City of Delray Beach Budget Transfer Form

(2) Date: June 3, 2025

(1) Departmental Line Transfer

(3) Interfund	/Interdepartmental Transfe	(4) Batch Number:		
(5) Requeste	ed By: Paula Wolfe, Risk Ma	nager		
PROJECT #	(6) ACCOUNT NUMBER	(7) DESCRIPTION	(8) TRANSFER OUT	(9) TRANSFER IN
	551130405134531	Insurance Package Policy Premium	\$4,330.00	
	551130405134515	Insurance Other Insurance Costs		\$4,330.00
			\$4,330.00	\$4,330.00
		s Liability Insurance policies		
		quested to offset the increas L 551-13-040-513-45-31 to su		
	o a deficit in the overall in			
Department I	Head	Budget Admini	strator	
Finance Direc	ctor			
(11) Budget	Revision Date		(12) Control Numbe	r
(13) Period			(14) Count	
	ORIGINAL-BUDGET	CANARY-PROJECT FILE	PINK-DEPARTMEN	IT

Annual Totals YTD 🕶

Reclass Journal Type

Prior Year Include

Classification Operating Expenditures/Expenses

Fiscal Year 2025

Amended Bud \$40,000 Percent l	0.00	mbrances \$0.00	Expenses \$3,542.83	\$36,4		
Month	Budget	Amendments	Encumbrances	Expenses	Current YTD Balance	Perce
October	\$40,000.00	\$0.00	\$0.00	\$0.00	\$40,000.00	
November	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	
December	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	
January	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	
February	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00	
March	\$0.00	\$0.00	\$0.00	\$790.83	\$39,209.17	
April	\$0.00	\$0.00	\$0.00	\$2,122.00	\$37,087.17	
May	\$0.00	\$0.00	\$0.00	\$630.00	\$36,457.17	
June	\$0.00	\$0.00	\$0.00	\$0.00	\$36,457.17	
July	\$0.00	\$0.00	\$0.00	\$0.00	\$36,457 17	
August	\$0.00	\$0.00	\$0.00	\$0.00	\$36,457.17	
September	\$0.00	\$0.00	\$0.00	\$0.00	\$36 457 17	
Total	\$40,000.00	\$0.00	\$0.00	\$3.542.83	\$36,457.17	
Unposted Transactions	\$0.00	\$0.00	\$0.00	\$0.00	\$36,457.17	
Grand Total	\$40,000.00	\$0.00	\$0.00	\$3.542.83	\$36,457.17	

Annual Totals YTD
Reclass Journal Type

Classification Operating Expenditures/Expenses

Amended Budget Encumbrances Expenses

\$2,165,686.00 \$0.00 \$1,234,697.50 \$930,988.50

Percent Used 57%

Budget Amendments Encumbrances Expenses Current YTD Balance

	37/0					
Month	Budget	Amendments	Encumbrances	Expenses	Current YTD Balance	Perce
October	\$2,400,000.00	\$0.00	\$0.00	\$425.643.75	\$1,974,356.25	
November	\$0.00	\$0.00	\$0.00	\$0.00	\$1,974,356,25	
December	\$0.00	\$0.00	\$0.00	\$404,527.00	\$1,569,829.25	
January	\$0.00	\$0.00	\$0.00	\$0.00	\$1,569,829,25	
February	\$0.00	\$0.00	\$0.00	\$0.00	\$1,569,829.25	
March	\$0.00	-\$64.863.00	\$0.00	\$404,526.75	\$1,100,439.50	
April	\$0.00	\$0.00	\$0.00	\$0.00	\$1,100,439,50	
May	\$0.00	-\$169.451.00	\$0.00	\$0.00	\$930,988.50	
lune	\$0.00	\$0.00	\$0.00	\$0.00	\$930,988.50	
luly	\$0.00	\$0,00	\$0.00	\$0.00	\$930,988.50	
August	\$0.00	\$0.00	\$0.00	\$0.00	\$930,988.50	
September	\$0.00	\$0.00	\$0.00	\$0.00	\$930,988.50	
Total	\$2,400.000.00	-5234.314.00	\$0.00	\$1,234,697.50	\$930,988.50	
Unposted Transactions	\$0.00	\$0.00	\$0.00	\$0.00	\$930,988.50	
Grand Total	\$2,400,000.00	(\$234,314.00)	\$0.00	\$1,234,697.50	\$930,988.50	



Peachtree Special Risk Brokers, LLC 3525 Piedmont Road, N.E., Bldg #5, Suite 700 Atlanta, GA 30305 (404)467-6430 Fax: (404)467-6431 Wholesale Insurance Brokers

Agency Code: 6884

Peachtree Special Risk Brokers, LLC

DATE: 05/22/2025

TO: Cristina Robles

Relation Ins Svcs of North Carolina Inc-Charlotte

11215 N Community House Rd

Ste 100

Charlotte, NC 28277

FROM: Sherry Curtis

scurtis@bridgespecialty.com

RE: City of Delray Beach

Renewal of Policy #: NEW

QUOTATION

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Policy Term: 06/05/2025 - 06/05/2026 Quote Exp Date: 06/5/2025 12:01 AM

Quotation Premium

Excluding TRIA		Including TRIA	
Premium:	\$25,000.00	Premium:	\$25,000.00
		TRIA:	\$1,000.00
Total:	\$25,000.00	Total:	\$26,000.00

Relation Ins Svcs of North Carolina Inc-Charlotte is responsible for collecting and filing the Surplus Lines taxes.

Minimum Earned Percentage: 25.00 %; *Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.

Note: Fees are fully earned

Policy Type: Occurrence

Carrier(s):

Axis Surplus Insurance Company Non-Admitted

Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

Locations: Per Schedule on file with the Company.

Commercial General Liability:

\$1,000,000 Each Occurrence

\$ 100,000 Damage to Premises Rented to You

\$ 5,000 Medical Expense

\$1,000,000 Personal & Advertising Injury

\$2,000,000 General Aggregate

\$2,000,000 Products/Completed Operations Aggregate



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Policy Term: 06/05/2025 - 06/05/2026 Quote Exp Date: 06/5/2025 12:01 AM

Quotation Premium

Excluding TRIA		Including TRIA	
Premium:	\$15,000.00	Premium:	\$15,000.00
FIGA	\$154.50	FIGA	\$154.50
		TRIA:	\$450.00
Total:	\$15,154.50	Total:	\$15,604.50

Minimum Earned Percentage: 25.00 %; *Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.

Note: Fees are fully earned

Policy Type: Occurrence

Carrier(s):

Indemnity National Insurance Company Admitted

Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

Locations: Per Schedule on file with the Company.

Excess Liability:

\$1,000,000 Occurrence/Aggregate Excess of Required Underlying: See Schedule of Underlying Attached

<u>Endorsements/Exclusions</u>: (Standard Company or ISO Exclusions are applicable including, but not limited to the following terms, conditions and exclusions. The state specific forms vary per state and may not be listed on this proposal. It is your responsibility as agent of the insured to check coverage and terms.)

Budget Transfer Railroad Ins

Final Audit Report 2025-05-23

Created: 2025-05-23

By: Peter Martinek (MartinekP@mydelraybeach.com)

Status: Signed

Transaction ID: CBJCHBCAABAAUUuHWYI1CL9InmA1LstJtVM_hwwKBMKA

"Budget Transfer Railroad Ins" History

Document created by Peter Martinek (MartinekP@mydelraybeach.com) 2025-05-23 - 8:19:50 PM GMT

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