

Date March 22, 2010

APPOINTMENT OF CITY REPRESENTATIVE AND ALTERNATE REPRESENTATIVE TO ACT AS CONTACT AND LIAISON WITH IOWA COMMUNITIES ASSURANCE POOL

WHEREAS, the City of Des Moines, Iowa, by 28E Agreement, provides Haz Mat Services to the counties of Story, Boone, Madison, Dallas, Warren, Polk, Marshall and Marion; and

WHEREAS, the City purchases separate property, liability and workers compensation coverage to cover the equipment and activities of City personnel when responding to a call for Haz Mat Service, the cost of such liability and workers compensation coverages are divided among and paid for by the counties being served; and

WHEREAS, the City purchases the property and liability coverage from the Iowa Communities Assurance Pool (ICAP) per the Iowa Risk Management Agreement, and ICAP now requires that the City's liaisons with the City be so designated by resolution of the City Council.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa that the persons serving, at any given time, in the Des Moines Fire Department as District Chief of Special Operations and the Assistant Fire Chief responsible for Special Operations be and are hereby designated respectively as the City's Primary Contact and Alternate Contact.

BE IT FURTHER RESOLVED by the City Council of the City of Des Moines, Iowa that the City's Primary Contact and Alternate Contact, in consultation with the City of Des Moines Risk Manager, are authorized to act as liaison between the City of Des Moines and ICAP for the purposes of relating risk reduction and loss control information, and any other loss information or instructions concerning the obligations of the City under its agreement with ICAP and the rules and regulations established thereunder, but only to the extent that such obligations, rules and regulations do not require actions for which the authority is held solely by the City Council under the provisions of the Municipal Code or any other federal or state law or regulation that may so bind the City Council.

(Council Communication No. 10-142) Moved by \_\_\_\_\_ to adopt.

Approved as to Form:

Ann DiDonato  
Ann DiDonato, Assistant City Attorney

| COUNCIL ACTION | YEAS | NAYS | PASS | ABSENT |
|----------------|------|------|------|--------|
| COWNIE         |      |      |      |        |
| COLEMAN        |      |      |      |        |
| GRIESS         |      |      |      |        |
| HENSLEY        |      |      |      |        |
| MAHAFFEY       |      |      |      |        |
| MEYER          |      |      |      |        |
| MOORE          |      |      |      |        |
| TOTAL          |      |      |      |        |

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED

APPROVED

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk