

### CITY of NOVI CITY COUNCIL

Agenda Item H May 7, 2012

SUBJECT: Adoption of resolution to participate in the State of Michigan's Fire Insurance Withholding Program, under MCL 500.2227 of the State Insurance Code.

SUBMITTING DEPARTMENT: Public Safety

CITY MANAGER APPROVAL:

### **BACKGROUND INFORMATION:**

The Fire Insurance Withholding Program created under the State Insurance Code allows municipalities to gain some financial protection against the cost of cleaning up a damaged structure or undertaking other clean up costs following a fire loss or other similar event. A municipality that chooses to participate in the program becomes eligible to receive a portion of the insurance policyholder's final settlement, to be held in a specified escrow account until the structure is repaired, replaced, or demolished. Once that occurs, the escrow funds are released by the municipality back to the property owner. If the property owner does not repair the structure, the municipality can use the funds to repair, replace, or demolish the structure.

The State of Michigan maintains a list of participating municipalities in its Office of Financial and Insurance Regulation (OFIR). The state sends the list to all property and casualty insurance companies to give notice of the required escrow withholding.

While the amount to be escrowed is listed as 25% of the final settlement, there is a maximum amount established by the state per year. This year, the maximum is set at \$8,120, starting June 1, 2012.

Attached is a resolution in the general form required under the law to participate in the program.

RECOMMENDED ACTION: Adoption of resolution to participate in the State of Michigan's Fire Insurance Withholding Program, under MCL 500.2227 of the State Insurance Code

|                        | 1 | 2 | Υ | N |
|------------------------|---|---|---|---|
| Mayor Gatt             |   |   |   |   |
| Mayor Pro Tem Staudt   |   |   |   |   |
| Council Member Casey   |   |   |   |   |
| Council Member Fischer |   |   |   |   |

|                         | 1 | 2 | Υ | N |
|-------------------------|---|---|---|---|
| Council Member Margolis |   |   |   |   |
| Council Member Mutch    |   |   |   |   |
| Council Member Wrobel   |   |   |   |   |

## **MEMORANDUM**



TO:

DAVID E. MOLLOY,

DIRECTOR OF PUBLIC SAFETY/CHIEF OF POLICE

FROM:

JEFFERY R. JOHNSON, DIRECTOR OF FIRE/EMS OPERATIONS  $\mathfrak{F}^{\mathcal{N}}$ 

SUBJECT:

FIRE INSURANCE WITHHOLDING PROGRAM

DATE:

APRIL 25, 2012

In Section 2227 of the State of Michigan insurance code it allows, through resolution, municipalities with a population of 50,000 or more to establish an escrow account of 25% (maximum of \$8,120 in 2012) of a fire insurance settlement for losses to real property caused by fire or explosion as well as losses caused by vandalism, malicious mischief, wind, hail, riot, or civil commotion.

The intent of this law is to provide financial relief to a municipality that secures a damaged building, at the expense of the taxpayers, with the intent of protecting the public against the perils of the damaged property. In addition, it also allows for some financial relief if a property must be razed in order to protect the public.

This resolution would have aided the City of Novi with the securing of and ultimate demolition of the house on Wintergreen Circle that was destroyed by fire in January of this year. Once the building was determined to be a total loss by the insurance company and final payment made to the insured, an escrow account would have been established with \$8,120 placed in it. The city could have used these funds to demolish the house or held the funds in escrow until the house was razed by the owner.

This resolution will provide the City of Novi another means of protecting its citizens against damaged and dangerous buildings and can be of benefit in cases where the insured does not cooperate with the city in securing or demolishing these properties.

I am recommending adoption of the Fire Insurance Withholding Program resolution as prepared by city attorney Thomas Schultz.

# JOHNSON | ROSATI | SCHULTZ | JOPPICH

A Professional Corporation

34405 W. Twelve Mile Road Suite 200 ~ Farmington Hills, Michigan 48331-5627 Phone: 248.489.4100 / Fax: 248.489.1726 www.johnsonrosati.com

Thomas R. Schultz tschultz@jrsjlaw.com

April 20, 2012

David Molloy, Director/Chief Novi Public Safety Department 45125 W. Ten Mile Road Novi, MI 48375

RE: Fire Insurance Withholding Program

Dear Chief Molloy:

Enclosed is a draft of the proposed Resolution by which Novi would participate in the Fire Insurance Withholding Program. As you know, the requirement is simply to fill out the required form provided by the state and adopt an appropriate resolution, and the City will be placed on the list kept by the state of municipalities who participated in the program. Notice will be sent to insurers within the state.

If you have any questions regarding the above, please do not hesitate to call.

Very truly yours,

JOHNSON, ROSATI, SCHULTZ & JOPPICH, P.C.

Thomas R. Schultz

TRS:jah Enclosure

cc: Maryanne Cornelius, City Clerk

Victor Cardenas, Assistant City Manager

Jeff Johnson, Director of EMS & Fire Operations

FIS 0376 (5/09) Office of Financial and Insurance Regulation

# Fire Insurance Withholding Program Enrollment and Notification

Please type or print clearly

| Name of Municipality                                                                                                                                                                                                                                                                                  | Type of Municipality (choose one)              | Located In the Michigan County of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| City of Novi                                                                                                                                                                                                                                                                                          | X City                                         | Oakland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name and title of Contact Person                                                                                                                                                                                                                                                                      | Village                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Clay Pearson, City Manager                                                                                                                                                                                                                                                                            | Township                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contact Person complete address                                                                                                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 45175 W. Ten Mile Road<br>Novi, MI 48375-3024                                                                                                                                                                                                                                                         |                                                | and Insurance Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Contact Person phone number (with area code)                                                                                                                                                                                                                                                          | Consumer Service                               | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (248 ) 347–0420                                                                                                                                                                                                                                                                                       | PO Box 30220<br>Lansing MI 48909-7720          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contact Person email address                                                                                                                                                                                                                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| cpearson@cityofnovi.org                                                                                                                                                                                                                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Municipality will be participating under the following section of the Michigan Insurance  Section 2845 - Municipalities of less than 50,000 in population located in  Section 2227 - Municipalities with a population of 50,000 or more, or the but in a county with a population of 425,000 or more. | in counties of less than 425,000 in population |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Please enroll this municipality in the Fire Insurance Withholding Program.                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Authorized signature Date signed                                                                                                                                                                                                                                                                      | Signer's name and title, typed or printed      | And the state of t |
|                                                                                                                                                                                                                                                                                                       | Clay Pearson, City                             | Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

P.A. 216 and 217 of 1998 require submission of this information by municipalities that wish to enroll in the Fire Insurance Withholding Program.



#### **CITY OF NOV!**

### **COUNTY OF OAKLAND, MICHIGAN**

| RESOLU | <u>JTION N</u> | <u>O.                                    </u> |  |
|--------|----------------|-----------------------------------------------|--|
|        |                |                                               |  |

| REGULATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| At a meeting of the City Council of the City of Novi, Oakland County, Michigan held on, 2012, at the City Hall, 45175 W. Ten Mile Road, Novi, Michigan 48375-3024.                                                                                                                                                                                                                                                                                                                |
| The following resolution was offered by Councilmember and supported by Councilmember and                                                                                                                                                                                                                                                                                                                                                                                          |
| WHEREAS, the provisions of Act 495 of the Public Acts of 1980; as amended by Act 216 of the Public Acts of 1998, and the provisions of Act 217 of the Public Acts of 1998, provide that a portion of certain casualty losses for fire or explosion otherwise payable by insurers may be withheld in escrow by participating municipalities in orde to secure repair, replacement, or removal of damaged structures which violate the City of Novi health or safety standards; and |
| WHEREAS, the City of Novi has determined that participation in said program would protect and promote the public health, safety, and welfare and wishes to be included in the list of participating municipalities published by the Commissioner of Insurance; and                                                                                                                                                                                                                |
| WHEREAS, the City of Novi desires to implement all procedures necessary to administer said program by designating the City official responsible for administration of the program and establish an escrow account for said purpose.                                                                                                                                                                                                                                               |

NOW, THEREFORE, IT IS HEREBY RESOLVED as follows:

- That the City of Novi does hereby become a participating municipality in the program providing for the escrow of fire insurance as established by Act 495 of the Public Acts of 1980; as amended by Act 216 of the Public Acts of 1998, or as established by Act 217 of the Public Acts of 1998, and does declare its intention to uniformly apply the provisions of Section 2845 or Section 2227 to all property within the City of Novi.
- That the City of Novi official responsible for the administration of Section 2845 or 2227 of said Acts and any rules promulgated by the Commissioner of Financial and Insurance Services is hereby designated as follows:

Clay Pearson, City Manager 45175 W. Ten Mile Road Novi, MI 48375-3024 (248) 347-0420

| holding deposits of money         | I for deposit of City funds for the purposes of receiving and received from insurers pursuant to Section 2845 or 2227 of shall be separately maintained from all other accounts and account.     |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AYES: NAYES: ABSTENTIONS: ABSENT: |                                                                                                                                                                                                  |
| STATE OF MICHIGAN                 | )                                                                                                                                                                                                |
| COUNTY OF OAKLAND                 | )ss. )                                                                                                                                                                                           |
| County, Michigan, do her          | NELIUS, the duly-qualified Clerk of the City of Novi, Oakland<br>eby certify that the foregoing is a resolution adopted by the<br>Novi, at a duly-called meeting held on<br>n file in my office. |
|                                   | Maryanne Cornelius, City Clerk<br>City of Novi                                                                                                                                                   |
|                                   | signed and acknowledged before me on, 2012<br>S, the duly-authorized Clerk for the City of Novi, a Michigar                                                                                      |
|                                   | Notary Public Oakland County, Michigan My Commission Expires:                                                                                                                                    |
| •                                 |                                                                                                                                                                                                  |

That the City of Novi official shall establish an escrow account with a bank

3.