

6. **CONSENT AGENDA**

- d. **RESOLUTION 08-026 APPROVING BUDGET AMENDMENT/TRANSFER NO. 2008-035 AND PROVIDING AN EFFECTIVE DATE** (to transfer funds within the General Fund from Reserves for Insurance deductibles to the Insurance Department Other Current Charges expense line for settlement of a \$10,000 trip and fall claim from Inez Braccia at Tarpon Bay on January 30, 2001 and a \$100 trip and fall claim from Anne Brady on September 15, 2002. This amendment does not increase the FY08 budget)

RESOLUTION NO. 07-026

**APPROVING BUDGET AMENDMENT/TRANSFER NO. 2008-035 AND
PROVIDING AN EFFECTIVE DATE**

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

SECTION 1. The revised General Fund for fiscal year 2007-2008, Budget Amendment/Transfer BA 2008-035 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 4th day of March 2008.

AUTHENTICATION:

Mick Denham, Mayor

Pamela Smith, City Clerk

APPROVED AS TO FORM:

Kenneth B. Cuyler

Kenneth B. Cuyler, City Attorney

2/26/08

Date

Vote of Councilmembers:

Denham _____
Johnston _____
Jennings _____
Pappas _____
Ruane _____

Date filed with City Clerk: _____



FLORIDA LEAGUE OF CITIES, INC.

PUBLIC RISK SERVICES

January 30, 2008

Administration

Policy Holder Relations

Financial Services
Underwriting

Post Office Box 530065
Orlando, FL 32853-0065

Health Claims

Post Office Box 538140
Orlando, FL 32853-8140

Workers'
Compensation Claims

Property &
Liability Claims

Post Office Box 538135
Orlando, FL 32853-8135

800-445-6248
407-425-9142
Fax 407-425-9378

www.flcities.com

JIM ISOM
CITY OF SANIBEL
800 DUNLOP ROAD
SANIBEL, FL 33957

RE: OUR FILE NUMBER: GC2001045994-999
DATE OF LOSS: 1/30/2001
CLAIMANT: INEZ BRACCIA
MEMBER NUMBER: 0531

Dear Member:

We have now concluded settlement of the above-mentioned loss. We are taking this opportunity to request reimbursement.

Your agreement with the Florida Municipal Insurance Trust has a deductible of \$25,000.00. Our request is for \$10,000.00. This is based Upon a settlement of \$10,000.00.

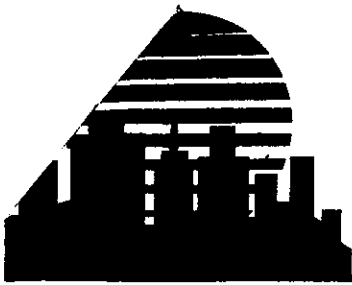
Please make your check payable to the Florida Municipal Insurance Trust and mail to P. O. Box 538135, Orlando, Florida 32853-8135, Attention Liability Claims. Please include the above file number on your reimbursement check.

We have enclosed our supporting documents. Should you have any questions, please feel free to contact us at (800) 756-3042.

Respectfully yours,

Jon Morrison
Director of Liability/Property Claims

Enclosures



FLORIDA LEAGUE OF CITIES, INC.

PUBLIC RISK SERVICES

February 19, 2008

Administration

Policy Holder Relations

Financial Services
Underwriting

Post Office Box 530065
Orlando, FL 32853-0065

Health Claims

Post Office Box 538140
Orlando, FL 32853-8140

Workers'
Compensation Claims

Property &
Liability Claims

Post Office Box 538135
Orlando, FL 32853-8135

800-445-6248
407-425-9142
Fax 407-425-9378

www.flcities.com

JIM ISOM
CITY OF SANIBEL
800 DUNLOP ROAD
SANIBEL, FL 33957

RE: OUR FILE NUMBER: GC2002049482-999
DATE OF LOSS: 9/15/2002
CLAIMANT: ANNE BRADY
MEMBER NUMBER: 0531

Dear Member:

We have now concluded settlement of the above-mentioned loss. We are taking this opportunity to request reimbursement.

Your agreement with the Florida Municipal Insurance Trust has a deductible of \$25,000.00. Our request is for \$100.00. This is based Upon a settlement of \$100.00.

Please make your check payable to the Florida Municipal Insurance Trust and mail to P. O. Box 538135, Orlando, Florida 32853-8135, Attention Liability Claims. Please include the above file number on your reimbursement check.

We have enclosed our supporting documents. Should you have any questions, please feel free to contact us at (800) 756-3042.

Respectfully yours,

Jon Morrison
Director of Liability/Property Claims

Enclosures