

RESOLUTION

R17-891

A RESOLUTION AUTHORIZING THE RENEWAL OF ITS WORKERS COMPENSATION RISK MANAGEMENT INSURANCE POLICIES; AUTHORIZING THE CITY CLERK TO ATTEST SIGNATURES AND AFFIX THE OFFICIAL SEAL OF THE CITY, AS NECESSARY; REPEALING INCONSISTENT RESOLUTIONS; PROVIDING FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, the City of Stockbridge ("City") is a municipal corporation located within Henry County, Georgia duly organized and existing under the laws of the State of Georgia and is charged with providing public services to residents located within the corporate limits of the City; and

WHEREAS, the City finds it necessary and desirable to renew its workers compensation risk management insurance policies;

THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF STOCKBRIDGE, GEORGIA, AS FOLLOWS:

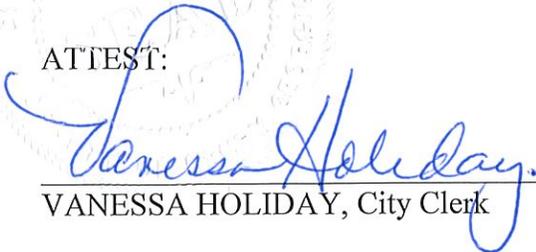
1. **Approval of Execution.** The City Council hereby approves the renewal of its workers compensation risk management insurance policies as presented to the Mayor and Council on December 19, 2017. The Mayor or Mayor Pro Tem is hereby authorized to execute said policies with such changes as are recommended by the City Attorney.
2. **Documents.** The City Clerk is authorized to execute, attest to, and seal any documents which may be necessary to effectuate the amendment, subject to approval as to form by the City Attorney.
3. **Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable or non-binding, that shall not affect the remaining portions of this Resolution.
4. **Repeal of Conflicting Provisions.** All City resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
5. **Effective Date.** This Resolution shall be effective on the date of its approval by the City Council and Mayor as provided in the City Charter.

SO BE IT RESOLVED this 19th day of December, 2017.



JUDY NEAL, Mayor

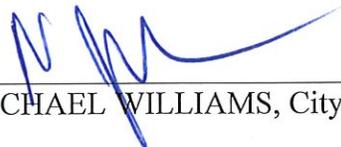
ATTEST:

VANESSA HOLIDAY, City Clerk

(SEAL)

APPROVED AS TO FORM:



MICHAEL WILLIAMS, City Attorney

PROPOSAL OF INSURANCE AND RISK MANAGEMENT

Prepared for:

City of Stockbridge

Policy Period: January 1, 2018 to January 1, 2019

Presented by:

Chris C. Walker, ARM
Vice President

Barber Wilson, ARM
Vice President



J. Smith Lanier & Co.
a Marsh & McLennan Agency LLC company

MISSION STATEMENT

To glorify God by providing exceptional value, absolute integrity, and excellence to:

- Our Customers - Through innovative leadership in providing products and services, while establishing our value to them in a long-term relationship.
- Our Employees/Shareholders - Through opportunities for every individual to set and achieve goals that fulfill their unique purpose while they contribute to the long term financial stability of J. Smith Lanier & Co.
- Our Suppliers - Through access to our customers and information in the development and marketing of their products and service.
- Our Community - Through corporate and personal participation in each of the communities we serve by providing our time, our talents, and our treasure for the betterment of life.

SERVICE COMMITMENT

J. Smith Lanier & Co. is committed to the client. We enjoy what we do and it shows in our work. Some of our more important qualities include:

- **A Team Of Qualified Insurance Professionals**
 - Periodic evaluation of your insurance program
 - Certificates of Insurance
 - Policy forms, wording, and endorsements
 - Contracts (Insurance/Indemnification provisions)

- **Claims Management Services**
 - Resolve coverage issues
 - Claims reporting procedures
 - Timely settlements

- **Engineering Services**
 - Site surveys
 - Develop new or refined safety programs
 - Safety Training
 - Review Carrier recommendations for feasibility and effectiveness

SERVICE TEAM

At J. Smith Lanier & Company, Inc., we believe the best way to effectively give your business the service it deserves is through a team effort. Our client service team concept is designed to give you consistent, knowledgeable service which can only occur by working with trained professionals.

J. SMITH LANIER & CO. – Columbus Division

a Marsh, McLennan Agency LLC company
200 Brookstone Centre Pkwy, Suite 118
Columbus, GA 31904

Main Phone Number: 706-324-6671

Main Fax Number: 706-576-5607

COMMERCIAL LINES TEAM

Chris C. Walker, ARM cwalker@jsmithlanier.com	Vice President	706-576-3529
Barber Wilson, ARM bwilson@jsmithlanier.com	Vice President	706-576-3526
Connie Kempke, CIC, CISR, CPIW ckempke@jsmithlanier.com	Senior Account Manager	706-576-3542
Lindsay Myers, AAI lemyers@jsmithlanier.com	Account Manager	706-660-2209
Pattee Carroll, AAI, ACSR pcarroll@jsmithlanier.com	Senior Account Manager	706-576-3517

CLAIMS

Jerry Hedgepeth AIC, ARM, CIC jhedgepeth@jsmithlanier.com	Corporate Claims Director	770-814-4535
Tripp Childs tchilds@jsmithlanier.com	Claims Service Coordinator	706-660-2212
Peggy Whitten pwhitten@jsmithlanier.com	Claims Analyst	706-576-3512

RISK CONTROL

Michael Govar, ARM, CSP, AAI mgovar@jsmithlanier.com	Risk Control Representative	770-660-2216
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SCHEDULE OF NAMED INSUREDS

{Named Insureds listed below may not apply to all coverages depending upon their insurable interest}

Special care must be taken to insure all legal entities of your business, including any LLC (*Limited Liability Corporation*), JV (*Joint Venture*), and Partnerships. Many insurance policies do not cover these entities unless they are specifically named on the policy. It is important to notify your agent if an entity is formed during the policy term. Let us know if one of your entities is not listed below.

City of Stockbridge

SCHEDULE OF LOCATIONS

Loc #	Address	City	State	Zip Code
1	4640 North Henry Blvd	Stockbridge	GA	30281
2	351 Taylor Drive	Stockbridge	GA	30281
3	100 Stapleton Drive	Stockbridge	GA	30281
4	4602 N. Henry Blvd.	Stockbridge	GA	30281
5	111 Davis Road	Stockbridge	GA	30281

WORKERS' COMPENSATION

Named Insured: **City of Stockbridge**

Carrier Name: **StarNet Insurance Company (Key Risk)**

A.M. Best Rating: **A+ XV**

Coverage	Limit
Workers' Compensation	Statutory
Employer's Liability - Each Accident	\$1,000,000
Employer's Liability - Disease (Policy Limit)	\$1,000,000
Employer's Liability - Disease (Each Employee)	\$1,000,000

Experience Modification Factor:

January 1, 2018	1.33
January 1, 2017	1.43

Deductible: \$1,000

Coverage Summary

This coverage is used to comply with the Workers' Compensation Coverage required by your state law. Under this requirement, an employee can be compensated if they are injured while working for you, regardless of your negligence as an employer.

Monopolistic States

ND, OH, WA and WY

These states require Workers Compensation coverage be purchased directly from their state. This proposal does not extend coverage for any employee working and residing in these states.

Premium Subject to Audit

Workers' Compensation premiums are calculated based on payroll and are subject to an annual audit by the insurance company.

Endorsements

(See policy for a complete list of coverage limitations and exclusions.)

Workers' Compensation Rating Basis:

State	Class Code	Class Description	Exposure
GA	7520	Waterworks Operation & Drivers	\$185,951
GA	7580	Sewage Disposal Plant Operation & Drivers	\$383,376
GA	8380	Automobile Service Or Repair	\$69,679
GA	8742	City Administrator/Outside Salespersons	\$183,678
GA	8810	Clerical Office Employees	\$964,604
GA	9016	Amusement Park or Exhibition	\$104,065
GA	9402	Street Cleaning & Drivers	\$440,388
GA	9410	Municipal Employee NOC	\$177,778
GA	9102	Park - NOC	\$148,484

PREMIUM SUMMARY

DESCRIPTION OF COVERAGE	2017 ANNUALIZED PREMIUM	2018 PREMIUM
Workers' Compensation	\$103,392	\$100,616
Total Estimated Premium	\$103,392	\$100,616
Payment Plan Total Estimated Premium Down Payment 9 Installments of		\$100,616 \$20,323 \$8,934
ALTERNATE QUOTATION		
Bitco National Insurance Company A.M. Best Rating: A+ IX		
Estimated Annual Premium		\$114,458
Payment Plan Total Estimated Premium Down Payment 3 Quarterly Installments		\$114,458 \$31,916 \$27,514

Quotation Subject to:

Signed "Authorization to Bind" form

A.M. BEST RATING SCALE

GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS

A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. The rating is based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.

Financial Strength Ratings

	Rating	Descriptor	Definition
Secure	A++, A+	Superior	Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
	A, A-	Excellent	Assigned to companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
	B++, B+	Good	Assigned to companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Vulnerable	B, B-	Fair	Assigned to companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C++, C+	Marginal	Assigned to companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
	C, C-	Weak	Assigned to companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
	D	Poor	Assigned to companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.
	E	Under Regulatory Supervision	Assigned to companies (and possibly their subsidiaries/affiliates) placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal, ongoing insurance operations.
	F	In Liquidation	Assigned to companies placed in liquidation by a court of law or by a forced liquidation.
	S	Suspended	Assigned to rated companies when sudden and significant events affect their balance sheet strength or operating performance and rating implications cannot be evaluated due to a lack of timely or adequate information.

Rating Modifiers

Modifier	Descriptor	Definition
u	Under Review	Indicates the rating may change in the near term, typically within six months. Generally is event driven, with positive, negative or developing implications.
pd	Public Data	Indicates rating assigned to insurer that chose not to participate in A.M. Best's interactive rating process. (Discontinued in 2010)
s	Syndicate	Indicates rating assigned to a Lloyd's syndicate.

Outlooks

Indicates potential direction of a Financial Strength Rating over an intermediate term, generally defined as 12 to 36 months.

Positive	Indicates possible rating upgrade due to favorable financial/market trends relative to the current rating level.
Negative	Indicates possible rating downgrade due to unfavorable financial/market trends relative to the current rating level.
Stable	Indicates low likelihood of a rating change due to stable financial/market trends.

Not Rated Designation

NR: Assigned to companies that are not rated by A.M. Best.

Rating Disclosure

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. The ratings are not assigned to specific insurance policies or contracts and do not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. A Best's Financial Strength Rating is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In arriving at a rating decision, A.M. Best relies on third-party audited financial data and/or other information provided to it. While this information is believed to be reliable, A.M. Best does not independently verify the accuracy or reliability of the information. For additional details, see A.M. Best's *Terms of Use* at www.ambest.com.

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DISCLAIMER

Proposal

J. Smith Lanier & Co. thanks you for the opportunity to discuss your insurance and risk management program. This summary is a brief overview of that program and is based on the exposure information you provided. Please refer to the policies for complete terms, conditions, limitations, definitions, and exclusions.

We have evaluated your exposures to loss and developed this proposal based upon the information that you have provided to us. If you are aware of other areas of potential exposure that need to be evaluated or of additional information of which we should be aware prior to binding of coverage, please bring the other areas or additional information to our attention as soon as possible. Should any of your exposures change after coverage is bound, please notify us immediately.

Client Contracts

In the event that you enter into a contract that has specific insurance requirements, J. Smith Lanier & Co. will review your contract, but only in regards to the insurance requirements of the contract. The scope of our review will be to determine if the current insurance program which you have placed through our agency addresses the types and amounts of insurance coverage referenced by the contract. We will identify the significant insurance obligations and will provide a summary of the changes required in your current insurance program to meet the requirements of the contract. Upon your authorization, we will make the necessary changes in your insurance program. We will also be available to discuss any insurance requirements of the contract with your attorney, if desired.

In performing a contract review, J. Smith Lanier & Co. is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, J. Smith Lanier & Co. is not undertaking to identify all potential liabilities that may arise under any such contracts. A contract review is provided solely for your information and should not be relied upon by third parties. Any descriptions of the insurance coverages are subject to the terms, conditions, exclusions, and other provisions of the contract and of the insurance policies and applicable regulations, rating rules or plans.

Compensation Disclosure (Including New York Regulation 194 Disclosure)

J. Smith Lanier & Co. is an insurance producer domiciled in the State of Georgia and licensed to sell insurance in additional states (including New York). Our licensed insurance producers are authorized by law to confer with you regarding the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. Our role in any particular insurance transaction typically involves one or more of these activities. Except in cases where J. Smith Lanier & Co. has a specific fee agreement to receive compensation from a client, we customarily receive compensation from insurers for our professional services in the form of a commission, which normally consists of a percentage of the premium collected by the insurers.

J. Smith Lanier & Co. may also receive additional compensation, under agreements with one or more insurers and/or insurance intermediaries, in the form of commission overrides or based on some combination of volume, profitability or other factors. We will receive compensation in connection with the sale of insurance products based upon the type of insurance contract that we sell and our arrangement with the insurer. Depending on the insurer and insurance contract that you select, compensation may be paid to J. Smith Lanier & Co. by the insurer selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract and the insurer the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

At your request, we will be pleased to provide you with information about compensation expected to be received by J. Smith Lanier & Co. based in whole or in part on the sale of insurance to you and (if applicable) compensation expected to be received by us based in whole or in part on any alternative quotes presented to you by J. Smith Lanier & Co.

Collection Disclosure

If this proposal results in your commitment to purchase one or more of the insurance products described in this proposal, J. Smith Lanier & Co. will submit to you, or caused to be submitted to you, an invoice for the insurance premiums associated with such insurance products. You are responsible for payment in full of the premium amounts set forth on our invoices within the payment terms set forth on the invoices. In the event that J. Smith Lanier & Co. or its designee commences legal action to collect amounts due under outstanding invoices or to enforce its rights under any insurance contracts, you will be responsible for payment of all reasonable attorneys' fees, court costs and expenses incurred by J. Smith Lanier & Co. in collecting past due amounts pursuant to such invoices or otherwise enforcing its legal rights under such contracts.

AUTHORIZATION TO BIND

Named Insured: **City of Stockbridge**

Lines of coverage to bind: Workers Compensation
Effective Date: January 1, 2018
Expiration Date: January 1, 2019

Choose the appropriate option:

- I hereby authorize J. Smith Lanier & Co. to bind my coverage per the terms and conditions outlined in this Proposal.

Authorized Signature

Date

- I hereby authorize J. Smith Lanier & Co to bind my coverage with changes as stated below. I understand these changes may result in possible additional underwriting requirements or more/less premium.

Authorized Signature

Date