

**TAB 3**



# City of Palmetto Agenda Item

**Meeting Date**

8/1/11

**Presenter:** Jim Freeman

**Department:** Finance

**Title:**  
2011-22 General Liability Insurance Contingency

**Background:** To process settlement payment to FMIT for liability claim from fund balance. The city has budgeted \$5,000 for liability claims in the past but this claim exceeds the threshold therefore, approval by Commission is necessary.

**Problem:** On March 30, 2011, a claim was made against the city for a trip and fall incident at 1508 3rd St Cir E. The Florida League of Cities has processed all payments to the individual and as part of our deductible would like to be reimbursed in the amount of \$25,000. R. Koper emailed the information to Commission on May 18, 2011.

Staff would like to maintain the \$5,000 insurance contingency line for the remainder of FY11 and not use this budget as part of the liability claim.

**Budgeted Amount:** \$0.00    **Budget Page No(s):**    **Available Amount:** \$0.00    **Expenditure Amount:** \$0.00

**Additional Budgetary Information:** Increase 001-540-4599 to \$25,000

**Funding Source(s):**    **Sufficient Funds Available:**  Yes  No    **Budget Amendment Required:**  Yes  No    **Source:**

**City Attorney Reviewed:**  Yes  No  N/A    **Advisory Board Recommendation:**  For  Against  N/A    **Consistent With:**  Yes  No  N/A

**Potential Motion/Direction Requested:** Approve Resolution #2011-22 increasing the Expense for the payment of the settlement claim - \$25,000

**Staff Contact:** Cheryl A. Miller    Sr. Accountant    7111

**Attachments:** 2011-22 Budget Amendment

RESOLUTION NO. 2011-22

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF PALMETTO, FLORIDA, AMENDING RESOLUTION NO. 2010-29, WHICH RESOLUTION ADOPTED THE BUDGET FOR FISCAL YEAR 2010-2011, AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, from time to time it is necessary to increase or decrease revenues and expenditures in certain accounts, and;

WHEREAS, it is necessary to provide budgetary authorization for the expenditure of these funds;

NOW, THEREFORE, BE IT RESOLVED, BY THE CITY COMMISSION OF THE CITY OF PALMETTO, FLORIDA:

**Section 1:** That Expense Account 001 540 4599, Insurance Contingency, for the fiscal year ending September 30, 2011 is increased by Twenty-Five Thousand Dollars (\$25,000) to provide funding for general liability insurance deductible.

**Section 2:** This Resolution shall become effective immediately upon its passage.

**Section 3:** All Resolutions and parts of Resolutions in conflict herewith are repealed.

PASSED AND DULY ADOPTED, in regular session, by the City Commission of the City of Palmetto, with a quorum present and voting, this 1st day of August, 2011.

BY: \_\_\_\_\_  
Shirley Groover Bryant, Mayor

ATTEST:

\_\_\_\_\_  
James R. Freeman, City Clerk



**INVOICE**

- Administration
- Policy Holder Relations
- Financial Services/  
Underwriting

Post Office Box 530065  
Orlando, FL 32853-0065

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- Health Claims

Post Office Box 538140  
Orlando, FL 32853-8140

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- Workers' Compensation Claims

- Property & Liability Claims

Post Office Box 538135  
Orlando, FL 32853-8135

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800-445-6248  
407-425-9142  
Fax 407-425-9378  
[www.flcities.com](http://www.flcities.com)

**TO: Mr. Ron Koper  
City of Palmetto  
FMIT # 460  
516 8th Avenue West  
Palmetto, FL 34221**

**FROM: Valerie Morrison  
Florida Municipal Insurance Trust  
Liability Claims Department  
P.O. Box 538135  
Orlando, FL 32853-8135**

**Date: July 19, 2011**

**RE: Deductible Invoice**

**Below listed are amounts due on your Liability Deductible as of 6/30/2011**

<b>Past Due Amount</b>	<b>\$0.00</b>
<b>Current Due Amount:</b>	
<b>General Liability Deductible - \$25000</b>	
<b>Fund Year 10/01/2010 - 09/30/2011</b>	<b>\$25,000.00</b>
<b>Total Amount Due</b>	<b>\$25,000.00</b>
<b>Payment Due by:</b>	<b>8/18/2011</b>

**Please make check payable to:  
Florida Municipal Insurance Trust  
P.O. Box 538135  
Orlando, FL 32853-8135**

**Please issue a separate check from your Workers' Compensation Deductible.**

FLORIDA MUNICIPAL INSURANCE TRUST - GENERAL LIABILITY  
 DEDUCTIBLE INVOICE DETAILS

10/01/2010 - 09/30/2011 as of 6/30/2011

FMIT #: 460  
 CITY OF PALMETTO

Total Available Stop Loss: 109,149.00  
 SL Balance as of 3/31/2011: 108,388.41  
 SL Balance as of 6/30/2011: 83,388.41

File Number	Type	Claimant Name	Description	Date of Loss	Deductible	Amount Paid to Date	Amount Recov to Date	Amount Due
<b>Paid Claims</b>								
Claims Total	GL				\$25,000	760.59	760.59	0.00
<b>Monies Due</b>								
GC2011068614	GL	JOHN MERCIAL	ALLEGED TRIP AND FALL	4/3/2011	\$25,000	50,000.00	0.00	25,000.00
<b>Totals</b>						<b>50,760.59</b>	<b>760.59</b>	<b>25,000.00</b>

Cheryl Miller

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**From:** Ron Koper  
**Sent:** Wednesday, May 18, 2011 11:23 AM  
**To:** Mark Barnebey  
**Cc:** \* Commission; Cheryl Miller; Allen Tusing; CWatson@flicities.com; Karin Cleveland; Shirley G. Bryant  
**Subject:** \*Emailing: Merical-PubLiaCI-DOL-4-3-11 T-F, Sura-PubLiaCI-DOL4-7-11 T-F  
**Attachments:** Merical-PubLiaCI-DOL-4-3-11 T-F.tif; Sura-PubLiaCI-DOL4-7-11 T-F.tif

M//

In response to your email dated 5-9-2011, Subj: Release (Merical).

To the best of my knowledge, Mr. Sura has not made a demand for damages.

In both instances, the claimant(s) fell into a water meter box where the lid was ajar causing to the knee.

Let me know if you need further information.

Ron Koper, MS,CAGS,CHSM  
Risk Manager / Safety Director  
City of Palmetto  
600 17th Street W.  
Palmetto, FL 34221  
Phone: 941.723.4580  
Fax: 941.721.6736  
Email: [rkoper@palmettofl.org](mailto:rkoper@palmettofl.org)

The message is ready to be sent with the following file or link attachments:

Merical-PubLiaCI-DOL-4-3-11 T-F  
Sura-PubLiaCI-DOL4-7-11 T-F

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.