

**TAB 4**



# City of Palmetto Agenda Item

**Meeting Date**

02/6/2012

**Presenter:** Jim Freeman

**Department:** City Hall

**Title:** FMIT Deductible Invoice

Two insurance claims have been settled and a deductible invoice has been issued. Public liability claims have a \$25,000 deductible per occurrence.

1. The claim for the Estate of Jack Green has been settled by FLOC for \$57,500 and the deductible of \$25,000 is due. The accident was due to a trip and fall on the sidewalk.
2. The claim for Dennis Nemeth's car which was damaged by a rusted light pole that fell on the vehicle has been settled for \$2,583.04. The entire amount is due from the City.
3. The total amount of the invoice is \$27,583.04.
4. A budget amendment is needed to fund the expenditure from Road and Bridge fund balance. No insurance contingency exists in Road and Bridge and a budget amendment needs to be approved.

**Budgeted Amount:** \$0      **Budget Page No(s):**      **Available Amount:** \$0      **Expenditure Amount:** \$27,584

**Additional Budgetary Information:**

**Funding Source(s):** Road and Bridge Fund Balance      **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 2012-04 to amend the Road and Bridge budget and approve the payment of the insurance deductible invoice.

**Staff Contact:** Karen Simpson      Deputy Clerk - Finance      2/23/11

**Attachments:** Resolution 2012-04; FMIT Invoice and documentation.

**RESOLUTION NO. 2012-04**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF PALMETTO, FLORIDA, AMENDING RESOLUTION NO. 2011-31, WHICH RESOLUTION ADOPTED THE BUDGET FOR FISCAL YEAR 2011-2012, 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 307 541 4599, Insurance Contingency, for the fiscal year ending September 30, 2012 is increased by Twenty Seven Thousand Five Hundred Eighty Four Dollars (\$27,584), to increase the budget for general liability insurance deductible payment.

**Section 2:** That Revenue Account 307 381 9000, Equity from Fund Balance, for the fiscal year ending September 30, 2012, is increased by Twenty Seven Thousand Five Hundred Eighty Four Dollars (\$27,584), to increase the budget for general liability insurance deductible payment.

**Section 3:** This Resolution shall become effective immediately upon its passage.

**Section 4:** All Resolutions and parts of Resolutions in conflict herewith are repealed.

**Passed by the City Commission of the City of Palmetto, Florida in regular session with a quorum present and voting this 6th day of February, 2012.**

CITY OF PALMETTO, FLORIDA  
BY AND THROUGH THE CITY  
COMMISSION OF THE CITY OF  
PALMETTO

By: \_\_\_\_\_  
SHIRLEY GROOVER BRYANT, MAYOR

ATTEST: JAMES R. FREEMAN

By: \_\_\_\_\_  
City Clerk



**INVOICE**

- Administration
- Policy Holder Relations
- Financial Services/  
Underwriting

Post Office Box 530065  
Orlando, FL 32853-0065

- Health Claims

Post Office Box 538140  
Orlando, FL 32853-8140

- Workers' Compensation Claims

- Property & Liability Claims

Post Office Box 538135  
Orlando, FL 32853-8135

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

**TO:** Ms. Karen Simpson  
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:** January 12, 2012

**RE:** Deductible Invoice

Below listed are amounts due on your Liability Deductible as of 12/31/2011

<b>Past Due Amount</b>	<b>\$0.00</b>
<b>Current Due Amount:</b>	
<b>General Liability Deductible - \$25000</b>	
Fund Year 10/01/2007 - 09/30/2008	\$25,000.00
Fund Year 10/01/2010 - 09/30/2011	\$2,583.04
<b>Total Amount Due</b>	<b>\$27,583.04</b>
<b>Payment Due by:</b>	<b>2/11/2012</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  
 10/01/2007 - 09/30/2008 as of 12/31/2011

FMIT #: 460  
 CITY OF PALMETTO

Total Available Stop Loss: 103,614.00  
 SL Balance as of 9/30/2011: 101,114.00  
 SL Balance as of 12/31/2011: 76,114.00

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	2,500.00	2,500.00	0.00
<b>Monies Due</b>								
GC2008065674	GL	ESTATE OF JACK GREEN	FATALITY AFTER TRIP AND FALL	1/11/2008	\$25,000	57,500.00	0.00	25,000.00
<b>Totals</b>						<b>60,000.00</b>	<b>2,500.00</b>	<b>25,000.00</b>

FLORIDA MUNICIPAL INSURANCE TRUST - GENERAL LIABILITY  
 DEDUCTIBLE INVOICE DETAILS  
 10/01/2010 - 09/30/2011 as of 12/31/2011

FMIT #: 460  
 CITY OF PALMETTO

Total Available Stop Loss: 109,149.00  
 SL Balance as of 9/30/2011: 83,388.41  
 SL Balance as of 12/31/2011: 80,805.37

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							
<b>Monies Due</b>					\$25,000	50,760.59	25,760.59	0.00
GC2011069605	GL	DENNIS NEMETH	LIGHT POLE FELL ON VEHICLE.	7/24/2011	\$25,000	2,583.04	0.00	2,583.04
<b>Totals</b>						<b>53,343.63</b>	<b>25,760.59</b>	<b>2,583.04</b>