

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**AN ORDINANCE** appropriating \$44,811.11 from the undesignated fund balance of the 2013 Self-Insurance Fund in acceptance of a final settlement payment of insurance proceeds from Traveler's Insurance to cover property damage at Truman Medical Center's Lakewood facility resulting from a break in the chiller system and authorizing the Director of Finance and Purchasing to issue a check to Truman Medical Center in the amount of \$44,811.11.

**ORDINANCE NO. 4528**, May 13, 2013

**INTRODUCED BY** Scott Burnett and Dennis Waits, County Legislators

WHEREAS, Jackson County provides property insurance through Traveler's Insurance for the Truman Medical Center Lakewood (TMC) facility; and,

WHEREAS, by Ordinance 4394, dated February 21, 2012, the Legislature did authorize an initial partial payment of insurance proceeds in the amount of \$50,000.00 to TMC to cover the cost of property damage due to a break in its chiller system; and,

WHEREAS, by Ordinance 4403, dated April 2, 2012, the Legislature did authorize an additional partial payment for this loss in the amount of \$51,468.60; and,

WHEREAS, Traveler's Insurance has issued its final payment for this loss in the amount of \$44,811.11; and,

WHEREAS, an appropriation is necessary to place the insurance proceeds in the proper spending account; and,

WHEREAS, the County Executive recommends said appropriation; now therefore,

BE IT ORDAINED by the County Legislature of Jackson County, Missouri, that the following appropriation be made from the undesignated fund balance of the 2013 Self-Insurance Fund:

<u>DEPARTMENT/DIVISION</u>	<u>CHARACTER/DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>
Self-Insurance Fund Non-Departmental			
060-9999	47045 – Settlements & Jdgmts	\$44,811	
060-2810	Undesignated Fund Balance		\$44,811
060-2810	Undesignated Fund Balance	\$44,811	
060-5160	56720 – Settlements & Jdgmts		\$44,811

and,

BE IT FURTHER ORDAINED that the Director of Finance and Purchasing be and hereby is authorized to issue a check in the amount of \$44,811.11 to Truman Medical Center Lakewood; and,

BE IT FURTHER ORDAINED that all County officials be and hereby are authorized to execute any and all documents necessary to give legal effect to this partial settlement.

Effective Date: This ordinance shall be effective immediately upon its signature by the County Executive.

APPROVED AS TO FORM:

[Signature]  
Chief/Deputy County Counselor

[Signature]  
County Counselor

I hereby certify that the attached Ordinance, Ordinance No. 4528 introduced on May 13, 2013, was duly passed on May 13, 2013 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 8

Nays 0

Abstaining 0

Absent 0

Excused 1

This Ordinance is hereby transmitted to the County Executive for his signature.

5.14.13  
Date

[Signature]  
Mary Jo Spino, Clerk of Legislature

I hereby approve the attached Ordinance No. 4528.

5-14-13  
Date

[Signature]  
Michael D. Sanders, County Executive

Funds sufficient for this appropriation are available from the source indicated below.

ACCOUNT NUMBER: 060 2810  
ACCOUNT TITLE: Self-Insurance Fund  
Undesignated Fund Balance  
NOT TO EXCEED: \$44,811.11

May 9, 2013  
Date

[Signature]  
Director of the Department of Finance

**REQUEST FOR LEGISLATIVE ACTION**

Completed by County Counselor's Office:

~~Res~~ Ord No.: 4528  
 Sponsor(s): Scott Burnett  
 Date: May 13, 2013

<p><b>SUBJECT</b></p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>An ordinance appropriating insurance proceeds to Truman Medical Center as the final settlement for a claim involving damage at the TMC Lakewood facility.</u></p>												
<p><b>BUDGET INFORMATION</b>  <i>To be completed                  By Requesting                  Department and                  Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$44,811.11</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$44,811.11</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM: 2810 Undesignated Fund Balance</td> <td>\$44,811.11</td> </tr> <tr> <td>TO: 060-5160-56720 -</td> <td>\$44,811.11</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:                  Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable):                  Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$44,811.11	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$44,811.11	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM: 2810 Undesignated Fund Balance	\$44,811.11	TO: 060-5160-56720 -	\$44,811.11
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TO: 060-5160-56720 -	\$44,811.11												
<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date): 4394 on February 21, 2012 and 4403 on April 2, 2012</p> <p>Prior resolutions and (date):</p>												
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by: Celestine I. Williams, Audit Procedures Analyst/Risk Manager,                  816-881-3202</p>												
<p><b>REQUEST SUMMARY</b></p>	<p>Property insurance for the Truman Medical Center Lakewood facility is provided by Jackson County. On December 18, 2011, there was a break in the chiller system at TMC Lakewood resulting in a leak and subsequent property damage. This is the final settlement for the said damages.</p>												
<p><b>CLEARANCE</b></p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>												

ATTACHMENTS		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i> <i>Alissan A Ball</i>	Date: <i>5-6-13</i>
	Division Manager: <i>[Signature]</i>	Date: <i>5/9/13</i>
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:
2810	Undesignated Fund Balance	\$44,811.11

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



THE TRAVELERS - HO MAJOR CASE - PRO  
MSOGA E VALENTINE  
1 TOWER SQ  
HARTFORD CT 06183

891A 83703314

SA03702

TRAVELERS 

DATE: 04/04/13  
LOSS DATE: 12/18/11  
FILE NUMBER: 877 FR EQP9117 P

JACKSON CTY COURTHOUSE, C.WILLIAMS  
415 E 12TH ST, 2ND FLOOR  
KANSAS CITY MO 64106-2706

AGENT:  
LOCKTON COMPANIES LLC

ACCOUNT NAME:  
JACKSON COUNTY, MO

THE TRAVELERS INDEMNITY COMPANY

EXPLANATION OF PAYMENT

Building \$44811.11  
TOTAL PAID \$44811.11

FINAL CLAIM PAYMENT, TRUMAN MEDICAL CENTER

FOR ADDITIONAL INFORMATION, CONTACT: STEVEN SIEMANN AT (630)961-4321

094003719  
DETACH CHECK

UNSHMM 82-121233  
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.  
One Penna Way  
New Castle DE 19720

TRAVELERS   
1 TOWER SQ  
HARTFORD CT 06183  
(630)961-4321

891A 83703314

82-20  
311

DATE: 04/04/13  
ACCOUNT NUMBER: J99  
FILE NUMBER: 877 FR EQP9117 P

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

FORTY FOUR THOUSAND EIGHT HUNDRED ELEVEN AND 11/100

PAY: \$\*\*\*44,811.11

SWS

PAY TO THE ORDER OF JACKSON COUNTY, MO  
415 E 12TH ST  
KANSAS CITY MO 64106-2706

*Maria Olivo*  
AUTHORIZED SIGNATURE

007421  
SA03702

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