



**Agreement No.: WC FL1 0444007 13-02**

Effective: 10/01/2013

Coverage Confirmation Expiration Date: 11/30/2013 12:00 AM

Reference Number: 40922

Portal Reference Number:208980

**COVERAGE CONFIRMATION FOR**  
**Key Largo Fire Rescue & Emergency Medical**  
**Services District**

c/o Key Largo Ambulance Department  
98600 Overseas Highway  
Key Largo, FL 33037

Presented by Public Risk Underwriters for:

Public Risk Insurance Agency

P. O. Box 2416  
Daytona Beach, FL 32115

9/28/2013 1:03 PM



Named Covered Party: **Key Largo Fire Rescue & Emergency Medical Services District**

Term: **10/01/2013 to 10/01/2014**

Coverage Provided By: **Preferred Governmental Insurance Trust**

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To protect members of the fund from large losses and to protect the financial security of the fund, the Preferred Governmental Insurance Trust (PGIT) board of trustees has elected to purchase an extremely conservative excess of loss insurance structure. We stress PGIT excess of loss structure because an excess structure provides PGIT members several levels of protection that reinsurance does not.

Foremost among these is the fact that PGIT's excess of loss policies list every individual member a named insured, giving every member direct access to the insurance company for payment of claims. Reinsurers are only responsible to the trust itself. Therefore, if a trust became financially troubled, there is no guarantee from an insurance company that any individual claim will be paid or even that a reimbursement will go towards the originating claim.

PGIT is a non-assessable Trust authorized under Florida Statute and is not rated by AM Best. PGIT is not protected by the Florida Guarantee Association in the event it becomes unable to meet its claims payment obligations. PGIT members are not constrained by notice requirements or punitive run-off claims costs to exit. PGIT is a non-admitted pool in the state of Florida.



*Insurance Solutions for Public Entities*

Public Risk Underwriters (PRU), as part of Brown & Brown, is one of the premier insurance service organizations for public entities in the United States. Our exclusive focus and in-depth understanding of the unique risk exposures and operating environment of the public sector allows us to tailor customized products and services to meet our clients' needs.



Preferred Governmental Claims Services (PGCS) is dedicated to exclusively serving Florida governmental agencies. PGCS administers and closely controls all claims from start to finish. This team of full-time, licensed adjusters understands federal laws and state statutes governing actions against public entities. A toll-free telephone number is provided to facilitate reporting of claims.

## Compensation Disclosure

We appreciate the opportunity to assist with your insurance needs. Information concerning compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

Our office is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

For the Coverage Term referenced above, your insurance was placed through PGIT. PGIT is an independent entity formed by Florida public entities through an Interlocal Agreement for the purpose of providing its members with an array of insurance coverages and services. PGIT has contracted with entities owned by Brown & Brown, Inc. to perform various services. As explained below, those Brown & Brown entities are compensated for their services.

PGIT has contracted with PRU, a company owned by Brown & Brown, Inc., to administer PGIT's operations. The administrative services provided by PRU to PGIT include:

Underwriting / Coverage review / Marketing / Policy Review / Accounting / Issuance of PGIT Coverage Agreements / PGIT Member Liaison / Risk Assessment and Control

Pursuant to its contract with PGIT, PRU receives an administration fee, based on the size and complexity of the account, of up to 12.0% of the PGIT premiums billed and collected.

PGIT has also contracted with PGCS, a company owned by Brown & Brown, Inc., for purposes of administering the claims of PGIT members. The services provided by PGCS to PGIT may include:

Claims Liaison with Insurance Company / Claims Liaison with PGIT Members / Claims Adjustment

Pursuant to its contract with PGIT, PGCS receives a claims administration fee for those accounts which PGCS services of up to 5% of the non-property portion of the premiums you pay to PGIT.

PGIT also utilizes wholesale insurance brokers, some of which (such as Peachtree Special Risk Brokers and MacDuff Underwriters) are owned by Brown & Brown, Inc., for the placement of PGIT's insurance policies, and for individual risk placements for some PGIT members (excess and surplus lines, professional liability coverage, etc.) The wholesale insurance broker may provide the following services:

- Risk Placement
- Coverage review
- Claims Liaison with Insurance Company
- Policy Review
- Current Market Intelligence

The wholesale insurance broker's compensation is derived from your premium, and is largely dictated by the insurance company. It typically ranges between 10% and 17% of the premiums you pay to PGIT for your coverage. Some wholesale brokers used by Brown to place your coverage may also act as Managing General Agents for various insurance companies, and may be compensated directly by those insurance companies for their services in placing and maintaining coverage with those particular companies.

The wholesale insurance brokerage utilized in the placement of your property insurance was Peachtree Special Risk Brokers, which is a company owned by Brown & Brown Inc. Furthermore, any professional liability coverage afforded by the package of insurance you purchased was acquired through Apex Insurance Services, which is also a company owned by Brown & Brown Inc.



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**WC FL1 0444007 13-02****ESTIMATED ANNUAL PAYROLL**

<b>Class Code</b>	<b>Description</b>	<b>Payroll</b>
7704	FIREFIGHTERS & DRIVERS	550,410
7705	AMBULANCE SERVICE	415,889
8810	CLERICAL	69,520
		<b>\$1,035,819</b>



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**WC FL1 0444007 13-02****EMPLOYERS' LIABILITY COVERAGE**

Bodily Injury by Accident	Each Accident	\$1,000,000
Bodily Injury by Disease	Agreement Limit	\$1,000,000
Bodily Injury by Disease	Each Employee	\$1,000,000

**ESTIMATED BILLING**

Manual Premium		\$57,598
Experience Modifier	1.000	
Estimated Annual Premium		\$49,854
Minimum Annual Premium	\$2,000, Monoline \$4,000	
Drug-Free Credit		Included
Safety Credit		Included

Experience Modifiers:

1.000 10/01/2013

Pay Term: WC - 25% Down &amp; 9 Equal Installments

First payment of \$12,613.50 is due 10/01/2013.

9 Monthly Installments of \$4,137.83 are due beginning 11/01/2013.

Make Checks Payable to Preferred Governmental Insurance Trust



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**WC FL1 0444007 13-02****TOTAL PREMIUM DUE**

\$49,854.00

Commission

5.00%

**BINDER TERMS & CONDITIONS INCLUDING BUT NOT LIMITED TO**

1. Please review the binder carefully, as coverage terms and conditions may not encompass all requested coverages indicated in the application.
2. Binder is subject to review and acceptance by PGIT Board of Trustees.
3. The Coverage Agreement premium shall be pro-rated as of the first day of coverage from the minimum policy premium.
4. Down payment is due at inception.
5. The Trust requires that the Member maintains valid and current certificates of workers' compensation insurance on all work performed by persons other than its employees.

**ADDITIONAL TERMS AND CONDITIONS, INCLUDING BUT NOT LIMITED TO:**

Binder is subject to receipt of the following information by 11/1/2013:

- Signed PGIT WC Application
- Signed Drug Free and Safety Program Applications



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**EMPLOYER WORKPLACE SAFETY PROGRAM**  
**PREMIUM CREDIT APPLICATION**

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I am submitting a copy of my safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this Safety Program has been implemented in the workplace and is being maintained as submitted to "Preferred (The Trust)".

This is to certify that the Workplace Safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

- 1. Written Safety Policy and Safety Rules
- 2. Safety Inspections
- 3. Preventive Maintenance
- 4. Safety Training
- 5. First Aid
- 6. Accident Investigation
- 7. Necessary Record Keeping

The workplace safety program and application is being submitted for the purpose of obtaining a premium credit do not contain any false, incomplete or misleading information. I attest to the accuracy of the information submitted. I am aware that we may be subject to on-site inspections by "The Trust", for the purpose of validation the accuracy of this information.

I am aware that any person who submits an application that contains false, misleading or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for worker's compensation coverage is a felony of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084 Florida Statutes, or as otherwise punishable as provided under the law.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

Sworn to, or affirmed, and subscribed before me:

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_

Expiration of Commission \_\_\_\_\_



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**DRUG-FREE WORKPLACE  
PREMIUM CREDIT PROGRAM APPLICATION**

Testing:

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- Job Applicant
- Reasonable suspicion
- Routine fitness for duty
- Follow-up testing to Employee Assistance Program

Notice of Drug Testing Policy:

- Copy to all employees prior to testing
- Posted on/at employer's premises
- Copy to job applicants prior to testing
- General notice given 60 days prior to testing
- Show notice of drug testing on vacancy announcements
- Copies available to personnel office or other suitable locations
- No notice required because drug testing program in place prior to July 1, 1990

Education:

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: \_\_\_\_\_

Name of approved Agency for Health Care Administration lab or United States Department of Health and human Services Certified Laboratory: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Your certification is subject to physical verification by "Preferred (The Trust)". Your coverage agreement is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the Coverage Agreement if it is determined that you misrepresented your compliance with Florida law.

Any person who knowingly and with intent in injure, defraud or deceive, and/or files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

The above signed certifies that this information is a true and factual depiction of their current program.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration of Commission



