

MEMORANDUM

9/29/04

To: Lisa Gregory

From: Lew Eason



Subject: Request for Signature

The attached documents are required for renewal of the County's property insurance coverage and require the signature of the Chairman. Please ask him to sign them and return them to this office for further processing.

Please note that an original notarized signature must be affixed to each copy. Thank you so much.

6 originals to  
Lew Eason  
9-30-04

04 SEP 29 AM 9:29  
RECEIVED  
COUNTY COORDINATORS  
OFFICE

APPLICATION TO  
FLORIDA MUNICIPAL INSURANCE TRUST

GOVERNMENT APPLICANT: Nassau County Board of County Commissioners

ACCOUNT NUMBER: FMIT 0913 TYPE OF GOVERNMENTAL ENTITY: Board of County Commissioners

ADDRESS: 96160 Nassau Place, Yulee, FL 32097

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 596000758  NOTIFICATION TO DEPARTMENT OF COMMERCE

OFFICIALS AUTHORIZED TO EXECUTE CONTRACTS:

I. Name: Floyd Van Zant II. Name: \_\_\_\_\_  
Title: Chairman, Board of County Commissioners Title: \_\_\_\_\_

PRIOR INSURANCE COVERAGE CARRIED BY: Florida Municipal Insurance Trust

Applicant hereby makes application with the Trust for continuing membership for liability, property, allied lines, automobile physical damage, workers' compensation, employers' liability, medical, dental, short-term disability, and/or life coverage, to be effective 12:01 a.m. October 1, 2004 and, if accepted by the Trust's duly authorized representative, does hereby constitute and appoint the Florida League of Cities, Inc. to act as Administrator of said Trust and to act as Applicant's agent-in-fact in all matters relating to its participation in said Trust and agent-in-fact to the extent any such coverage is placed with the Trust.

Applicant, by execution of this Agreement, further agrees:

(a) That, by this reference, the terms and provisions of the Agreement and Declaration of Trust creating the Florida Municipal Insurance Trust, as may be amended periodically by its Board of Trustees, a copy of which Applicant hereby acknowledges receipt, is hereby adopted, approved, ratified, and confirmed by Applicant; and further, Applicant will accept, assume, abide by and be bound by the provisions and obligations set forth therein;

(b) That Applicant will pay all premiums on or before the date the same shall become due and, in the event Applicant fails to do so, will pay any reasonable late penalties and charges arising therefrom and all costs of collection thereof, including reasonable attorney's fees;

(c) That Applicant, as long as it remains a member of the Trust; will abide by the rules and regulations adopted by the Trust's Board and will conform its conduct to the terms of any agreements entered into by the Board to administer the Trust;

(d) That Applicant, in the event of any changes in the Applicant's corporate or business structure, or if any locations are to be added or deleted from any coverage provided by the Trust, will notify the Trust immediately; and that Applicant further understands that, if workers' compensation coverage or employers' liability coverage is provided by the Trust, the failure to provide said notice within thirty (30) days of any such change may result in the assessment of a civil penalty not to exceed \$100 for each failure;

(e) That should either the Applicant or the Trust desire to cancel coverage, it will give written notice to the other at least forty-five (45) days prior to cancellation;

(f) That, should Applicant default hereunder, Applicant agrees to save and hold harmless the Trust and the Trust's Board from any and all damages, causes of action, claims, delinquency or expenses; including reasonable attorney's fees, which would have otherwise been incurred by the Trust or the Board hereunder absent such default on the part of the Applicant;

(g) That, if workers' compensation or employers' liability coverage is placed with the Trust, Applicant will accept and be bound by the provisions of the Florida Workers' Compensation Act, that coverage arising from this Application shall be for Florida operations only, and that the Wage Declaration Schedule (Form No. LES Form DWC 1A (11/96)) and/or Renewal Certificates, when completed and returned to Applicant by the Trust, shall become a part of this agreement; and

(h) That, if medical, dental, short-term disability, and/or life coverage is placed with the Trust, the probationary period for new employees shall be:  
( ) 30 days ( ) 60 days ( ) 90 days ( ) other

WITNESSES TO SIGNATURE

Nassau County Board of County Commissioners

Name of Applicant

Floyd L. Vanzant  
Authorized Officer Floyd L. Vanzant  
Chairman

[Signature]  
Name

[Signature]  
Address

CORPORATE  
SEAL

[Signature]  
Clerk or Secretary  
J.M. "Chip" Oxley, Jr., Ex-Officio Clerk  
September 29, 2004  
Date

[Signature]  
Name  
[Signature]  
Address

IS HEREBY APPROVED FOR MEMBERSHIP IN THIS TRUST, AND COVERAGE IS EFFECTIVE THE 1ST DAY OF OCTOBER, 2004.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

BY: \_\_\_\_\_  
Administrator/Trustee