

**Warren County**  
**SUPPORT SERVICES COMMITTEE**  
**(INSURANCE)**

January 29, 2010 10:45am

Information Submitted By: Amy Clute, Insurance Administrator

**1. Expiring Contracts 2010**

**Health Insurance Broker Services:**

Current contract with Capital Financial Services will expire on 9/22/2010. This was a 3 year contract (9/22/2004-9/22/2007) which had an option for a 3 year renewal (9/22/2007-9/22/2010). An RFP was issued for this in 2004. Since 2004 the County established the Human Resources Department and the contact for Health Insurance has changed to that department. Would it be more appropriate for the discussion of an RFP for Health Broker Services to be generated from the Human Resources Department/Personnel Committee?

**Property and Casualty Insurance Broker Services:**

The current contract with Cool Insuring expires on 9/22/2010. This was a 3 year (9/22/2007-9/22/2010) with an option for a 3 year renewal. The annual fee for services has been \$40,000. Committee discussion regarding the extension of this contract. Cool Insuring to be present to respond to the Committee's questions.

**Excess Workers' Compensation and Employers Liability Broker Services:**

The current contract with TD Banknorth expires on 12/31/2010. This was a 3 year contract with NO option for renewal. The County Attorney has advised that an RFP will need to be issued for this service. Request that the Committee approve issuing an RFP for this service with a draft form to be approved by the Committee at a later date.

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Self-Insurance**

**DATE: 1/29/2010**

- (a) Purpose of Contract Change: Extending the agreement with Cool Insuring for Property and Casualty Broker Services for an additional 3 years, 9/22/2010-9/22/2013
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R559 of 2007
- (c) Name of Contractor: Cool Inuring Agency Inc
- (d) Address of Contractor: PO Box 2153, Glens Falls Ny 12801
- (e) Contractor's Contact Person and Telephone Number: Jack Bieniek 793-5133
- (f) Commencement Date of Extension: 9/22/2010
- (g) Termination Date of Extension: 9/22/2013
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$40,000
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Annually (January)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx**

**Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

Analyst/Programmer	2009 Direct Billing	2009 Indirect Billing	2009 Cost	
<b>Cost to Taxpayers</b>				
Salary	\$17,000.00	\$15,000.00	(\$18,000.00)	taxpayers are paying 18,000 for a 90,000 developer
(\$50,000.00)				
Centralization program			\$60,000.00	
Budget Impact			\$42,000.00	
What did the citizens get for their 18,000?				
<b>Accomplishments (2009)</b>				
215 users, using 40 systems, rely on Jeremy, solely, everyday that their tools work we pay those users \$13,000,000/year				2009 benefit \$XX,XXX
				10 year benefit \$X,XXX,XXX
<b>Selected 2009 Projects</b>				
Probation				
Drug Testing System				\$XX,XXX
(allows \$50,000/year in revenue to be collected, timesave)				
DSS				
Case Management System - replaced PeerPlace costing \$11,000 + timesaver				\$11,000.00
Self-Insurance				\$150,000.00
Medicaid Reporting system - mandated program (all systems)				\$14,500.00
WCEAS				\$300,000.00
integrated 3 departments in-a workflow system saving 5,000 in paper alone, making 'huge' difference				\$200,000.00
Multiple				\$5,000.00
create reports vs. vendor				\$15,000.00
Ironspeed				\$90,000.00
rapid application development/2 junior programmers				\$900,000.00
<b>No future progress will be made in the County, which needs modern tools for efficiency, productivity and for budget impact. The efficiency and productivity impact of providing good tools to the workers will have in turn, significant positive budget impact.</b>				
Aaron's position				
* DPW position (\$75,000), DSS position (\$70,000), Tourism contract (\$150,000)				

Rob Metthe:  
review Kathy's letter

Rob Metthe:  
NYSOFT  
counties  
system portfolio  
100 million lines of code

**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Support Services Committee hereby authorizes Joan Sady  
(Supervisory Committee) (Employee Name)

to attend NYSAC 2010 Legislative Conference  
(Name of meeting or organization)

at The Desmond Hotel & Conference Center Albany, N.Y.  
(Address)

on 2/8 & 2/9/10 Mode of transportation to be used personal vehicle  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

\_\_\_\_\_

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

Notice of meeting or convention including cost. \$185.00

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_

Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

\* [www.gsa.gov](http://www.gsa.gov)

Date: 1/29/10

Joan Sady  
Department Head Signature

Date: 1/29/10

[Signature]  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

Check one:

- In-State (needs Supervisory Committee authorization)  
 Out-Of State (needs Board resolution)

The Support Services Committee hereby authorizes JoAnn McKinstry  
(Supervisory Committee) (Employee Name)

to attend NYSAC 2010 Legislative Conference  
(Name of meeting or organization)

at The Desmond Hotel & Conference Center Albany, NY  
(Address)

on 2/8 & 2/9/10 . Mode of transportation to be used personal vehicle  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

\_\_\_\_\_

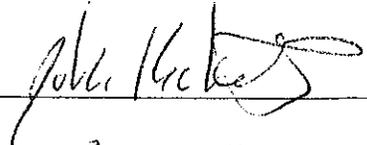
**Proper documentation must be attached when submitting for approval.**  
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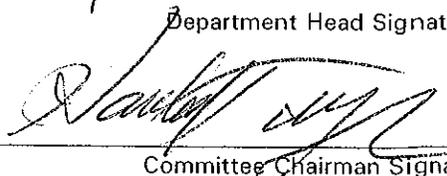
**For Overnight Travel**

Room rate \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \* per diem rate \$ \_\_\_\_\_  
*\*www.gsa.gov*

Date: 1/29/10

  
\_\_\_\_\_  
Department Head Signature

Date: 1/29/10

  
\_\_\_\_\_  
Committee Chairman Signature

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