

RESOLUTION NO. 97 #2

A RESOLUTION AUTHORIZING AND RATIFYING THE PURCHASE OF LIABILITY, ERRORS AND OMISSIONS INSURANCE; AUTHORIZING THE CHAIRMAN TO EXECUTE ANY NECESSARY AND APPROPRIATE DOCUMENTS TO EFFECTUATE SUCH PURCHASE; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council has determined that there is an immediate and emergency need for liability, errors and omissions insurance; and

WHEREAS, the City Council has determined that the Florida League of Cities, Inc., Public Risk Services, provides such insurance coverage through the Florida Municipal Insurance Trust;

NOW, THEREFORE, be it resolved by the City Council of the City of Marco Island, Florida:

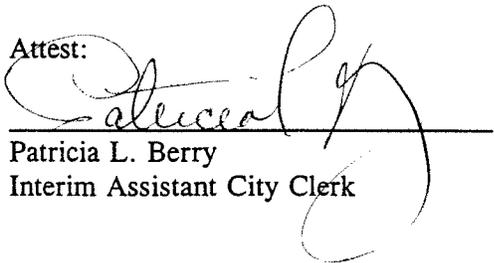
SECTION 1. The purchase of general liability insurance coverage from the Florida League of Cities, Inc., Public Risk Services, through coverage provided by the Florida Municipal Insurance Trust, is hereby approved. Such comprehensive general liability insurance shall be in the amount of \$1,000,000 and shall be effective as of 12:01 am, November 11, 1997, all in accordance with the insurance binder attached hereto and incorporated herein as Exhibit "A".

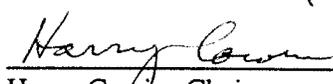
SECTION 2. The Chairman of the City Council is hereby authorized to execute any necessary and appropriate documents to effectuate such purchase of insurance. Further, all actions of the Chairman, Vice Chairman or Interim City Attorney to effectuate the purchase of such insurance coverage are hereby ratified.

SECTION 3. This Resolution shall be effective upon its adoption.

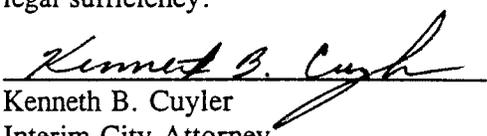
8TH Passed in open and regular session of the City Council of the City of Marco Island, Florida, this day of December, 1997.

Attest:


Patricia L. Berry
Interim Assistant City Clerk


Harry Cowin, Chairman

Approved as to form and
legal sufficiency:


Kenneth B. Cuyler
Interim City Attorney


Skip Camp
Temporary Interim City Manager

BINDER OF COVERAGE

EFFECTIVE DATE 12:01 am November 11, 1997
EXPIRES 12:00 midnight May 11, 1998
AGREEMENT NUMBER: FMIT 836

NAME AND ADDRESS OF DESIGNATED MEMBER

Mr. Harry Cowin
City of Marco Island
City Council (Fire Department)
1280 San Marco Road
Marco Island, FL 34145

NAME AND ADDRESS OF ADMINISTRATOR

Florida League of Cities, Inc.
Public Risk Services
P.O. Box 530065
Orlando, Florida 32853-0065

THIS BINDER IS A TEMPORARY CONTRACT OF COVERAGE, SUBJECT TO THE CONDITIONS SHOWN BELOW.

COVERAGE PROVIDED BY: **FLORIDA MUNICIPAL INSURANCE TRUST**

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury
- Errors and Omissions Liability
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

Limits of Liability

\$100,000 Each Person or * Combined Single Limit
\$200,000 Each Occurrence

Deductible \$ _____

Automobile

- Automobile Liability
- Medical Payments \$ _____
- Leased Automobile Liability
- Personal Injury Protection
- Uninsured Motorists Protection \$ _____

Limits of Liability

\$100,000 Each Person or * Combined Single Limit
\$200,000 Each Occurrence

Deductible \$ _____

TYPE OF COVERAGE - PROPERTY

- Buildings
 - Basic Form
 - Special Form
- Personal Property
 - Basic Form
 - Special Form
- Agreed Amount
- Deductible \$ _____
- Coinsurance % _____
- Blanket
- Specific
- Replacement Cost
- Actual Cash Value
- Miscellaneous
 - Inland Marine
 - Electronic Data Processing
 - Bond
 -

Limits of Liability on File with Administrator

Automobile/Equipment - Deductible

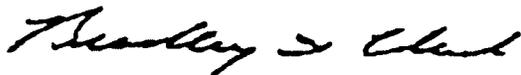
- Physical Damage \$ _____ Comprehensive - Auto \$ _____ Collision - Auto \$ _____ Miscellaneous Equipment \$ _____

SPECIAL CONDITIONS/OTHER COVERAGES

* \$1,000,000 Combined Single Limit

CONDITIONS

This Fund binds the kind(s) of coverage stipulated above. This coverage is subject to the terms, conditions and limitations of the Agreement in current use by the Fund. This binder may be cancelled by the member by surrender of this binder or by written notice to the Fund stating when cancellation will be effective. This binder may be cancelled by the Fund by notice to the member in accordance with the conditions of the Agreement. This binder is cancelled when replaced by an Agreement. If this binder is not replaced by an Agreement, the Fund is entitled to charge a premium for the binder according to the rules and rates in use by the Fund.



SIGNATURE OF AUTHORIZED REPRESENTATIVE

November 13, 1997

DATE