

Legislation Text

# File #: TMP-2372, Version: 1

# REQUEST FOR LEGISLATIVE ACTION

# **Description (e.g., Contract Authorization for Information Services):**

Contract Authorization and Budget Amendment for Excess Insurance Policy

| Date:              | 3/30/2021        |
|--------------------|------------------|
| Submitted By:      | Jennifer Clement |
| Department:        | Human Resources  |
| Title:             | Commissioner     |
| Phone:             | 518-447-5690     |
| Department Rep.    |                  |
| Attending Meeting: | Jennifer Clement |

# Purpose of Request:

- □ Adopting of Local Law
- Amendment of Prior Legislation
- □ Approval/Adoption of Plan/Procedure
- □ Bond Approval
- Budget Amendment
- Contract Authorization
- □ Countywide Services
- □ Environmental Impact/SEQR
- □ Home Rule Request
- □ Property Conveyance
- □ Other: (state if not listed)

Click or tap here to enter text.

# CONCERNING BUDGET AMENDMENTS

#### Increase/decrease category (choose all that apply):

- Contractual
- □ Equipment
- □ Fringe
- Personnel
- Personnel Non-Individual

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#### □ Revenue

Increase Account/Line No.:CS 1722 44999Source of Funds:CS 9040 89040Title Change:Click or tap here to enter text.

# CONCERNING CONTRACT AUTHORIZATIONS

#### Type of Contract:

- □ Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- Professional Services
- □ Education/Training
- □ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed)

Click or tap here to enter text.

#### **Contract Terms/Conditions:**

Party (Name/address):

Arthur J. Gallagher Risk Management Services, Inc. 30 Century Hill Drive Suite 200 Latham, NY 12110

# Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Scope of Services:

\$310,291.00 Excess Insurance Coverage for Workers' Compensation Claims

| Bond Res. No.:    | Click or tap here to enter text. |
|-------------------|----------------------------------|
| Date of Adoption: | Click or tap here to enter text. |

# **CONCERNING ALL REQUESTS**

| Mandated Program/Service:   | Yes 🗆 No 🛛                       |
|-----------------------------|----------------------------------|
| If Mandated Cite Authority: | Click or tap here to enter text. |

Is there a Fiscal Impact:

Yes 🛛 No 🗆

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|--|----------------------------------|
| Anticipated in Current Budget:           | Yes □ No ⊠                       |
| County Budget Accounts:                  |                                  |
| Revenue Account and Line:                | Click or tap here to enter text. |
| Revenue Amount:                          | Click or tap here to enter text. |
| Appropriation Account and Line:          | CS 9040 89040                    |
| Appropriation Amount:                    | \$20,531.00                      |
| Source of Funding - (Percentages)        |                                  |
| Federal:                                 | Click or tap here to enter text. |
| State:                                   | Click or tap here to enter text. |
| County:                                  | 100%                             |
| Local:                                   | Click or tap here to enter text. |
| Term                                     |                                  |
| Term: (Start and end date)               | 1/1/2021-12/31/2021              |
| Length of Contract:                      | 12 months                        |
| Impact on Pending Litigation             | Yes □ No ⊠                       |
| If yes, explain:                         | Click or tap here to enter text. |
|  |                                  |
| Previous requests for Identical or Simil |                                  |
| Resolution/Law Number:                   | Click or tap here to enter text. |
| Date of Adoption:                        | Click or tap here to enter text. |

# **Justification**: (state briefly why legislative action is requested)

The Department of Human Resources respectfully requests authorization to approve the Excess Insurance Policy with Midwest Employers Casualty Company for an annual premium of \$310,291. As a result of the rate increase, the Department of Human Resources requests to move \$20,531 from CS 9040 89040 to CS 1722 44999.

The policy is brokered by Arthur J. Gallagher Risk Management Services. Excess Insurance covers claims for Albany County's self-insured workers' compensation claims that exceed the specified cost limits. The premium provides an \$800,000 retention, a \$1,000,000 retention per occurrence for Police Officers, and an Employer's Liability Limit of \$2,000,000.