

Application Excess workers compensation Insurance

Coverage Term: 10/01/2014 – 10/01/2015

General Member Information	
Name:	North Miami, City of
Mailing:	776 NE 125 th Street
City/State/Zip:	N. Miami, FL 33161
Physical:	776 NE 125 th Street
City/State Zip:	N. Miami, FL 33161
Phone #:	305-893-6511
Fax #:	
Member Contact Information	Additional Member Information
Contact:	Karen Muir
Title:	Risk Manager
Phone#:	305-893-6511 EX.12202 Fax#: 305-891-8100
Email:	Kmuir@northmiamifl.gov
Agency Information	Agency Contact Information
Agency:	
Address:	
City/State/Zip:	
Phone #:	
	FEIN: 59-000390 NCCI Risk ID:
	Population 58786
	County: Miami-Dade
	Member Type: Municipality
	Contact:
	Phone #:
	Fax #:
	Email:

CERTIFICATION

The undersigned being authorized by, and acting on behalf of the applicant and all persons/concerns seeking insurance, has read and understands this Application, including any appendices and/or supplements, and declares that all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such written report, prior to the inception of the coverage agreement applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the coverage, nor does the review of same bind The Trust to issue a coverage agreement. This application shall be the basis of the contract, should one be issued.

This Application must be signed by the "Ranking Elected / Appointed Official" of the Entity making the application (e.g. Mayor / Manager / equivalent Officer) or the Risk Manager (or ranking official) assigned this function.

<p>_____</p> <p>Signature / Title</p>	<p>_____</p> <p>Date</p>
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NOTICE TO APPLICANT

For your protection, the following Fraud Warning is required to appear on this application:

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Current Coverages Selected

Umbrella /Excess

Coverage/Exposure Summary

<u>Line of Business</u>	<u>Exposure/Coverage</u>	<u>Applicable/Not Applicable</u>
General Question	Application General Information	Applicable
General Question	Excess WC (Standard Limits are \$1M/\$1M/\$1M)	Applicable
General Question	SIR – TPA Information	Applicable
General Question	Stop Loss	Applicable

COVERAGE INFORMATION**General Questions****New Response**

Account CSR:	Kathy Nicotra
Agent Name:	T. R. Jones / Brown & Brown
Primary Member Contact:	Karen Muir
New Primary Contact, if not listed in dropdown above (include name, phone and email address)	
Requested Effective Date:	10/01/2014
Requested Termination Date:	10/01/2015
Bid Date (If Applicable):	
Need By Date:	
If WC, complete submission must include Payroll Classification Schedule and Employee Concentration Schedule. Schedules attached to portal app?	
If new business, complete and attach the "Expiring Information" form.	Yes
Loss summary: Complete and attach the "Loss Summary" form or a "No Known Losses" letter.	Yes
Member's FEIN:	59-000390
NCCI Risk ID #:	
Population:	60,565
Largest city within 25 miles	City of Miami
Seasonal change in population of more than 25% during the year (Yes/No)	No
Enter the Total General Fund Revenue from the most recent audited financial statement	60,000,000 (FY12); FY 13 will be available within 2 weeks
Have you attached the most recent audited financials/budget(Yes/No)	No
Enter date of the most recent audited financial statement (MM/YY or "None")	09/01/2012 (Available on City's website)
Year was the entity was organized, chartered or incorporated	1926
Full / Detailed Description of Operations:	Municipality with police department
Do you have a risk manager? (Yes/No)	Yes
If yes, please provide name and phone number.	Karen Muir, Tel 305-893-6511, Ext 12202

Full Time?	Yes
If part time, how many hours does the risk manager work Per week?	N/A
Do you have a Human Resources or Personnel Department (Yes/No)? If No, please describe handling of this function on a separate piece of paper.	Yes
Enter total number of employees budgeted for the upcoming fiscal year	546
Full time Police	123
Full time Fire	0
Full time all other personnel	228
Full time seasonal (40 hours per week)	47
Part time Police - auxiliary	5
Part time Fire	0
Part time/Contractual	195
Volunteers Police	0
Volunteers Fire	0
Volunteers all others	0
Enter total payroll amount	27,725,707
Police - Estimated Payroll	10,934,584
Fire - Estimated Payroll	0
All other - Estimated Payroll	16,791,123

Coverage Information – General Questions

Excess WC (Standard Limits are \$1M/\$1M/\$1M)

New Response

1 Self Insured Retention Required:	\$350,000
2 Complete submission must include Payroll Classification Schedule	Attached

Coverage Information – General Questions**SIR - TPA Information****New Response**

1 Name of Contracted TPA:	OPTA COMP
2 TPA Contact Name:	Ivette Milici 800-545-6565 Ext 25524
3 TPA Mailing Address:	P.O. Box 44220, Jacksonville, FL
4 TPA Physical Address:	P. O. Box 446220 Jacksonville Florida 32231
5 TPA Phone:	800- 545 6565 ext 42395
6 TPA Fax:	(305)640-4229
7 TPA Email:	Mary.sears@bcbs.fl.com
8 Are claims handled for the contract period only?	No
9 If no, are claims handled until settlement?	Yes
10 Term of contract:	Annual
11 Name of the entity's attorney:	Regine Monestime
12 Is the entity's attorney an employee or is the attorney/firm on retainer?	Employee
13 Will the entity's attorney provide litigation for the covered party?	Yes
14 What limit is the entity's attorney's settlement authority?	\$24,999
15 Does Entity maintain a contingent liability reserve for self insured losses?	Yes
16 To what \$ level is the reserve funded?	57%
17 Do you understand this is not an application for a TPA quote? TPA quote is to be sought from a Preferred approved TPA.	Yes