

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

AN ORDINANCE appropriating \$51,468.00 from the undesignated fund balance of the 2012 Self-Insurance Fund in acceptance of partial 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 \$51,468.60.

ORDINANCE #4403, April 2, 2012

INTRODUCED BY Scott Burnett, County Legislator

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, Traveler's Insurance has issued an additional partial payment for these damages in the amount of \$51,468.60; 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 2012 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 | \$51,468 | |
| 060-2810 | Undesignated Fund Balance | | \$51,468 |
| 060-2810 | Undesignated Fund Balance | \$51,468 | |
| 060-5160 | 56720 – Settlements & Jdgmts | | \$51,468 |

and,

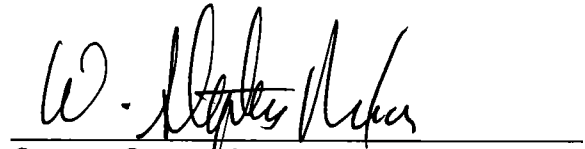
BE IT FURTHER ORDAINED that the Director of Finance and Purchasing be and hereby is authorized to issue a check in the amount of \$51,468.60 to Truman Medical Center Lakewood; and,

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:


Chief Deputy County Counselor


County Counselor

I hereby certify that the attached Ordinance, Ordinance #4403 introduced on April 2, 2012, was duly passed on April 16, 2012 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 6

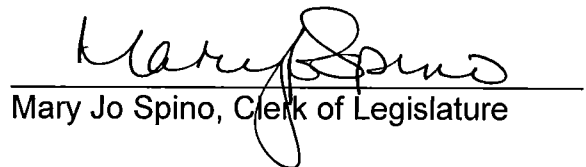
Nays 0

Abstaining 0

Absent 3

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

4-16-12
Date


Mary Jo Spino, Clerk of Legislature

I hereby approve the attached Ordinance #4403.

4/16/2012
Date


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: \$51,468.00

March 28, 2012
Date


Director of the Department of Finance

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Res~~/Ord No.: 4403

Sponsor(s): Scott Burnett

Date: April 2, 2012

| | | | | | | | | | | | | | |
|---|--|---|-------------|--|----------|--|--------------|--|----|---|-------------|--|-------------|
| <p>SUBJECT</p> | <p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: <u>An ordinance transferring insurance proceeds to Truman Medical Center as a partial settlement for a claim involving damage at the TMC Lakewood facility.</u></p> | | | | | | | | | | | | |
| <p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p> | <table border="1" data-bbox="331 548 1203 858"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$51,468.60</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$50,000</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$101,468.60</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>\$51,468.60</td> </tr> <tr> <td>TO 060-5160-56720 – Settlements/Judgements</td> <td>\$51,468.60</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</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: | \$51,468.60 | Amount previously authorized this fiscal year: | \$50,000 | Total amount authorized after this legislative action: | \$101,468.60 | Amount budgeted for this item * (including transfers): | \$ | Source of funding (name of fund) and account code number; FROM: 2810 – Undesignated Fund Balance | \$51,468.60 | TO 060-5160-56720 – Settlements/Judgements | \$51,468.60 |
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| Total amount authorized after this legislative action: | \$101,468.60 | | | | | | | | | | | | |
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| TO 060-5160-56720 – Settlements/Judgements | \$51,468.60 | | | | | | | | | | | | |
| <p>PRIOR LEGISLATION</p> | <p>Prior ordinances and (date): 4394, February 21, 2012</p> <p>Prior resolutions and (date): n/a</p> | | | | | | | | | | | | |
| <p>CONTACT INFORMATION</p> | <p>RLA drafted by (name, title, & phone): Amiee Wenson, Senior Administrative Manager, 816-881-3073</p> | | | | | | | | | | | | |
| <p>REQUEST SUMMARY</p> | <p>Property insurance for the Truman Medical Center Lakewood facility is provided by Jackson County. On January 18, 2012, a break occurred in the chiller system at TMC Lakewood resulting in a leak and subsequent property damage. The total damages are still being tabulated; however, the damage estimates are significantly over the County's \$150,000 deductible. Traveler's, the County's insurance carrier, previously issued a partial settlement of \$50,000 which was approved by previous legislation and paid to Truman Medical Center. This is an additional payment but not final settlement. After all damages have been identified, a final settlement and release of claims will be executed and brought to the Legislature for approval.</p> | | | | | | | | | | | | |
| <p>CLEARANCE</p> | <p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & 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>Nebraska S Ball</i> | Date: <i>3-27-12</i> |
| | Division Manager: <i>[Signature]</i> | Date: <i>3/27/12</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 | \$51,468.60 |

- 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
MS06A E VALENTINE
1 TOWER SQ
HARTFORD CT 06183

SA04538

891A 82208608

TRAVELERS 

DATE: 02/24/12
LOSS DATE: 12/18/11
FILE NUMBER: 877 FR EQP9117 P

JACKSON COUNTY COURTHOUSE ATTN
AIMEE WENSON
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 \$51468.60
TOTAL PAID \$51468.60

BALANCE OWED FOR NET ACV OF TMC WATER LOSS

FOR ADDITIONAL INFORMATION, CONTACT: TIMOTHY ROMERO AT (913)402-9415

055004556
DETACH CHECK

82-20 311
DETACH CHECK

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

VOID TRAVELERS VOID 891A 82208608

1 TOWER SQ
HARTFORD CT 06183
(913)402-9415

DATE: 02/24/12 ACCOUNT NUMBER: J99 FILE NUMBER: 877-FR-EQP9117-P

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

FIFTY ONE THOUSAND FOUR HUNDRED SIXTY EIGHT AND 60/100

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

PAY: \$***51,468.60

Maria Olive
AUTHORIZED SIGNATURE

009084
SA04538



Completed by: Tim Romero
Date: 2-24-12

Insured: Jackson County MO
Policy #: KTKCMB- 297T9878
The Travelers Indemnity Company
Claim #: EQP9117
Eff Dates: 10-1-11 to 10-1-12
Date of Loss: 12-18-11
Loss Location: TMC Lakewood

Statement of Loss

| Coverage: BUILDING | | | | | |
|------------------------------|----------------------|----------------|----------------------|--|--|
| Item: | RCV | Deprec. Amount | ACV | | Comments |
| emergency response & rebuild | \$252,746.39 | \$27,631.34 | \$225,115.05 | | |
| TMC in house labor | \$10,000.00 | | \$10,000.00 | | advancing \$10,000 to be reconciled to final extension |
| TMC direct building expenses | \$16,353.55 | | \$16,353.55 | | see TMC misc expenses |
| Coverage Totals | \$279,099.94 | - | \$251,468.60 | | |
| Gross Loss | \$ 279,099.94 | \$ - | \$ 251,468.60 | | |
| <Less Deductible> - | \$ 150,000.00 | | \$ 150,000.00 | | |
| <Less Advancements> | \$ 129,099.94 | | \$ 101,468.60 | | |
| Net Loss and Payable | \$ 50,000.00 | | \$ 50,000.00 | | |
| | \$ 79,099.94 | | \$ 51,468.60 | | |