CM/rrp
09/17/2026

RESOLUTION NO 2026 – 129
CITY OF LAKE CITY, FLORIDA

A RESOLUTION OF THE CITY OF LAKE CITY, FLORIDA APPROVING PREFERRED GOVERNMENTAL INSURANCE TRUST AS THE WORKERS' COMPENSATION INSURANCE CARRIER FOR THE CITY COMMENCING ON OCTOBER 1, 2026; MAKING CERTAIN FINDINGS OF FACT IN SUPPORT OF THE CITY APPROVING SAID CARRIER; AUTHORIZING THE CITY MANAGER TO DIRECT THE PAYMENT OF INSURANCE PREMIUMS IN SUPPORT THEREOF; DIRECTING THE CITY MANAGER TO TAKE SUCH OTHER ACTIONS AS ARE NECESSARY AND PRUDENT TO FINALIZE SUCH INSURANCE POLICY INSURING THE CITY; AUTHORIZING AND DIRECTING THE MAYOR TO EXECUTE SUCH INSURANCE APPLICATIONS, CONTRACTS, AND OTHER DOCUMENTS AS ARE NECESSARY AND PRUDENT TO GIVE EFFECT HERETO; REPEALING ALL PRIOR RESOLUTIONS IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City of Lake City ("City") has determined it is necessary and prudent to seek competitive quotes from workers' compensation insurance vendors (the "Providers") to procure the best bargain for the City's workers' compensation insurance coverage (the "Services"); and

WHEREAS, the City contracted with Arthur J. Gallagher & Company (the "Consultant") to obtain quotes from qualified Providers; and

WHEREAS, the Consultant previously presented quotes to the City for consideration; and

WHEREAS, notwithstanding the City's procurement policy provides an open and formal procurement process is required for acquisitions in excess of $35,000, such as the instant procurement process for the Services, the City Council has determined seeking quotes from multiple qualified Providers is the best means of providing a competitive procurement process and simultaneously obtaining meaningful results to be considered by the City Council; and

WHEREAS, accordingly, the City Council has determined it is in the best interests of the City to waive the formal procurement process required by the City's procurement policy; and

WHEREAS, the City Council previously reviewed the quotes provided by the Providers to provide the Services; and

WHEREAS, Preferred Governmental Insurance Trust (the "Vendor") has presented a proposal to provide the Services, which proposal is in the best interests of the City and provides the broadest scope of Services; and

WHEREAS, engaging the Vendor to provide the Services is in the public interest and in the interests of the City; now therefore

BE IT RESOLVED by the City Council of the City of Lake City, Florida:

1. Waiving the formal procurement process set forth in the City's procurement policy is in the best interests of the City and the public, and accordingly such process is waived by the City Council in favor of obtaining quotes from qualified Providers; and

2. Engaging the Vendor to provide the Services is in the public or community interest and for public welfare; and

3. In furtherance thereof, the City Manager is authorized and directed to direct the payment of such insurance premiums as are necessary to bind coverage in support of obtaining the Services from the Vendor; and

4. In furtherance thereof, the City Manager is authorized and directed to take such other actions as are necessary and prudent to finalize obtaining the Services from the Vendor; and

5. The Mayor is authorized and directed to execute such insurance applications, contracts, and other documents as are necessary and prudent to give effect hereto; and

6. All prior resolutions of the City Council of the City of Lake City in conflict with this resolution are hereby repealed to the extent of such conflict; and

7. This resolution shall become effective and enforceable upon final passage by the City Council of the City of Lake City.

APPROVED AND ADOPTED, by an affirmative vote of a majority of a quorum present of the City Council of the City of Lake City, Florida, at a regular meeting, this ___ day of September, 2026.

BY THE MAYOR OF THE CITY OF LAKE CITY, FLORIDA

_____
Noah E. Walker, Mayor

ATTEST, BY THE CLERK OF THE CITY COUNCIL OF THE CITY OF LAKE CITY, FLORIDA:

_____
Audrey E. Sikes, City Clerk

APPROVED AS TO FORM AND LEGALITY:

_____
Clay Martin, City Attorney

Public Entity Application
PO Box 958455
Lake Mary, FL 32795-8455
Phone: 321-832-1450
Fax: 321-832-1496

Public Entity Application
Worker's Compensation 1st$ or Deductible Application
Coverage Term: 10/01/2026 **to** 10/01/2027

General Member Information	
Name:	City of Lake City
Mailing:	205 N Marion Ave.
City/State/Zip:	Lake City, Florida 32055-3918
Physical:	205 N Marion Ave.
City/State/Zip:	Lake City, Florida 32055-3918

Member Contact Information	Additional Member Information
Contact: Jill Milton	**FEIN:** **NCCI Risk ID:**
Title: ADA Risk-Safety Manager	**Population:** 12,602
Phone: 386-719-5308 **Fax:**	**Physical County:** Columbia
Email: miltonj@lcfla.com	**Member Type:** Municipality
Agency Information	**Agency Contact Information**
Agency: Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee	Contact: Justin Terry
Address: 501 Riveside Avenue	Phone#: 9045482280
Suite 1000	Fax#:
City/State/Zip: : Jacksonville, FL 32202	Email: Justin_Terry@ajg.com
Phone: (904) 548-2280 **Fax:** (904) 277-8739	

CERTIFICATION
The undersigned being authorized by and acting on behalf of the applicant and all persons/concerns seeking insurance, has read and understands this Application, including any appendices and/or supplements, and declares that all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such written report, prior to the inception of the coverage agreement applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the coverage, nor does the review of same bind The Trust to issue a coverage agreement. This application shall be the basis of the contract, should one be issued.

This Application must be signed by the "Ranking Elected/ Appointed Official" of the Entity making the application (e.g. Chair, President, Superintendent or Executive Director of the Educational Entity) or the Risk Manager (or ranking official) assigned this function.

SIGNATURE: _____

TITLE: _____

DATE: _____

NOTICE TO APPLICANT
For your protection, the following Fraud Warning is required to appear on this application:

FLORIDA FRAUD STATEMENT
Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

EXHIBIT TO RESOLUTION

Coverage Term: 10/01/2026 to 10/01/2027

Member Name: City of Lake City

Agency: Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee

Current Coverages Selected:

Workers' Compensation

Coverage/ Exposure Summary:

Line of Business	Exposure Coverage	Applicable/Not Applicable
General Question	Application General Information	Applicable
Workers' Compensation	1st Dollar (Standard Limits are $1M/$1M/$1M)	Applicable

EXHIBIT TO RESOLUTION

Coverage Term: 10/01/2026 to 10/01/2027

Member Name: City of Lake City

Agency: Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee

COVERAGE INFORMATION

General Questions	Response
Account CSR:	Corey Markle
Agent Name:	Justin Terry
Primary Member Contact:	Jill Milton
If New Primary Contact include name, phone and email address:	Jill Milton 386-719-5308 miltonj@lcfla.com
Have you attached the most recent audited financials?	No
Requested Effective Date:	10/01/2026
Requested Termination Date:	10/01/2027
Bid Date (if Applicable, Attach RFP copy):	
Need by Date:	
Is this new business? If it is new business, please complete and attach the 'Expiring Information' form. Template can be found under 'Agent Documents' at the top of the page (Application is not complete without this information).	No
Have you been with PGIT less than 5 years? If Yes - complete and attach the 'Loss Summary' form or a 'No Known Losses' letter. Template can be found under 'Agent Documents' at the top of the page (Application is not complete without this information).	Yes
Member's FEIN:	
NCCI Risk ID #:	
Population:	12,692 XXXXXX12,889
Full Detailed Description of Operations:	City Municipality
Installment Schedule (Direct Bill):	Quarterly
Do you have a risk Manager? (Yes/No) If yes, please provide name and phone number	Yes Jill Milton 386-719-5308
Do you have a Human Resources or Personnel Department? (Yes/No) If No, please describe handling of this function:	Yes
Number of Full Time Police	51
Number of Full Time Fire	27 XXX 33
Number of Full Time All Other Personnel	184 XXX 202
Number of Part Time Police	3
Number of Part Time Fire	0
Number of Part Time All Other Personnel including Seasonal	0
Number of Volunteers Police	0
Number of Volunteers Fire	0
Number of Volunteers All Others	0
Police - Estimated Payroll	3,200,722 XXXXXXX $3,658,865
Fire - Estimated Payroll	1,780,731 XXXXXXX $2,097,376
All Other – Estimated Payroll	8,770,642 XXXXXXX $10,048,796

EXHIBIT TO RESOLUTION

Preferred PGIT GOVERNMENTAL INSURANCE TRUST

Coverage Term: 10/01/2026 to 10/01/2027

Member Name: City of Lake City

Agency: Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee

COVERAGE INFORMATION - Worker's Compensation

	1st Dollar or Deductible	Response
1.	Enter number of broken arm posters needed:	
2.	WC Limit Requested (standard is $1M/$1M/$1M):	$1,000,000/$1,000,000/$1,000,000
3.	WC Deductible Requested:	$0
4.	Experience Modification Factor:	
5.	Experience Modification Factor Effective Date:	
6.	Is a formal drug free program in operation? Attach Drug Free Credit Application.	Yes
7.	Is a formal safety program in operation? Attach Safety Credit Application.	Yes
8.	Is there a formal Return to Work - Light Duty program in place for all operational areas?	Yes
9.	Does employer have a safety committee?	Yes
10.	If Yes, is there management participation	Yes
11.	Is there a formal review of all workplace accidents?	Yes
12.	Do past, present, or discontinued operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? If yes, describe:	No
13.	Any work performed underground or above 15 feet? If yes, describe:	No
14.	Any work performed on docks, barges, vessels, bridges, or over water? If yes, describe:	No
15.	Are sub-contractors used? If yes, describe:	Yes
16.	Are Work Comp COI's required for sub-contractors/ vendors?	Yes
17.	Do employees travel out of state? If yes, describe:	No
18.	Do you lease employees to or from other employers? If yes, describe:	No
19.	Any group transportation provided? If yes, describe:	No
20.	Are physicals required after offers of employment are made? If yes, list which departments or positions require physicals.	Yes

EXHIBIT TO RESOLUTION

21.	Are there any occupational disease exposures involved in the operation including asbestos, silica, dust, hazardous chemicals, radiation, communicable disease or any other occupational disease exposure? If Yes, describe:	No
22.	Is there any owned, leased or chartered aircraft? If yes, complete aviation supplemental application.	No
23.	Are there any owned or operated airports? If yes, describe:	Yes
24.	Is there any owned, leased or chartered watercraft? If yes, describe operation:	No
25.	Any employees who may be subject to the Longshore and Harbor Workers' Compensation Act, Jones Act or Federal Employer's Liability Act? If yes, describe:	No
26.	Do operations include electric utility? If yes, describe:	No
27.	Any power generation?	No
28.	Any power distribution?	No
29.	# Lineman	
30.	Amount of payroll associated with lineman	
31.	Do operations include gas utility? If yes, describe:	Yes
32.	Do operations include a penal facility? If yes, describe:	No
33.	Do operations include amusement park or similar facility? If yes, describe:	No

EXHIBIT TO RESOLUTION

Coverage Term: 10/01/2026 to 10/01/2027

Member Name: City of Lake City

Agency: Arthur J. Gallagher Risk Management Services, Inc. - Jacksonville/Yulee

Submission Checklist:

For selected coverages, please ensure you have attached the following:

New Business
Expiring Coverage Information - see Template in Agent Documents. Include target premium.

All Coverages
5 years of currently valued loss runs (if with Preferred less than 5 years) (10 years for XS WC)
Details on any claims in excess of $50,000
Premium Loss Summary (if with Preferred less than 5 years)
Most recent audited financial or link to website that we can get it from

Liability Coverage
All policies and procedures (including incident response) related to your Sexual Abuse Prevention Program
Abuse Prevention Training Program Details
List of all Sexual Abuse claims with a Total Incurred Amount in excess of $10,000

Workers' Compensation - 1st Dollar or deductible application
Payroll Schedule by Class Code
Employee Concentration Form
Aviation supplemental if aviation class code requested

Worker's Compensation - SIR/Excess coverage included in Package application
10 years of currently valued loss runs (if with Preferred less than 5 years)
Payroll Schedule by Class Code
Employee Concentration Form
Aviation Supplemental if aviation class code requested

Employment Practices Liability
Employee Handbook

Educators Legal Liability
Student Handbook

Automobile Liability
15 Passengers Vans older than 2006 - Copy of safety policy/procedures for Van usage

Property/Automobile/Inland Marine
Schedules in the Preferred ternplate

-END OF APPLICATION-

EXHIBIT TO RESOLUTION