



Named Covered Party: City of North Port
Term: 10/01/2025 to 10/01/2026
Coverage Provided by: Preferred Governmental Insurance Trust
Quote Number: PX FL1 0582501 25-11

Self Insured Retention & TPA Information Signature Page

	PROPERTY		Each Occurrence
	INLAND MARINE		Each Occurrence
	CRIME		Each Occurrence
X	GENERAL LIABILITY (includes Employee Benefits)	\$100,000 SIR	Each Occurrence
X	LAW ENFORCEMENT LIABILITY	\$100,000 SIR	Each Occurrence
X	PUBLIC OFFICIALS LIABILITY	\$100,000 SIR	Each Claim
X	EMPLOYMENT PRACTICES	\$100,000 SIR	Each Claim
X	AUTOMOBILE LIABILITY	\$100,000 SIR	Per Person/ Per Accident
	AUTOMOBILE PHYSICAL DAMAGE- COMP		Each Accident
	AUTOMOBILE PHYSICAL DAMAGE- COLL		Each Accident
	GARAGE KEEPERS		Each Accident
X	EXCESS WORKERS COMPENSATION	\$350,000 SIR	Each Occurrence

THIRD PARTY ADMINISTRATOR INFORMATION

If no information appears below or if there is a discrepancy, please make the necessary changes on the lines provided.

TPA Name & Address:

Relation Insurance Services
700 SE Central Parkway

Stuart, Florida 34994

TPA Primary Contact:

Jeff Fischer
772-919-8559
steve.hanzman@relationinsurance.com

QUARTERLY REPORTING REQUIREMENT

Per PGIT MN-903, page 2, Section C, you agree to submit a claim status update for all claims to us on a quarterly basis in an acceptable electronic excel spreadsheet. The data must be emailed to erichie@publicrisk.com by the 15th day after the quarter end.

I hereby agree to the reporting requirements and confirm the above information is correct.

Authorized Signature: _____

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.

Service is the heart of what we do

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