

CITY OF CORAL GABLES, FLORIDA

RESOLUTION NO. 2009-76

A RESOLUTION AUTHORIZING THE CITY MANAGER OR DESIGNEE TO NEGOTIATE AND EXECUTE A CONTRACT WITH AON RISK SERVICES, INC. OF FLORIDA AND ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC. FOR THE ANCILLARY LINES OF INSURANCE COVERAGE FOR THREE (3) YEARS WITH TWO (2) ADDITIONAL TWO (2) YEAR RENEWAL OPTIONS, WITH THE FIRST YEAR PREMIUM FEES NOT TO EXCEED \$71,556.00 FOR THE PERIOD MAY 1, 2009 TO MAY 1, 2010. (FUNDING SOURCE: INSURANCE FUND).

BE IT RESOLVED BY THE COMMISSION OF THE CITY OF CORAL GABLES:

SECTION 1. That the City Manager is hereby authorized to include the Ancillary policies in the contracts being executed with AON Risk Services, Inc. of Florida and Arthur J. Gallagher Risk Management Services, Inc.

SECTION 2. That said Resolution shall become effective upon the date of its passage and adoption herein.

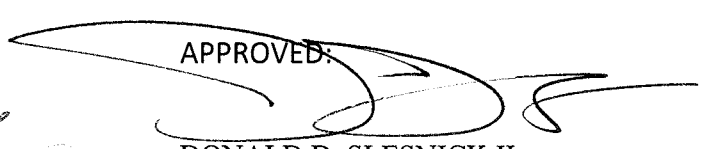
PASSED AND ADOPTED THIS TWENTY-FOURTH DAY OF MARCH, A.D., 2009.
(Moved: Kerdyk / Seconded: Anderson)
(Yeas: Withers, Anderson, Cabrera, Kerdyk, Slesnick)
(Unanimous: 5-0 Vote)
(Agenda Item: H-6)

ATTEST:




WALTER J. FOEMAN
CITY CLERK

APPROVED:



DONALD D. SLESNICK II
MAYOR

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:



ELIZABETH M. HERNANDEZ
CITY ATTORNEY

- **Crime**

As per market selection contained in addendum 3, the City is in the last year of a three year policy and will assign this market.

CITY OF CORAL GABLES



STATUTORY ADD (POLICE & FIRE)

Policy Period:	05-01-09 to 05-01-10																										
Company:	The Hartford																										
Coverage:	C-62 In the line of Duty Coverage C-64 Fresh Pursuit Coverage C-31 VL 118 Unlawful and Intentional Death Coverage																										
Eligible Persons:	Class 1: All full -time police officers of the policyholders Class 2: All full-time Firefighters of the policyholder For clarification on Eligible Employees-please see "Eligibility and Coverage Details"																										
Benefits Layout:	<table border="1"> <thead> <tr> <th></th><th>Hazard</th><th>Benefit</th><th>Amount</th></tr> </thead> <tbody> <tr> <td rowspan="3">Class 1</td><td>C-62</td><td>ADD</td><td>\$84,694.46</td></tr> <tr> <td>C-64</td><td>AD</td><td>\$59,694.46</td></tr> <tr> <td>C-31 VL 118</td><td>AD</td><td>\$179,083.29</td></tr> <tr> <td rowspan="3">Class 1</td><td>C-62</td><td>ADD</td><td>\$84,694.46</td></tr> <tr> <td>C-64</td><td>AD</td><td>\$59,694.46</td></tr> <tr> <td>C-31 VL 118</td><td>AD</td><td>\$179,083.29</td></tr> </tbody> </table>				Hazard	Benefit	Amount	Class 1	C-62	ADD	\$84,694.46	C-64	AD	\$59,694.46	C-31 VL 118	AD	\$179,083.29	Class 1	C-62	ADD	\$84,694.46	C-64	AD	\$59,694.46	C-31 VL 118	AD	\$179,083.29
	Hazard	Benefit	Amount																								
Class 1	C-62	ADD	\$84,694.46																								
	C-64	AD	\$59,694.46																								
	C-31 VL 118	AD	\$179,083.29																								
Class 1	C-62	ADD	\$84,694.46																								
	C-64	AD	\$59,694.46																								
	C-31 VL 118	AD	\$179,083.29																								
Additional Benefits:	<ul style="list-style-type: none"> • Accident Total Disability- \$100.00 weekly benefit • Education - \$2,000 • Spouse Education- \$2,000 • Day Care- \$2,000 • Funeral Expenses- \$1,000 • Beneficiary Assist- Multiple Services • Worldwide Travel Assistance-Multiple Services • Medical Evacuation-Up to a combined max of \$1,000,000 • Repatriation- Up to a combined max of \$1,000,000 • Dismemberment Loss 																										

CITY OF CORAL GABLES



Policy Changes and Enhancements:	<p>Hartford is currently working on filing a Spouse/Dependent Child(ren) Health Insurance endorsement with the State of Florida to add to their Statutory policies. To compensate until then, we are offering to increase the "In the Line of Duty" benefit by \$25,000 which is the standard amount for the Spouse/Dependent Child(ren) Health Insurance endorsement. That way, insureds who are killed in the line of duty receive that \$25,000 that can be put towards their families health insurance plan costs. On the positive side, our benefit works out a little better because, on other plans, you only receive that Family Health Insurance benefit if you have a family. Our benefit will pay out that \$25,000 regardless of whether or not you have a Spouse/Dependent Child(ren).</p> <ul style="list-style-type: none"> • Added Accident Total Disability benefit, Education benefit, Spouse Education benefit, and Day-care benefit at no additional cost. • Travel Assistance, Beneficiary Assistance, & Identity Theft Services included at no additional cost (brochures included in policy form book) • Funeral & burial expense is included. The following policy wording is where the funeral & burial expense benefit can be found: "This plan provides accidental death coverage for police officers and firefighters which is no less restrictive than benefits specified by Florida statutes 112.19, paragraphs 2) a, b, c, f, and j and 112.191, paragraphs 2) a, b, c and i." Letter "f" in Florida statute 112.19 states that it is required to provide police officers with a \$1,000 funeral expense benefit. • Reduced 2nd & 3rd annual installment amounts (this policy currently in the middle of a 3 year AI period) down to \$11,205 for the last 2 year (expiring \$13,996) which is a 20% decrease in premium.
Exclusions	<ul style="list-style-type: none"> • Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane • War or act of war, whether declared or undeclared

CITY OF CORAL GABLES



	<ul style="list-style-type: none">• Injury sustained while in the armed forces of any country or intentional authority.
Premium Options:	<p>This policy is currently up for its second annual installment of a 3 year annual installment renewal period running from 05-01-08 to 05-01-11</p> <p>If coverage is bound according to this proposal, all changes will be made effective 05-01-09 for the last two annual installments.</p> <p>Please note that the annul installment option has a rate guarantee, not a premium guarantee. During those periods, we will not require a completed renewal questionnaire for renewal. Policyholders are allowed to discontinue coverage at anytime during this rate guarantee period without incurring penalties.</p>
Premium:	2 Year Rate Guarantee for the 2 nd & 3 rd Annual Installments paid in annual installments of : \$11,205
Claims Handling Instructions:	<p>The Harford Group Life/AD&D Claims Unit PO BOX 2999 Hartford, CT 06104-2999 1 888-563-1124</p>
	See attached carrier proposal for detailed explanation of benefits, age reduction schedule, definitions.

CITY OF CORAL GABLES



BUSINESS TRAVEL ACCIDENT (MANAGEMENT STAFF)

Policy Period:	05-01-09 to 05-01-10
Company:	The Hartford
Coverage:	C-12 Business Travel Only C-41 Extraordinary Commutation Coverage
Benefits Paid:	\$300,000
Eligible Persons:	<ul style="list-style-type: none">• Mayor• City Commissioners• City Manager• City Attorney• City Clerk• Assistant City Manager• Automotive Director• Building and Zoning Director• Development Director• Director of Historical Resources• Employee Relations Director• Finance Director• Fire Chief• Parking Director• Parks & Recreation Director• Planning Director• Police Chief• Public Service Director• Public Works Director• Purchasing Director• Chief Information Officer
Additional Benefits:	<ul style="list-style-type: none">• Rehabilitation 10% to a max of \$25,000• Seatbelt 10% to a max of \$25,000• Identity Protection Support- multiple services• Beneficiary Assist-multiple services• Medical Evacuation- up to a combined max of \$1,000,000

CITY OF CORAL GABLES



	<ul style="list-style-type: none"> • Repatriation- up to a combined max of \$1,000,000 Dismemberment Loss/Paralysis
Aggregate Limitation	\$1,500,000 shall be the total limit of the company's liability for all benefits under this policy because of injury sustained due to any one accident
Policy Changes/Enhancements:	<ul style="list-style-type: none"> • Increase ADD benefit from \$250k to \$300k • Increase aggregate from \$1,250,000 to \$1,500,000 • Added Extraordinary Commutation coverage, Rehabilitation benefit, Paralysis benefit, and Seatbelt benefit at no additional cost • Travel Assistance, Beneficiary Assistance, & Identity Theft Services included at no additional cost (brochures included in policy form book) • Reduced 2nd & 3rd annual installment amounts (this policy currently in the middle of a 3 year AI period) down to \$360 for the last 2 year (expiring \$523)
Exclusions:	<ul style="list-style-type: none"> • Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane • War or act of war, whether declared or undeclared • Injury sustained while in the armed forces of any country or international authority • Injury sustained while on any aircraft, unless, and only to the extend, a hazard specifically described such coverage. <p>See attached carrier proposal for a detailed list of benefits, age reduction schedule, definitions. carrier and exclusions</p>
Premium Options:	<p>This policy is currently up for its second annual installment of a 3 year annual installment renewal period running from 05-01-08 to 05-01-11</p> <p>If coverage is bound according to this proposal, all changes will be made effective 05-01-09 for the last two annual installments.</p> <p>Please note that the annul installment option has a rate guarantee, not a premium guarantee. During those periods, we will not require a completed renewal</p>

CITY OF CORAL GABLES



	questionnaire for renewal. Policyholders are allowed to discontinue coverage at anytime during this rate guarantee period without incurring penalties.
Premium:	2 Year Rate Guarantee for the 2 nd & 3 rd Annual Installments paid in annual installments of : \$360.00
Claims Handling Instructions:	The Harford Group Life/AD&D Claims Unit PO BOX 2999 Hartford, CT 06104-2999 1 888-563-1124

CITY OF CORAL GABLES



PUBLIC OFFICIAL BOND

Policy Period:	05-01-09 to 05-01-10
Company:	The Hartford
Insured/Principal:	Donald G Nelson
Bond Limit:	\$500,000
Premium:	\$1,750
Claims Handling Instructions:	Report all claims immediately to: The Hartford Tel: 888-266-3488 Fax: 860-757-5835 Email: Claims@1stepsurety.com address: Hartford Plaza, 690 Asylum Avenue, Hartford CT 06115

CITY OF CORAL GABLES



STORAGE TANK LIABILITY PREMIUM INDICATION

Disclaimer: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

Policy Period:	05-01-09 to 05-01-10
Company:	Commerce & Industry Insurance Company
Retroactive Date:	10/14/2004
Limits of Liability:	
Each Incident:	\$1,000,000
Aggregate:	\$4,000,000
Deductible:	\$10,000 Each Incident
Terms & Conditions:	<ul style="list-style-type: none"> • Commerce & Industry Company Form #81206 (11/02) • Storage Tank Third Party Liability, Corrective Action and Cleanup Costs Declaration Page Form #81206 (11/02) • Table of Contents Form#83115 (10/03) • Storage Tank Policy Form #81106 (10/02) • Policy Signature Page Form #86697 (9/04) • Site Schedule Form #81029 (10/02) • Schedule of Covered Storage Tank Systems Form#81017 (10/02) • Separation of Insureds Condition Endorsement Form #81026 (10/02) • Florida Cancellation/Nonrenewal Endorsement Form #76105 (5/00) • Florida Addendum to the Declarations Form #74825 (2/01) • Florida Amendatory Endorsement Form #83111 (10/03) • UST/AST Dedicated Limits Endorsement Form#

CITY OF CORAL GABLES



	<p>87408 (2/05)</p> <ul style="list-style-type: none"> • Coverage Territory Endorsement Form #89644 (7/05) • Florida Notice of Loss Control Services Form #90231 (12/05) • If Terrorism Risk Insurance Act (TRIA) is rejected by the insured, Terrorism Exclusion Endorsement Form #81309 (2/03) will be attached. If Terrorism Risk Insurance Act (TRIA) is accepted, then Limitation of Losses for Certified Acts of Terrorism Endorsement# 81290 (12/02) will be attached. • No Mid-term credits for tank upgrade or removal
Subjectivities:	<ul style="list-style-type: none"> • Signed and dated application must be received by the company prior to binding • All premiums are fully earned upon tank removal. There will be no credit for midterm removal. • An officer of the insured must complete , sign and return the Policyholder Disclosure statement under Terrorism Risk Insurance Act of 2002 if certified acts of terrorism coverage under terrorism risk insurance act of 2002 is rejected by the insured, However, if such coverage is accepted by the insured, the broker must advise the company in writing prior to binding,
Annual Premium:	<p>\$1,748.00</p> <p><u>\$ 18.00 FCHC</u></p> <p>\$1,766.00</p>
Additional Premium for TRIA:	<p>\$16</p>
Claims Handling Instructions	<p><u>Please report all your Storage Tank Liability related claims immediately to:</u></p> <p>AIG Domestic Claims PIP Claims Department</p>

CITY OF CORAL GABLES



	<p>101 Hudson Street, 31st Floor Jersey City, NJ 07302 866 947-1377 Fax Pipclaims.reporting@aig.com</p>
--	--

CITY OF CORAL GABLES



SPORTS MEDICAL ADD

Policy Period:	05-01-09 to 05-01-10
Company:	National Union Fire Insurance Company
Plan:	Primary over \$100.00 Domestic Only
Benefits:	Maximum Benefit Amount (per injury) \$100,000 Deductible (per injury): \$250.00 Benefit Period: 1 year Accidental Death Benefit: \$5,000 Accidental Dismemberment Benefit: \$10,000
Exclusions:	<ul style="list-style-type: none"> • Suicide or attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury • Sickness, disease or infections of any kind, except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning. • The insured's commission of or attempt to commit a felony • Declared or undeclared war, or any act declared or undeclared war • Participation in any team sport or any other athletic activity, except participation in a covered activity <p>For a complete list of exclusions please see policy form.</p>
Covered Activities:	All Sports: while participating during the official season of the sport as a member of a specific athletic team of the Participating Organization. Participation must be in a regularly scheduled and approved practice session or game of the Participating Organization and under the supervision of proper adult authority of the Participating Organization. This includes coverages for travel directly and uninterrupted to or from the above.
Rating Basis:	2,980 Sports League 39,173 Total Participant Days

CITY OF CORAL GABLES



Claims Handling Instructions:	<p>Please report your claims immediately to:</p> <p>The Maksin Group Two Aquarium Drive Ste. 200 Camden, NJ 08103 Attn: Donna Burgess 800-257-6250 FAX: 856-486-4376 dburgess@maksin.com</p>
Premium:	\$19,281

CITY OF CORAL GABLES



SPORTS LIABILITY

Policy Period:	05-01-09 to 05-01-10
Company:	Lexington Insurance Company
Limits:	\$1,000,000 per occurrence \$3,000,000 General Aggregate \$1,000,000 Personal and Advertising Injury Limit \$1,000,000 Products- Completed Operations Aggregate \$ 100,000 Fire Damage Excluded Medical Payments \$ 25,000 Each Occurrence Sexual Abuse \$ 100,000 Sexual Abuse Aggregate
Policy Form:	CG 00 01 12 07
Terms and Conditions:	<ul style="list-style-type: none"> • Additional Insured-Promoters-72984 (04/99) • Amendatory Endorsement- Coverage Territory- PRG (08/05) • Assault and Battery- 72995 (04/99) • Attendance Limitation 10,000 admission PRG 3067 (08/03) • Calculation of Premium- IL0003 (07/92) • Common Policy Condition- IL0017 (11/98) • Exclude- Specified Activities- PRG 3068 (04/04)- hang gliding, parasailing, parachuting, luge, skateboarding, trampoline 9over 46" in diameter), hot air balloons, mechanical bulls, saddle animals, velcro jumps, paintball, rodeo, race tract risk, boating and motorsports. • Lexington Amendatory (Asbestos exclusion, minimum annual, service of suit, arbitration) LX 9482 (04/02) • NYAG Policyholder Notice – 91222 (07/06) • Policyholder Disclosure Under Terrorism Risk Insurance Act of 2002 PRG 1003 (12/02) • Radioactive matter IX7150 (05/87) • Release and Waiver Requirements- PRG 3069

CITY OF CORAL GABLES



	<p>(03/08)</p> <ul style="list-style-type: none"> • Schedule of rates/premium LX 9125 (07/97) • Sexual Abuse Coverage PRG 3064 (06/03) • Specified Activities- Overnight Camping PRG 3066 (08/03) • 25% Minimum earned premium LX 0082 (03/86) • Exclusion- Violation of statutes in connection with sending transmitting or communicating any material or information 87295 1207 • Abuse and Molestation Exclusion CG2146 (07/98) • Employment Practices Exclusion CG2147 (07/98) • Fireworks Exclusion PRG 3074 (08/03) • Fungus Exclusion 78689 • Medical Payment Exclusion CG2135 (10/93) • Nuclear Exclusion IL0021 (07/02) • Total Pollution Exclusion CG 2149 (09/99)
Binding Requirements	<ul style="list-style-type: none"> • AIG Sports General Liability application • years of recently valued (within the last 3 years months) aggregate loss information and/or no Loss Letter from the insured • 5 years of recently valued (within the last 3 years months) large loss information (over \$25,000) and /or No Loss Letter from the insured. • If premium is over \$5,000 provide a copy of the Insured's Code of Conduct/Rules • If premium is over \$5,000 provide a copy of standard waiver participants are required to sign
Rating Basis:	<p>2,980 Sports League 39,173 Total Participant Days</p>
Claims Handling Instructions:	<p>Please report your claims immediately to:</p> <p>The Maksin Group Sales Dept. Two Aquarium Drive</p>

CITY OF CORAL GABLES



	Ste. 200 Camden, NJ 08103 Attn: Darlene Burke 800-375-6826 FAX: 856-858-1121 dburke@maksin.com
Premium	\$33,425.00 Premium \$ 334.00 Terrorism \$33,759.00 Total Premium