

**CITY OF SANIBEL  
RESOLUTION 19-018**

**A RESOLUTION APPROVING BUDGET AMENDMENT 2019-013 AND  
PROVIDING AN EFFECTIVE DATE**

**WHEREAS**, the City has insurance coverage through the Florida Municipal Insurance Trust that requires deductible payments up to \$50,000; and

**WHEREAS**, the adopted fiscal year 2019 budget includes \$215,000 for insurance deductibles; and

**WHEREAS**, a covered incident has occurred; and

**WHEREAS**, the City of Sanibel desires to amend the fiscal year 2019 budget to appropriate funds for this claim.

**NOW, THEREFORE, BE IT RESOLVED** by City Council of the City of Sanibel, Florida:

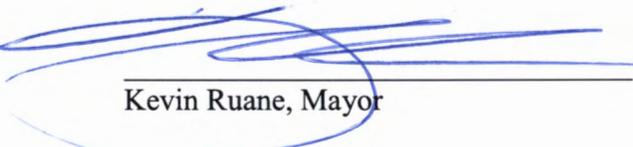
**SECTION 1.** The revised fund budgets for fiscal year 2019, Budget Amendment 2019-013, a true copy of which is attached hereto as Exhibit A and incorporated herein by this reference, is hereby approved and accepted.

**SECTION 2.** Effective date.

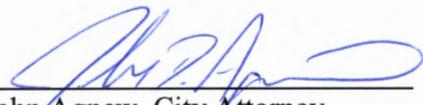
This resolution shall take effect immediately upon adoption.

**DULY PASSED AND ENACTED** by the Council of the City of Sanibel, Florida this 5<sup>th</sup> day of March, 2019.

**AUTHENTICATION:**

  
\_\_\_\_\_  
Kevin Ruane, Mayor

  
\_\_\_\_\_  
Pamela Smith, City Clerk

**APPROVED AS TO FORM:**  3/5/19  
John Agnew, City Attorney Date

Vote of Councilmembers:

Ruane	<u>yea</u>
Denham	<u>yea</u>
Goss	<u>yea</u>
Maughan	<u>yea</u>
Smith	<u>yea</u>

Date filed with City Clerk: March 5, 2019





125 East Colonial Drive • P.O. Box 530065 • Orlando, FL 32853-0065 • (407) 425-9142 • Fax (407) 425-9378 • www.floridaleagueofcities.com

**INVOICE**

**To: Jim Isom  
City of Sanibel  
FMIT# 0531  
800 Dunlop Road  
Sanibel, FL 33957**

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

**Date: 2/12/2019**

**RE: Deductible Invoice**

**Below listed are amounts due on your Liability Deductible as of 12/31/2018**

<b>Past Due Amount</b>		<b>\$0.00</b>
<b>Auto Liability Deductible - \$50000</b>	<b>Fund Year 10/01/2017 - 10/01/2018</b>	<b>\$3,304.22</b>
<b>Total Amount Due</b>		<b>\$3,304.22</b>

**Payment Due by: 3/14/2019**

**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 - AUTO LIABILITY  
 DEDUCTIBLE INVOICE DETAILS  
 10/01/2017 - 10/01/2018 as of 12/31/2018

FMIT # 0531  
 City of Sanibel  
 Deductible Amount \$50,000

Total Stop Loss Amount \$150,000  
 Stop Loss Balance as of 12/31/2018: \$150,000

**Monies Due**

File Number	Claimant	Event_Description	Date of Injury	Amount Paid to Date	Amount Recov to Date	Amount Refund to Date	Amount Due
VA2018090998	[REDACTED]	[REDACTED]	3/3/2018	\$3,304.22	\$0.00	\$0.00	\$3,304.22

<b>Totals</b>				<b>\$3,304.22</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,304.22</b>
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