# RESOLUTION NO. ____-*2018*

# RESOLUTION OF THE FORT BRAGG CITY COUNCIL APPROVING THE DELEGATION OF CLAIMS ADMINISTRATION AND AUTHORIZING REMIF AND THE THIRD PARTY ADMINISTRATOR ON BEHALF OF REMIF TO ACCEPT OR REJECT CLAIMS FILED AGAINST THE CITY OF FORT BRAGG

**WHEREAS**, the City of Fort Bragg has been a member of the Redwood Empire Municipal Insurance Fund (hereinafter referred to as REMIF), a self-insured joint powers authority (JPA) since 1979; and

**WHEREAS**, REMIF provides, among other things, the City's liability coverage for those matters covered by the Memorandum of Liability Coverage; and

**WHEREAS,** REMIF has a Memorandum of Liability Coverage that outlines the liability coverage provided to the City of Fort Bragg and is bound by the bylaws that, among other things, outline settlement authority; and

**WHEREAS**, REMIF works with a third party administrator to administer the City's liability claims that fall under the Memorandum of Liability Coverage; and

**WHEREAS**, Government Code 912.6 requires that the City of Fort Bragg act on a claim filed against the City in one of four ways: (1) If the Board finds the claim is not a proper charge against the public entity, it shall reject the claim; (2) If the Board finds the claim is a proper charge against the public entity and is for an amount justly due, it shall allow the claim; (3) If the Board finds the claim is a proper charge against the public entity but is for an amount greater than is justly due, it shall either reject the claim or allow it in the amount justly due and reject it as to the balance; or (4) If legal liability of the public entity or the amount justly due is disputed, the Board may reject the claim or may compromise the claim; and

**WHEREAS,** consistent with the Government Code 912.6**,** the Fort Bragg Municipal Code Chapter 3.04 already requires that the City Clerk forward to REMIF all claims for review and direction, except those under $50,000 which are presented to the City Manager for review and decision; and

**WHEREAS**, the City of Fort Bragg shall delegate and authorize REMIF and the third party administrator on behalf of REMIF to respond to covered claims filed against the City as outlined in Government Code section 912.6 and Municipal Code Chapter 3.04. The City of Fort Bragg will work closely with REMIF and the third party administer on behalf of REMIF to respond to covered claims. All decisions will be collaboratively discussed between the City and REMIF or the third party administrator on behalf of REMIF. Final

authority is outlined in the Memorandum of Liability Coverage, the bylaws and the JPA agreement with REMIF; and

**WHEREAS,** whenever it is necessary for the City to reject or provide another form of notice to a claimant for a covered claim, the City of Fort Bragg hereby delegates to REMIF or the third party administrator on behalf of REMIF that authority, in collaboration with the City of Fort Bragg; and

**WHEREAS**, the City of Fort Bragg will continue to immediately report every covered claim to REMIF and/or the third party administrator on behalf of REMIF (but in no case longer than 2 business days of claim filing); the City of Fort Bragg will provide REMIF and the third party administrator on behalf of REMIF any information/ documentation that is needed immediately (but in no case longer than 10 days of claim filing) with information to determine the appropriate claim response.

**NOW, THEREFORE, BE IT RESOLVED** that the City Council of the City of Fort Bragg does hereby delegate the authority of claims administration for covered claims and authorizes REMIF and the third party administrator on behalf of REMIF to respond to covered claims on behalf of the City of Fort Bragg.

**The above and foregoing Resolution was introduced by Councilmember _____, seconded by Councilmember _____, and passed and adopted at a regular meeting of the City Council of the City of Fort Bragg held on the 10ᵗʰ day of September, 2018, by the following vote:**

**AYES:**
**NOES:**
**ABSENT:**
**ABSTAIN:**
**RECUSED:**

_____
**LINDY PETERS**
**Mayor**

**ATTEST:**

_____
**June Lemos, CMC**
**City Clerk**