

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only
(X) Action

FROM (DEPT/ DIVISION): Dan Lonai, Administrative Services

PROGRAM: Insurance

SUBJECT: Renewal of worker's compensation and property / liability insurances

<p>The decision on the annual renewal for workers compensation and liability insurance is before the Board. Staff is proposing the followings:</p> <ol style="list-style-type: none"> 1. Staff recommends the county continue with a guaranteed cost plan with SAIF for worker's compensation coverage. 2. Renewal of the county's property and liability insurance with CIS. 	<p><u>ACTION REQUESTED:</u></p> <ol style="list-style-type: none"> 1. Continue with current worker's compensation insurance plan with SAIF and approve payable for the premium. 2. Renew property and liability insurance with CIS.
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ATTACHMENTS: Premium Comparisons; Payable

Date: (06-21-18) Submitted By: (Dan Lonai)

*****For Internal Use Only*****

Checkoffs:

() Dept. Head (copy)

To be notified of Meeting:

() Human Resources (copy)

() Fiscal

() Legal (copy)

Needed at Meeting:

() (Other - List:

Scheduled for meeting on: July 3, 2018

Action taken:

Follow-up:



**Ferranti
Graybeal**
INSURANCE AGENCY, INC

**UMATILLA COUNTY
FOR
UMATILLA COUNTY
GUARANTEED COST PLANS
2018/2019**

	SAIF 2014/2015	SAIF 2015/2016	SAIF 2016/2017	SAIF 2017/2018	SAIF 2018/2019
Manual Premium	\$275,152	\$278,171	\$276,129	\$272,243	\$263,692
Experience Mod	1.09	0.99	0.85	0.78	0.87
Standard Premium	\$299,916	\$275,389	\$234,710	\$212,350	\$229,412
DISCOUNTS:					
Volume	- \$44,757	- \$40,871	- \$34,622	- \$34,710	- \$37,674
Prime Account	0	0	0	0	0
Transition	0	0	0	0	0
Multi-Line	0	0	0	0	0
Annual Pre-Pay	- \$11,996	- \$11,018	- \$8,215	- \$7,432	- \$8,029
Advisor Allowance	- \$17,629	- \$16,204	- \$13,911	- \$12,340	- \$12,564
Net Premium	\$225,534	\$207,296	\$177,962	\$157,868	\$170,785
ADDITIONAL:					
State Tax	\$15,113	\$13,911	\$11,981	\$11,687	\$13,663
Terrorism	\$2,806	\$2,898	\$3,028	\$3,084	\$2,361
Negot. Fee (Agent)	\$8,000	\$8,000	\$8,000	\$8,000	\$9,000
TOTAL COST	\$251,453	\$232,105	\$200,971	\$180,639	\$195,809

408 E Main St., Hermiston, OR 97838
Phone: 541-567-5523
Fax: 866-243-0201

info@fg-insurance.com • www.fg-insurance.com

353 SW 1st St., Pendleton, OR 97801.
Phone: 541-276-3551
Fax: 541-276-1960



**PREMIUM COMPARISON
FOR
UMATILLA COUNTY
PROPERTY & CASUALTY
07/01/2018**

PROPERTY:

	2015/2016 (CIS)	2016/2017 (CIS)	2017/2018 (CIS)	2018/2019 (CIS)
Buildings Contents & Mobile Equipment Total Values = \$83,245,262 (1,000 Ded)	\$97,123	\$99,488	\$92,126	\$96,546
Earth Movements Limit = \$5,000,000 (\$50,000 Max Ded)	INLC.	INLC.	INLC.	INLC.
Water Damage Limit= \$5,000,000 (\$50,000 Max Ded)	INLC.	INLC.	INLC.	INLC.
Equipment Breakdown	INLC.	INLC.	INLC.	INLC.

LIABILITY:

Automobile Liability	\$53,020	\$58,861	\$66,809	\$69,370
General Liability \$5,000,000 CSL (Per Occurrence) \$15,000,000 (Aggregate)	\$306,816	\$343,880	\$384,342	\$428,200
SUBTOTAL	\$456,959	\$502,229	\$543,277	\$594,116
Multi-Line Credit	-\$13,709	-\$15,067	-\$16,298	-\$17,823
Advisor Allowance (Agent)	-\$45,696	-\$50,223	-\$54,328	-\$59,412
Negot. Fee (Agent)	+\$19,000	+\$19,000	+\$19,000	+\$20,000

NET ANNUAL COST	\$416,554	\$455,939	\$491,651	\$536,881
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UMATILLA COUNTY PAYMENT REQUEST

PEID - AC	8557 - 01	Call Finance for PEID #
NAME	SAIF CORPORATION	
ADDRESS		
ADDRESS	400 HIGH ST SE	
CITY, STATE, ZIP	SALEM, OR 97312-1000	

AUTHORIZATION-APPROVAL

DEPARTMENT		DATE PAID
EXEC ASST	DATE - APPROX APPROVAL	
BOARD		BELOW
SUBMITTED	6/22/2018	HOLD - RETURN INST

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$ 199,732.00	SEE ATTACHED	WORKERS COMP PREMIUM	7432882019	199,732.00	07/01/18	
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		
\$ -				-		

\$ 199,732.00 PAGE TOTAL: _____ Office Use: Pretravel Auth rec: _____ Contract Reviewed: _____ Routine: _____
 \$ 199,732.00 GRAND TOTAL: _____ Office Use: Tax ID Reviewed: _____ Quotes: _____ Bids: _____

UMATILLA COUNTY

Prepay Installment

Period: 07/01/2018 - 07/01/2019

Policy: 743288

Plan: 1

Please return this page with remittance.

Annual prepay installment due by **07/10/2018: \$199,732**

Write the quote or policy number indicated in this document on your check. Make check or money order payable to:

SAIF CORPORATION
400 High St SE
Salem, OR 97312-1000

SAIF use only		TAMCOX	
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		