



DOCUMENT ROUTING FORM

Rev: 6 | Revision Date: 10/01/2024

CITY MANAGER AND MAYOR'S REVIEW AND/OR SIGNATURE COVERSHEET

1) ORIGINATING OFFICE:

Routing Start Date: November 20, 2024 Agenda Item Non-Agenda Item

Document Title: Motion Authorizing Acceptance of Partial Payment from the City's Property Insurance Carriers for Flood Damages to Multiple Locations - \$350,730.51 - Partial Sworn Statement in Partial Proof of Loss

Commission Mtg. Date: November 19, 2024 CAM #: 24-1050 Item #: CM-5

Routing Origin: Risk Management CAM attached: Yes No

Router Name: Guy Hine Ext: 5494 Action Summary attached: Yes No

CIP FUNDED: YES NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include land, real estate, realty, or real.

2) CITY ATTORNEY'S OFFICE (CAO):

Documents to be signed/routed? Yes No Is the attached Granicus document Final? Yes No

Number of originals attached: _____ Approved as to Form: Yes No

Attorney's Name: _____ Initials: _____

Continue Routing To: FIN (if applicable) Date: _____ and then to CCO Date: _____

3) CITY CLERK'S OFFICE (CCO):

of originals: _____ Routed to: _____ Date: _____

4) CITY MANAGER'S OFFICE: CMO LOG #: NOV Document received from: 11/22/24

ASSIGNED TO: SUSAN GRANT, ACTING CITY MGR. ANTHONY FAJARD, ASST. CITY MGR.
ACTING ASST. CITY MANAGERS.: BEN ROGERS, CHRIS COOPER LAURA REECE
ACTING CRA EXECUTIVE DIRECTOR APPROVED FOR CITY MANAGER'S SIGNATURE

CITY MANAGER TO SIGN PER ACM OR AcACM (Initial): _____

A. FAJARDO B. ROGERS C. COOPER L. REECE PENDING APPROVAL (See comments)

Comments/Questions: _____

Forward originals to CCO for continuous routing to Mayor Date to CCO: 11/22/2024

5) MAYOR/CRA CHAIRMAN: Please sign as indicated and forward the originals to the City Clerk's Office for a final processing and review of attestation and/or seal, if applicable. Date to CCO: _____

6) INSTRUCTIONS TO CITY CLERK'S OFFICE: Please retain a scan record copy and forward originals to:

Dept.: Risk Management *Name: Guy Hine Ext 5494

*Please scan the record copy to the City Clerk once review and sign at the last level of government (Federal, State, County) is complete.

Scan Date: _____ Attach certified Resolution # _____ Yes No Original form route to CAO

- CM-5** [24-1050](#) Motion Authorizing Acceptance of Partial Payment from the City's Property Insurance Carriers for Flood Damages to Multiple Locations - \$350,730.51 - (Commission Districts 1, 2, 3 and 4)

APPROVED

Yea: 5 - Commissioner Sturman, Commissioner Herbst, Vice Mayor Glassman, Commissioner Beasley-Pittman and Mayor Trantalis

- CM-6** [24-1055](#) Motion Approving Voluntary Benefits Administration - FBMC Benefits Management, Inc. (FBMC) Third Amendment - (Commission Districts 1, 2, 3 and 4)

APPROVED

Yea: 5 - Commissioner Sturman, Commissioner Herbst, Vice Mayor Glassman, Commissioner Beasley-Pittman and Mayor Trantalis

- CM-7** [24-1107](#) Motion Approving and Authorizing the Execution of an Amendment to the Lease Agreement with the Florida Department of Transportation for Right-of-Way Land Above the Henry E. Kinney Tunnel - (Commission District 4)

APPROVED

Yea: 5 - Commissioner Sturman, Commissioner Herbst, Vice Mayor Glassman, Commissioner Beasley-Pittman and Mayor Trantalis

CONSENT RESOLUTION

- CR-1** [24-0919](#) Resolution Pursuant to Code Sec. 8-144 (a) Resolution Approving an Application for a Dock Permit for Usage of Public Property by JFB Assets Management, a Foreign Limited Partnership adjacent to 601 Cordova Road for an Existing Marginal Dock and (b) Authorizing Execution of a Declaration of Restrictive Covenants - (Commission District 4)

ADOPTED

Yea: 5 - Commissioner Sturman, Commissioner Herbst, Vice Mayor Glassman, Commissioner Beasley-Pittman and Mayor Trantalis

- CR-2** [24-0843](#) Resolution Authorizing the City Manager to Execute an Agreement with Broward County under their Broward Boating Improvement Program for Grant Funding of \$50,000 for Future Derelict Vessel Removal - (Commission Districts 1, 2, 3 and 4)

ADOPTED

\$25,000,000.00
 AMOUNT OF POLICY AT
 TIME OF LOSS
February 1, 2023
 ISSUED
February 1, 2024
 EXPIRES

PARTIAL
SWORN STATEMENT
 IN
PARTIAL PROOF OF LOSS
 TO THE

See Below
 POLICY/CLAIM NUMBER
1000403480
 EMA FILE REFERENCE NUMBER
Daytona Beach, Florida, USA
 AGENCY AT
Brown & Brown
 AGENT

Underwriters at Interest

At time of loss, by the above indicated policy of insurance our insured

City of Fort Lauderdale

against loss by All Risk to the property described under the above policy, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A Heavy Rain loss occurred on the 12th day of April, 2023
 The cause and origin of the said loss were: Heavy rains were sustained in the City of Ft. Lauderdale causing damage to insured property to include City Hall, vehicles, and property in the open.

OCCUPANCY The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: Municipal Property

TITLE AND INTEREST At the time of the loss the interest of your insured in the property described therein was: OWNER
 No other person had any interest therein or encumbrance thereon, except (Add mortgagee/s or write "None"): None

CHANGES Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None Known

TOTAL INSURANCE THE TOTAL AMOUNT OF INSURANCE upon the property described by this policy was, at the time of the loss, \$25,000,000.00 as more particularly specified in the apportionment attached under the policy besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

VALUE THE ACTUAL CASH VALUE OF said property at the time of loss was Undetermined

LOSS THE PARTIAL LOSS AND DAMAGE was *Vehicles and Property in the Open \$ 350,730.51

DEDUCTIBLE Less the APPLICABLE DEDUCTIBLE \$ -

DEPRECIATION: Less WITHHELD RECOVERABLE DEPRECIATION \$ -

AMOUNT CLAIMED THE AMOUNT CLAIMED under the above numbered policy is \$ 350,730.51

Carrier:	Participation:	Policy:	Claim:	
Lloyds of London (Price Forbes)	38.720%	B0507UP2300794	79328	\$ 135,802.85
National Fire & Marine Ins. Co. (Berkshire)	27.500%	42-PRP-000137-10	PR2304140030	\$ 96,450.89
Lloyds of London (Beazley)	19.780%	W34534230101	100005209696	\$ 69,374.49
National Fire & Marine Ins. Co. (Kemah)	10.000%		CL0014988	\$ 35,073.05
Ironshore Specialty Ins. Co.	4.000%	1000511354-02	7BOPRO000492168	\$ 14,029.22

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles mentioned herein were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

Fraud Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

X See Seal
 Insured's Representative's Signature

Date 11/27/24

State of FLORIDA
 County of BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 22nd day of November, 2024
 by Susan Grant, Acem (Insured's Representative's Name).
 He/she is Personally Known to me OR has Produced Identification. Type of Identification Produced: _____

[Signature]
 (Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

