Lee County Board Of County Commissioners Agenda Item Summary

Blue Sheet No. 20041196

1. REQUESTED MOTION:

<u>ACTION REQUESTED</u>: Approve award of proposal, Aircraft Hull & Liability Insurance on the EMS helicopters, with NationAir Insurance Agency Inc. The not-to-exceed one year cost for this insurance is \$300,000 and the coverage would be effective from 10/1/2004 - 9/30/2005.

<u>WHY ACTION IS NECESSARY</u>: To provide continuous insurance coverage on the EMS helicopters for physical damage and liability, via Aircraft Hull & Liability Insurance.

WHAT ACTION ACCOMPLISHES: The EMS helicopters will have Aircraft Hull & Liability Insurance

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| 2. DEPARTMENTAL CATEGORY: COMMISSION DISTRICT # | | | | 3. MEETING DATE: | | | | | |
| COMMISSION DISTRICT# | | | | † | 09-28-2004 | | | | |
| 4. AGENDA: | | 5. <u>RE</u> | 5. REQUIREMENT/PURPOSE: | | | 09-28-2004 6. REQUESTOR OF INFORMATION: | | | |
| | | (Speci | fy) | | | | | | |
| x CON | SENT | | STAT | UTE | | A. COMMISSIONE | ē R | | |
| ADMINISTRATIVE | | Æ | ORDINANCE | | | B. DEPARTMENT | | Budget Services | |
| APPEALS | | X | | | AC-4-4 | C. DIVISION | | k Manag | ·· |
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| PUBLIC | | | OTHER | | | BY: Antonio B. M | | aiul. Jr. | |
| WAI | LK ON | | | | | Director Budget | | | WAT |
| TIM | E REQUIRED |): | | | | | | 30111003 | VP |
| sole ve through Althou was no Funds will be | nder providing this vendor fo | Aircraft Hull r two addition has incurred renewal prender GC51903001 | & Liabil nal one-y minor plum for 00.50319 | lity Insurandear periods, nysical dama FY 04-05. | ce for Lee (, upon muti | neet No. 20020958, Nat County and authorized to ual agreement of both p to helicopters as result of | to renew arties. | this cove | erage |
| | | | 9. <u>REC</u> | COMMENI | DED APPI | ROVAL; | | | |
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| Department | Purchasing | Human | Other | County | | Budget Services | | Count | y Manager |
| Director | or | Resources | | Attorney | | · | | • 6 | |
| ~4. | Contracts | | | | | Open 4/14 | | | |
| 9/17/04 | SSION ACTIO | | | SIEVER | 13/3/61 | OM Risk | GC 9 384 | NX | to 1 |
| 10. <u>COMMIS</u> | SSION ACTIC | <u>, 17.</u> | | | | į | | | |
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700 South Babcock Street * Suite 400 * Melbourne, FL 32901 * (321) 259-4800 * Fax (321) 255-1471

September 13, 2004

Lee County Board of County Commissioners Attention: Wayne Fiyalko 2115 Second St., P.O. Box 398 Fort Myers, FL 33901

RE:

Aviation Renewal Insurance Bound 1989 MBB B105 / N5417J 2003 Eurocopter EC145 / N911LZ

Dear Wayne:

Thank you for the opportunity of serving your aviation insurance needs for another year. We have shopped the markets carefully and found your current company is still the most competitive.

We have renewed your policy, effective 10/1/2004, with the coverage you requested with liability limits of \$20,000,000 Each Occurrence including passengers as your expiring policy under a temporary binder pending receipt of your payment.

N5417J: Total Annual Premium:

\$76,230.00

N911LZ: Total Annual Premium:

\$201,105.00

Spares \$500,000 Endorsement:

\$1,000

GRAND TOTAL PREMIUM FOR ALL COVERAGES:

\$278,335.00

Please note the temporary binder expires 10/07/04. To avoid lapse in coverage please make sure your payment is received in our office prior to the binder expiration date, 10/07/04.

If you need any changes or have any questions, please give us a call upon receipt of this letter. Thank you for your business. We look forward to serving you again in the coming year.

Sincerely, NAZIONAIR INSURANCE AGENCIES, INC.

Peter W. Torell Vice-President

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Enclosure

cc: Global Aerospace: Expiring Policy FHL111739



700 South Babcock Street Suite 400 Melbourne, FL 32901 (321) 259-4800 (321) 255-1471 FAX

| Invoice Date: | 9/10/2004 |
|-------------------|-----------------------|
| Insured Number: | |
| | 10/1/2004 - 10/1/2005 |
| | |
| | |
| Payment Enclosed: | \$ |
| | Insured Number: |

| Date | Transaction | Charge | Credit | Balance |
|-----------|----------------------------|--------------|--------|--------------|
| 9/7/2004 | Beginning Balance | | | \$0.00 |
| 10/1/2004 | Aircraft Commercial Policy | \$278,335.00 | | \$278,335.00 |
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| | Pay this amount | \$278,335.00 L |
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PREMIUMS DUE AND PAYABLE ON RECEIPT OF INVOICE

Please return top portion of invoice to insure proper credit. Thank you!

OCT 0 7 2004

| PLEASI IF CHE | E SUBMIT THE FOLLOWING CKED OFF: |
|------------------|----------------------------------|
| | SIGNED APPLICATION |
| | SIGNED PREMIUM FINANCE |
| | ASREEMENT |
| | SIGNED PILOT |
| | HISTORY FORMS |