



# CITY COUNCIL AGENDA ITEM

REQUESTED COUNCIL MEETING DATE 08-05-08

**SUBJECT:** Workers' Compensation Insurance: Policy Year 2008-09

**DEPARTMENT:** Finance Department

**RECOMMENDED MOTION:**

Approve the selection of Florida Municipal Insurance Trust (FMIT), through Florida League of Cities, Inc., for Workers' Compensation Insurance Program with a \$25,000 per incident deductible and with the coverage period from October 1, 2008 through September 30, 2009. The term of the services with Florida League of Cities, Inc. will be the first option-to-renew year with the contract with FMIT.

**SUMMARY:**

The cost of the insurance premium for the 2008-2009 Workers' Compensation Insurance Program will be \$437,143, a decrease of \$68,571, or -13.6%, under last year's premium. The cost components of the premium are: Payroll, Rates, and Experience Modification (the average of prior three years of losses compared to industry average).

<u>Manual Premium</u>	<u>% Change from Current Program</u>
Payroll	+02.9 %
Overall Rate Factor	-18.5 %
Experience Modification Factor	+02.0 %
<b>Premium</b>	<b>-13.6 %</b>

Risk Manager recommends approval of the renewal of the Workers' Compensation Insurance Program with FMIT.

**ATTACHMENTS:**  Ordinance  Resolution  Budget Resolution

Other  Support Documents/Contracts Available for Review in City Manager's Office

<b>DEPARTMENT HEAD</b>	<i>John A. Shelley</i> John A. Shelley, Finance Director	Date	7/24/08
<b>FINANCE DEPARTMENT</b>	<i>John A. Shelley</i> Approved as to Budget Requirements	Date	↓
<b>CITY ATTORNEY</b>	<i>Stella Schumacher</i> Approved as to Form and Legality	Date	
<b>CITY MANAGER</b>	<i>[Signature]</i> Approved Agenda Item For:		8/5/08

**COUNCIL ACTION:**  Approved as Recommended  Disapproved  Tabled Indefinitely  
 Continued to Date Certain  Approved with Modification:

FLORIDA MUNICIPAL INSURANCE TRUST  
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

Proposal for 2008-2009

City of Port Orange

LIMIT OF LIABILITY:

Workers' Compensation: Statutory

Employers' Liability:           \$1,000,000 Each Accident  
  \$1,000,000 By Disease  
  \$1,000,000 Aggregate by Disease

Deductible                       \$25,000

Total Payroll:		\$21,083,993
*Drug Free Workplace Credit (5%)		Yes
*Safety Credit (2%)		Yes
Experience Modification	10/1/08	1.02
NET PREMIUM:		\$437,143
StopLoss Amount	\$384,953	

7/9/2008