



City Manager's Office

Request for Legal Services

Date: 9/27/19

Requestor: EM Eric Tiefenthaler Department/Division: NPFR/Emergency Management Div

TYPE OF REQUEST (check one):

- Contract, Ordinance/Resolution, Research, Meeting Attendance

Point of Contact for Other Party (If applicable): Sarasota County EM Ed McCrane

Phone: 941-232-8366 cell Email: emccrane@scgov.net

*Document to be reviewed is: Attached - Not Editable

REQUEST FOR SERVICE (Short Title): Statewide Mutual Aid Agreement (SMAA) 2018

Description: Please attach continuation page as needed. The Florida Division of Emergency Management (FDEM) has asked all FI Counties to send a signed update to the Statewide Mutual Aid Agreement (SMAA) by November 30 th of 2019. Requesting a legal review as to form and correctness as signatures to the updated SMAA. Basis for request: Legal review is needed for continued participation in mutual aid agreement with the State of FI (FDEM) as a mechanism for disaster response and reimbursement between agencies within the State of FI. End goal: Legal review of document in order to bring the document forward to the City commission for signature on consent agenda. Files Provided: SMAA 2018 Version 9.20, SMAA Information sheet 2018, SMAA Resolution 2001, SERP Plan Appro

APPLICABLE DEADLINES:

DATE of COMMISSION MEETING: Nov 12, 2019 DATE item is due to FINANCE:

DATE item is due in LEGISTAR: Oct.24, 2019 ANY OTHER DEADLINE: Nov 30, 2019

APPROVALS:

Department Director: [Signature] Date: 10/02/2019
Assistant City Manager: Date:
City Manager: Date:

Request for Legal Services Continued:

Description:

[Empty text area for description]

STATEWIDE MUTUAL AID AGREEMENT (SMAA)

INFORMATION SHEET

The Statewide Mutual Aid Agreement (SMAA) has been updated for 2018. To make sure that all of the counties are working under the most recent version of the agreement, the Florida Division of Emergency Management is requesting that all counties update their agreements to the 2018 version.

The 2018 update includes the following provisions:

Allowing the SMAA to be used for smaller events; no declaration of a state of emergency is needed for the agreement to be activated. This allows for a formal mutual aid process for the entities within Florida to use.

In using the SMAA for mutual aid, the requesting entity agrees to reimburse the assisting party per the terms of reimbursement in the SMAA. However, if the terms for reimbursement are to vary from the provisions of the SMAA, this needs to be specified via the Form B, and signed off by both parties prior to the assistance being rendered.

The SMAA automatically renews each year; only the contact information needs to be updated by using the Form C each year.

Signing the Agreement:

A copy of the SMAA with **original signature** should be submitted, or two if you need one signed by FDEM and returned for your records.

- ✓ Counties should sign **PAGE 15** of the agreement.
- ✓ Cities should sign **PAGE 16** of the agreement.

Educational Districts should sign **PAGE 17** of the agreement.

Community Colleges or State Universities should sign **PAGE 18** of the agreement.

Special Districts should sign **PAGE 19** of the agreement.

Authorities should sign **PAGE 20** of the agreement.

Native American Tribes should sign **PAGE 21** of the agreement.

Community Development Districts should sign **PAGE 22** of the agreement.

REQUIRED Documentation to Accompany the Agreement:

- ✓ A cover letter stating an address to send the copy of the agreement back for your records.
- ✓ A completed copy of Form C, **PAGE 23** of the agreement. Form C should be updated annually or as elections or appointments occur.
- ✓ A Certificate of Liability Insurance or Resolution of Self Insurance.

Signed Agreements should be sent to:

Florida Division of Emergency Management

ATTN: Alonna Vinson

Bureau of Response, Logistics Section

2555 Shumard Oak Blvd

Tallahassee, FL 32399

FDEM Contact Information:

Alonna Vinson

Mutual Aid Branch Director & EMAC Coordinator

Bureau of Response | Logistics Section

Alonna.Vinson@em.myflorida.com

O: 850-815-4280

C: 850-901-8456

FORM C

CONTACT INFORMATION FOR AUTHORIZED REPRESENTATIVES

Name of Government: City of North Port
Mailing Address: 4980 City Center Blvd
North Port, FL 34286

Authorized Representative Contact Information

Primary Authorized Representative

Name: Eric Tiefenthaler
Title: Emergency Manager
Address: 4980 City Center Blvd North Port, FL 34286
Day Phone: 941-240-8165 Night Phone: 941-223-9683
Facsimile: 941-240-8183 Email: etiefenthaler@cityofnorthport.com

1st Alternate Authorized Representative

Name: Scott Titus
Title: Fire Chief
Address: 4980 City Center Blvd North Port, FL 34286
Day Phone: 941-240-8150 Night Phone: 941-724-7840
Facsimile: 941-240-8183 Email: stitus@cityofnorthport.com

2nd Alternate Authorized Representative

Name: Peter Lear
Title: City Manager
Address: 4970 City Hall Blvd, North Port, FL 34286
Day Phone: 941-429-7076 Night Phone: 941-628-8788
Facsimile: 941-429-7079 Email: plear@cityofnorthport.com

*****PLEASE UPDATE AS ELECTIONS OR APPOINTMENTS OCCUR*****

CERTIFICATE OF COVERAGE

ISSUED ON: 10/02/2019

COVERAGE PROVIDED BY: **PREFERRED GOVERNMENTAL INSURANCE TRUST**

PACKAGE AGREEMENT NUMBER: PX2FL1 0582501 18-04

COVERAGE PERIOD: 10/01/2018 TO 10/01/2020 12:01 AM

COVERAGES: This is to certify that the agreement below has been issued to the designated member for the coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.

Mail to: Certificate Holder
 Florida Division of Emergency Management - Bureau of Response, Logistics Section
 2255 Shumard Oak Blvd
 Tallahassee , FL 32399

Designated Member
 City of North Port
 4970 City Hall Blvd.
 North Port , FL 34286

LIABILITY COVERAGE

- X **Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury:**
 Limit \$2,000,000 \$100,000 SIR Deductible
- X **Employee Benefits Liability**
 Limit \$2,000,000 \$100,000 SIR Deductible
- X **Employment Practices Liability**
 Limit \$2,000,000 \$100,000 SIR Deductible
- X **Public Officials Liability**
 Limit \$2,000,000 \$100,000 SIR Deductible
- X **Law Enforcement Liability**
 Limit \$2,000,000 \$100,000 SIR Deductible

WORKERS' COMPENSATION COVERAGE

- WC AGREEMENT NUMBER:
- X **Self Insured Workers' Compensation**
 \$350,000
 - X **Statutory Workers' Compensation**
 - X **Employers Liability**
 \$1,000,000 Each Accident
 \$1,000,000 By Disease
 \$1,000,000 Aggregate Disease

PROPERTY COVERAGE

- Buildings & Personal Property**
 Limit: Per schedule on file with Trust Deductible
Note: See coverage agreement for wind, flood, and other deductibles.
- Rented, Borrowed and Leased Equipment**
 Limit: \$ 0 TIV See Schedule for Deductible
- Total All other Inland Marine**
 Limit: \$ 0 TIV See Schedule for Deductible

AUTOMOBILE COVERAGE

- X **Automobile Liability**
 Limit \$2,000,000 \$100,000 SIR Deductible
 - X All Owned
 - X Specifically Described Autos
 - X Hired Autos
 - X Non-Owned Autos
- X **Automobile Physical Damage**
 - X Comprehensive See Schedule for Deductible
 - X Collision See Schedule for Deductible
 - Hired Auto with limit of
- Garage Keepers**
 - Liability Limit
 - Liability Deductible
 - Comprehensive Deductible
 - Collision Deductible

CRIME COVERAGE

- X **Employee Dishonesty**
 Limit \$500,000 \$1,000 Deductible
- X **Forgery or Alteration**
 Limit \$500,000 \$1,000 Deductible
- X **Theft Disappearance & Destruction**
 Limit \$500,000 \$1,000 Deductible
- X **Computer Fraud**
 Limit \$500,000 \$1,000 Deductible

NOTE: Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.

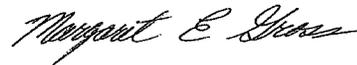
Description of Operations/ Locations/ Vehicles/Special Items-(This section completed by member's agent, who bears complete responsibility and liability for its accuracy):
 Certificate of Insurance issued as Proof of Coverage.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.

Administrator
 Public Risk Underwriters@
 P.O. Box 958455
 Lake Mary, FL 32795-8455

CANCELLATIONS
 SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS.

Producer
 Public Risk Insurance Advisors
 220 South Ridgewood Avenue, Suite 210 ,
 Daytona Beach , FL 32114



AUTHORIZED REPRESENTATIVE



10/02/2019

Florida Division of Emergency Management - Bureau of Response, Logistics Section
2255 Shumard Oak Blvd
Tallahassee , FL , 32399

Re: Coverage Agreement - PX2FL1 0582501 18-04
City of North Port
Effective Date: 10/01/2018 TO 10/01/2020

To Whom It May Concern:

Preferred Governmental Insurance Trust is unable to name non-governmental entities as an additional covered party due to Florida Statute 768.28.

Non-governmental entities do not enjoy sovereign immunity protection under Florida law. Coverage through the Preferred Governmental Insurance Trust is predicated upon the concept of sovereign immunity among all its members. Accordingly, entities which are not eligible for sovereign immunity protection under F.S. 768.28 may not be an additional covered party under the Preferred coverage agreement.

We appreciate your understanding.

Margaret E. Gross, CPCU
Director of Underwriting

If Additional Covered Party status was not requested on the attached certificate, the provisions in this letter do not apply.

Administered by PUBLIC RISK UNDERWRITERS
P.O. Box 958455 ♦Lake Mary, FL 32795-8455 ♦Phone: 321-832-1450♦Fax: 321-832-1489



City of North Port

North Port Fire Rescue District

4980 City Center Boulevard
North Port, Florida 34286

www.cityofnorthport.com

(941) 240-8150

Fax: (941) 240-8182

Florida Division of Emergency Management
ATTN: Alonna Vinson
Bureau of Response, Logistics Section
2555 Shumard Oak Blvd
Tallahassee, FL 32399

October 2, 2019

RE: Statewide Mutual Aid Agreement (SMAA) from North Port Emergency Management

Dear Ms. Alonna Vison;

We are enclosing the signed updated 2018 agreement from the City of North Port Emergency Management for the Statewide Mutual Aid Agreement.

Once the agreements are signed please return two copies to:

EM Eric Tiefenthaler
North Port Fire Rescue
4980 City Center Blvd.
North Port, FL 34286

We will keep one copy and one original we will send to North Port City Clerks' Office.

Sincerely,

Eric Tiefenthaler
Emergency Management
City of North Port Fire

enclosures

FOR ADOPTION BY A CITY

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

By: _____
Director

Date: _____

ATTEST:
CITY CLERK

CITY OF _____
STATE OF FLORIDA

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Approved as to Form:

By: _____
City Attorney

