

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AGREEMENTS WITH WICHERT INSURANCE SERVICES, INC. FOR INSURANCE AND RISK MANAGEMENT SERVICES AND WITH PROVIDENT INSURANCE COMPANY FOR FIREMEN'S ACCIDENT AND HEALTH INSURANCE AND DECLARING AN EMERGENCY

BE IT RESOLVED by the Council of the Village of Richfield, State of Ohio, two-thirds of the members elected thereto concurring:

SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into agreements with Wichert Insurance Services, Inc. for insurance and risk management services for the public entities and with Provident Insurance Company for Firemen's Accident and Health Insurance, copies of which proposals and insurance policy are attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. That the Finance Director be, and hereby is, authorized and directed to pay for the three-year policy, thereby receiving a ten percent (10%) discount.

SECTION 3. That there shall be appropriated an additional \$7,400 from the General Fund to pay for three (3) years on the agreement, which qualifies the Village for a ten percent (10%) discount on the policy.

SECTION ~~3~~4. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to be effective March 1, 2000; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: March 7, 2000

Michael J. Lucas  
President of Council

Donald H. Larsen  
Mayor

ATTEST:  
Carole Gibson  
Clerk of Council

Dated: 3/13/2000



# Wichert Insurance Services, Inc.

Insurance and Risk Management for Public Entities

February 17, 2000

Village of Richfield  
4410 W. Streetsboro Road  
Richfield, OH 44281

Att: Eleanor

Dear Eleanor:

The Firemen's Accident and Health policy through Provident is renewing March 1, 2000 with enhanced coverages provided this year at no additional cost.

Enclosed is a detail sheet for the enhancements that will be automatic on the renewal this year. The limits of coverage for the death benefit and weekly disability are the same as you've had for the last three years. If you would be interested in a quotation for increasing any of the limits, please don't hesitate to call and I will be happy to get you a quotation.

You will note that the renewal is offered with the three options that you've had in the past:


Three year policy, annual installments      the invoice enclosed reflects this option  
Three year policy prepaid  
One year policy

If you decide to change your option, just remit the amount shown on the summary sheet,

Please call me if you have any questions or if I can be of further service to the Village.

Sincerely,

WICHERT INSURANCE SERVICES, INC.

  
Nancy J. Kellett, CPCU, ARM  
Account Management Coordinator

REPLY TO:

Northeast Ohio: 1013 Portage Trail, P.O. Box 997 Cuyahoga Falls, Ohio 44223-0997 330-929-8686 Fax: 330-929-7762

Columbus Area: 133 S. Broad Street, P.O. Box 278 Lancaster, Ohio 43130-0278 614-837-3849 Fax: 614-837-0709

February 9, 2000

## Present plan of insurance for the Village of Richfeild & Richfield Fm's Assoc.

### Benefits for Covered Injuries and Illnesses

Present

1.	A.	Covered Injury Death, Dismemberment, Loss of Sight, Speech or Hearing		\$100,000
	B.	Seat Belt Benefit		\$20,000
	C.	Dependent Child Benefit (Per Child)		\$10,000
	D.	Bereavement Benefit		\$10,000
2.		Permanent Physical Impairment Benefit		\$100,000
3.		Cosmetic Disfigurement from Burns Benefit		\$100,000
4.		Covered Illness Death Benefit		\$100,000
5.		Total Weekly Disability Benefit		\$300
	A.	Primary Benefit	\$100	
	B.*	Earned Income Replacement Benefit	\$200	
	C.	5% Cost of Living Adjustment	Up to	\$900
	D.	First Week Disability Benefit	Up to	\$1,000
	E.	Transition Benefit	Up to	\$300
	F.*	Partial Disability Benefit	Up to	\$300
6.		Weekly Hospital Confinement Benefit		\$70
	A.	Outpatient Treatment Benefit		\$70
7.*		Medical Expense Benefit		\$15,000
	A.	Plastic Surgery Benefit		\$3,750
8.		Retraining Benefit	Up to	\$20,000
9.*		Rehabilitation Benefit		\$5,000
10.		Family Expense Benefit		\$5,000
11.		Mental Stress Management Benefit (Per Person, Per Incident)		\$5,000
12.		Traumatic Incident Benefit (Per Covered Activity)		\$5,000

\* Benefits are:

Excess of Workers' Compensation (X)

Primary Coverage ( )

Present plan of insurance for the  
**Village of Richfeild & Richfield Fm's Assoc.**

**Optional Benefits for the Auxiliary Members and/or Community Volunteers**

**Present**

- |    |  |               |
|----|--|---------------|
| 1. | Covered Injury Death, Dismemberment, Loss of Sight,<br>Speech or Hearing | Full Benefits |
| 2. | Weekly Disability Benefit  | Full Benefits |
| 3. | Weekly Hospital Confinement Benefit                                      | Full Benefits |
| 4. | Medical Expense Benefit  | Full Benefits |
| 5. | Special Illness Benefit  | Full Benefits |

- (X) Full Coverage for Auxiliary Members only - Benefits on Page 1.
- (X) Full Coverage for Community Volunteers only - Benefits on Page 1.
- ( ) Above Benefits for Auxiliary Members only.
- ( ) Above Benefits for Community Volunteers only.
- ( ) Above Benefits for Auxiliary Members & Community Volunteers.
- ( ) No Benefits for Auxiliary Members or Community Volunteers.

**Optional Benefits for Organized League Athletics**

- |    |  |     |
|----|--|-----|
| 1. | Covered Injury Death, Dismemberment, Loss of Sight,<br>Speech or Hearing | \$0 |
| 2. | Weekly Disability Benefit  | \$0 |
| 3. | Weekly Hospital Confinement Benefit                                      | \$0 |
| 4. | Medical Expense Benefit  | \$0 |

<b>Premium Summary Present Plan:</b>	<b>Annual</b>	<b>3 Year Installments</b>	<b>3 Years Prepaid</b>
Emergency Organization:	\$4,148.65	\$3,872.07	\$11,201.36
Auxiliary Members and/or Community Volunteers:	\$0.00	\$0.00	\$0.00
Organized League Coverage:	\$0.00	\$0.00	\$0.00
<b>Total Premium Cost:</b>	<b>\$4,148.65</b>	<b>\$3,872.07</b>	<b>\$11,201.36</b>

Note: 3 yr./installment is approximately a 7% discount.  
 3 yr./prepaid is a 10% discount.