----------------------|----------------------------|------------|------------|
| <p>IV, 32944 ICATION, 91034</p> | | | | |
| COMMODITY CODE: 20543 | COMMODITY CODE DESC: | MONITORS/OTHER PERIPHERALS | 482.35 | |
| COMMODITY CODE: 20547 | COMMODITY CODE DESC: | PRINTER, (PC) PLOTTER | 746.99 | 00/00/00 |
| 4 | ASTM (PC) | 02/29/92 | 1,129.00 | 00/00/00 |
| 4 | BRAD (PC) | 06/22/92 | 382.23 | 00/00/00 |
| 8 | BUSH (PC) | 02/29/92 | 398.60 | 00/00/00 |
| 4 | CLAS (PC) | 02/29/92 | 746.99 | 00/00/00 |
| 2 | MAIN (PC) | 02/29/92 | 398.60 | 00/00/00 |
| 2 | PERS (PC) | 02/29/92 | 746.99 | 00/00/00 |
| 8 | PERS (PC) | 02/29/92 | 747.00 | 00/00/00 |
| 6 | WARS (PC) | 02/29/92 | 390.06 | 00/00/00 |
| 5 | 10B (PC) | 02/29/92 | 5,686.46 | |
| <p>12 CLOS SHAMPOO & BUFFING MACHINES 705.76 00/00/00</p> | | | | |
| <p>12 CLOS SHAMPOO & BUFFI P86622A 07/01/96 705.76</p> | | | | |
| <p>COMMODITY CODE: 41816 COMMODITY CODE DESC: DESK & TABLE, WOOD</p> | | | | |
| 58 | ACCT | 04/06/92 | 579.95 | 00/00/00 |
| 57 | ADM | 04/06/92 | 579.95 | 00/00/00 |
| 90 | ADM | 02/19/92 | 579.95 | 00/00/00 |
| 94 | ASTS | 04/28/92 | 530.55 | 00/00/00 |
| 21 | ASTH | 03/20/92 | 579.95 | 00/00/00 |
| 26 | ASTH | 03/20/92 | 530.55 | 00/00/00 |
| 43 | ASTH | 04/28/92 | 530.55 | 00/00/00 |
| 22 | COMP | 03/20/92 | 714.75 | 00/00/00 |
| 11 | COUN | 03/20/92 | 579.95 | 00/00/00 |
| 27 | PERS | 03/20/92 | 579.95 | 00/00/00 |
| 28 | PERS | 03/20/92 | 579.95 | 00/00/00 |
| 24 | RECO | 03/20/92 | 579.95 | 00/00/00 |
| 125 | TRUS | 04/06/92 | 714.75 | 00/00/00 |
| 69 | TRUS | 03/20/92 | 1,132.00 | 00/00/00 |
| 116 | MARC | 03/20/92 | | |
| 120 | HARD | 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

RETIRES DATE

DEPT/DIV: 32944

LOCATION: 91034

COMMODITY CODE: 41816
DESK & TABLE, WOOD

COMMODITY CODE: 41820
DESK & TABLE, M

579.95
10,532.60

| COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRES DATE |
|-----------------|----------------------|----------------------|---------------------------|------------|--------------|
| P40289 | ACCT | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40192 | ANNE | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40097 | ARMO | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40292 | BUSM | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40270 | CKPT | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40413 | CLER | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40291 | COCO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40100 | COCO | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40101 | COMM | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40479 | I.A. | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40264 | KITC | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40186 | PERS | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40271 | PERC | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40254 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40255 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40256 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40257 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40258 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40259 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40260 | RECO | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40261 | RECO | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40262 | TRAI | CABINET, FILING | 02/29/92 | 592.09 | 00/00/00 |
| P40280 | TRAI | CABINET, FILING | 02/29/92 | 538.21 | 00/00/00 |
| P40281 | TRAI | CABINET, FILING | 02/29/92 | 14,317.33 | 00/00/00 |

| COMMODITY CODE: | COMMODITY CODE DESC: | COMMODITY CODE DESC: | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRES DATE |
|-----------------|----------------------|----------------------|---------------------------|------------|--------------|
| P33012 | ADM | FURNITURE, LOUN | 03/20/92 | 802.05 | 00/00/00 |
| P33013 | ADM | FURNITURE, LOUN | 03/20/92 | 802.05 | 00/00/00 |
| P33014 | ADM | FURNITURE, LOUN | 03/20/92 | 934.75 | 00/00/00 |
| P33015 | ADM | FURNITURE, LOUN | 03/20/92 | 934.75 | 00/00/00 |
| P33045 | BRAD | FURNITURE, LOUN | 04/28/92 | 934.75 | 00/00/00 |

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: | | | | |
| 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: | | | | |
| COPYING MACHINE | | COPYING MACHINE, PLAIN | | | |
| COPYING MACHINE | 6M6012395 | 02/29/92 | 02/29/92 | 22,657.75 | 00/00/00 |
| COPYING MACHINE | 6M6012395 | 02/29/92 | 02/29/92 | 22,657.75 | 00/00/00 |

PAGE: 39
DATE: 07/31/96

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

REPORT: BA11A230
TIME: 00:09:36

RETIRES DATE

STATE COST

ACQUIRE DATE FIN SVC DATE

SERIAL #

AG # FLOOR ROOM UNIT DESCRIPTION

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:

| COMMODITY CODE | COMMODITY CODE DESC | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRES DATE |
|----------------|---------------------|---------------------------|------------|--------------|
| 40054 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40055 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40056 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40057 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40058 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40059 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40060 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40061 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40062 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40063 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40064 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40065 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40066 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40067 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40068 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40069 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40070 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40071 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40072 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40073 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40074 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40075 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40076 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40077 | ARMO | 02/29/92 | 232.64 | 00/00/00 |
| 40078 | ARMO | 02/29/92 | 232.64 | 00/00/00 |

5,816.00

GUN, SHOTGUN & RIOTN

COMMODITY CODE DESC:

89365

COMMODITY CODE:

| COMMODITY CODE | COMMODITY CODE DESC | ACQUIRE DATE FIN SVC DATE | STATE COST | RETIRES DATE |
|----------------|---------------------|---------------------------|------------|--------------|
| P40079 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40080 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40081 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40082 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40083 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40084 | ARMO | 02/29/92 | 230.59 | 00/00/00 |
| P40085 | ARMO | 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 & A346598M | 02/29/92 | 230.59 |
| 87 | ARMO | GUN, SHOTGUN & A344754M | GUN, SHOTGUN & A344754M | 02/29/92 | 230.59 |
| 88 | ARMO | GUN, SHOTGUN & A344702M | GUN, SHOTGUN & A344702M | 02/29/92 | 230.59 |
| 89 | ARMO | GUN, SHOTGUN & A344306M | GUN, SHOTGUN & A344306M | 02/29/92 | 230.59 |
| 90 | ARMO | GUN, SHOTGUN & A344717M | GUN, SHOTGUN & A344717M | 02/29/92 | 230.59 |
| 91 | ARMO | GUN, SHOTGUN & A344705M | GUN, SHOTGUN & A344705M | 02/29/92 | 230.59 |
| 92 | ARMO | GUN, SHOTGUN & A347168M | GUN, SHOTGUN & A347168M | 02/29/92 | 230.59 |
| 93 | ARMO | GUN, SHOTGUN & A344745M | GUN, SHOTGUN & A344745M | 02/29/92 | 337.84 |
| 95 | ARMO | GUN, SHOTGUN & 650715 | GUN, SHOTGUN & 650715 | 02/29/92 | 337.84 |
| 96 | ARMO | GUN, SHOTGUN & 650720 | GUN, SHOTGUN & 650720 | 02/29/92 | 4,134.53 |

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

094 ARMO GUN, TEAR GAS & 978 02/29/92 773.00 00/00/00

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

166 POIN X-RAY MACHINE, MAIL/PACKAGE 06/20/92 22,150.00 00/00/00
 X-RAY MACHINE, DIAGNOSTIC 06/20/92 22,150.00 00/00/00
 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: _____

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 EFF: 07/1/95
Contact: WILLIAM LEONE
310-670-0254

CONNECTICUT SPECIALTY INSURANCE CO

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

COREGIS INDEMNITY COMPANY

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

DEARBORN INSURANCE COMPANY

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

EDEN PARK INSURANCE COMPANY

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

EMPIRE INDEMNITY INSURANCE COMPANY

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

ESSEX INSURANCE COMPANY

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

EVANSTON INSURANCE COMPANY

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

EXECUTIVE RISK SPECIALTY INSURANCE CO

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

FIDELITY EXCESS & SURPLUS INS CO

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

FIREMAN'S FUND INSURANCE CO OF OHIO

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

FIRST SPECIALTY INSURANCE CORPORATION

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

FLORIDA INTERNATIONAL INDEMNITY CO

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

FRONTIER PACIFIC INSURANCE COMPANY

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

FULCRUM INSURANCE COMPANY

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

GENERAL AGENTS INS CO OF AMERICA

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

GENERAL STAR INDEMNITY COMPANY

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

GENESIS INDEMNITY INSURANCE COMPANY

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

GILBRALTAR CASUALTY INSURANCE CO

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

GLOBAL INSURANCE COMPANY

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

GOTHAM INSURANCE COMPANY

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

GULF UNDERWRITERS INSURANCE CO

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

HERMITAGE INSURANCE COMPANY

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

HOMI INSURANCE COMPANY OF ILLINOIS

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

HOMESTEAD INSURANCE COMPANY

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

ILLINOIS EMCASCO INSURANCE COMPANY

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

ILLINOIS INSURANCE EXCHANGE

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

ILLINOIS UNION INSURANCE COMPANY

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

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 EFF: 02/9/72
Contact: B LANE BUSSEY III
904-358-5470

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MENDES & MOUNT
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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:

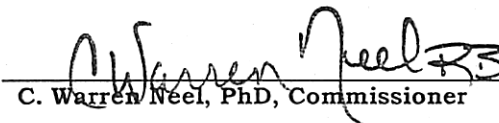

John D. Ferguson, CEO Date 2/8/2001

DEPARTMENT OF CORRECTION

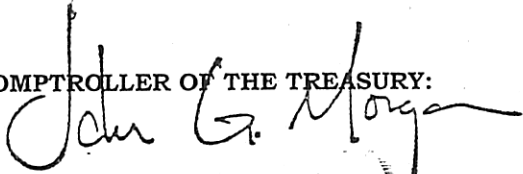

Donal Campbell, Commissioner Date 2-8/2001

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

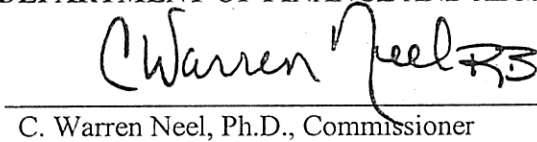
DEPARTMENT OF CORRECTION:


Donal Campbell, Commissioner

DATE: 2/13/01

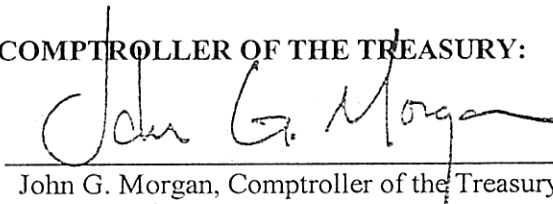
APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:


C. Warren Neel, Ph.D., Commissioner

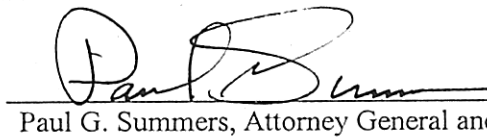
MAR 05 2001
DATE: _____

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 making payments to the State's contract hospital and physicians providing services at the State's contract hospital within ninety (90) days of the invoice date for services to any Inmate assigned to the Facility. When any such debt is more than ninety (90) days old, the State reserves the right to pay the provider and deduct the amount from payments due from the State to the Contractor hereunder.

5. Delete following subsections in their entirety:

Section 6.8(c) whether any position on the staffing pattern was vacant and for how many days; and

(d) types and hours of training provided by position.

and insert the following in their place:

Section 6.8(c) whether any position on the staffing pattern was vacant and for how many days.

6. Delete following Section in its entirety:

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 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:

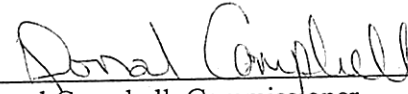


Michael Quintan, President

DOCTOR R. CRANTS
CEO

DATE: 6-Jan 2000

DEPARTMENT OF CORRECTION:

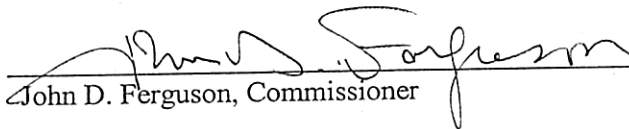


Donal Campbell, Commissioner

DATE: 2/24/00

APPROVED:

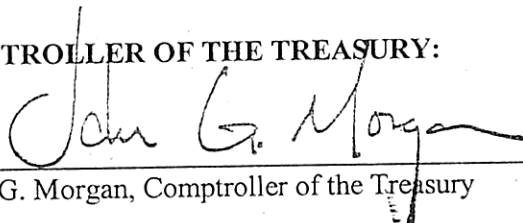
DEPARTMENT OF FINANCE AND ADMINISTRATION:



John D. Ferguson, Commissioner

DATE: 2/24/00

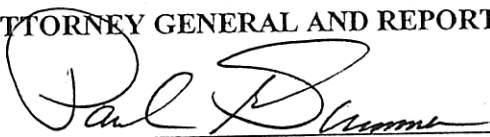
COMPTROLLER OF THE TREASURY:



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