

RESOLUTION NO. 2025- 414

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, RECOGNIZING AND APPROPRIATING \$37,622.78 OF INSURANCE PROCEEDS FROM THE ST JOHNS COUNTY COUNCIL ON AGING, AMENDING THE 2026 TRANSIT BUDGET TO REFLECT THIS APPROPRIATION.

WHEREAS, St. Johns County Transit Bus #170 was involved in a traffic collision resulting in a total loss; and

WHEREAS, the COA, as the registered owner of the bus, received \$37,622.78 in insurance proceeds for the loss ("Insurance Proceeds"); and

WHEREAS, the COA is providing the Insurance Proceeds to the County for the purchase of a replacement bus; now therefore

BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, that:

Section 1. The above recitals are hereby incorporated into the body of this Resolution and adopted as findings of fact.

Section 2. There is hereby recognized and appropriated \$37,622.78 from the St. Johns County Council on Aging to the Transit Revenue budget to be used for the purchase of a replacement bus; and the County's fiscal year 2026 budget is hereby amended to reflect this appropriation.

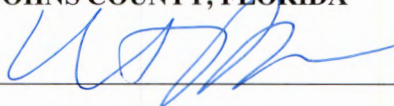
Section 3. To the extent that there are typographical, administrative, or scrivener's errors that do not change the tone, tenor, or context of this Resolution, then this Resolution may be revised without further action by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 18th day of

ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 4th day of November, 2025.

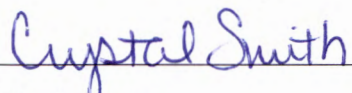
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

Rendition Date NOV 04 2025

BY: 

Krista Joseph, Chair

ATTEST: Brandon J. Patty, Clerk of the Circuit Court & Comptroller

By: 
Deputy Clerk

Effective Date: NOV 04 2025

ST. JOHNS COUNTY COUNCIL ON AGING, INC.
TAX EXEMPT #85-8012643782C-0

47553

47553

BOA002	ST JOHNS COUNTY BOCC	00000000000000080577	9/29/2025					
225240	BUS #170 REIMB.		9/8/2025	\$11,393.93	\$11,393.93	\$0.00	\$0.00	\$11,393.93
225544	BUS 170 REIMB		9/29/2025	\$26,228.85	\$26,228.85	\$0.00	\$0.00	\$26,228.85

\$37,622.78 \$37,622.78 \$0.00 \$0.00 \$37,622.78

HOLD TO LIGHT TO VIEW BLUE WATERMARK IN PAPER. HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED.

47553

**ST. JOHNS COUNTY COUNCIL
ON AGING, INC.**
GENERAL OPERATING ACCOUNT
180 MARINE CT. ST. AUGUSTINE, FL 32084
PH (904) 209-3700

Amerits
Bank
64-175/612



9/29/2025

\$37,622.78

DATE

AMOUNT

Thirty Seven Thousand Six Hundred Twenty Two Dollars and 78 Cents

**PAY
TO THE
ORDER
OF**

ST JOHNS COUNTY BOCC
4010 LEWIS SPEEDWAY
Finance Dept Attn:A/R
St Augustine FL 32084



Bruce C. Blum
Renee Yam
AUTHORIZED SIGNATURE

Security features. Details on back.





Michael Scott <mscott@stjohnscoa.com>

L004436408

3 messages

Michael Scott <mscott@stjohnscoa.com>

Tue, Dec 17, 2024 at 10:02 AM

To: Amelia Bayer <Amelia_Bayer@pmagroup.com>

Bcc: Matt McCord <mmccord@stjohnscoa.com>

Amelia;

We are going to try and get the bus brought back over to our facility. I will give you the correct address when we know for sure. Would it be possible to find out the amount of loss that we will recover?

Thank you in advance.

Mike Scott

Amelia Bayer <Amelia_Bayer@pmagroup.com>

Tue, Dec 17, 2024 at 10:54 AM

To: Michael Scott <mscott@stjohnscoa.com>

Good morning!

The ACV less the deductible totals \$37,622.78.

Amelia Bayer, AIC

Account Claims Representative II | PMA Management Corp.

T: 540.209.2685

F: 800.432.9762

Amelia_Bayer@pmagroup.com

PMA Companies | Old Republic Insurance Group

P.O. Box 5231

Check Details

[Up to Financials: Checks](#)

[Edit](#)

[Delete](#)

[Recode Service Date](#)

Check

Pay To The Order Of **ST JOHNS COUNTY COUNCIL ON AGING**

Mailing Address **180 MARINE STREET**

City **ST AUGUSTINE**

State **Florida**

Zip Code **32084**

Check Amount **\$11,393.93**

Memo **Claim L004436408
VIN 1FDVU4X87LKA26743**

Instructions

Recipient **ST JOHNS COUNTY COUN**

Payment Method **Check**

Adjustment Type

Check Delivery **Send**

Check Print Location **COC Batch**

Override Direct Deposit **No**

Tracking

Status **Cleared**

Status Date **11/25/2024**

Check Details

Up to Financials: Checks

Edit

Delete

Recode Service Date

Check

Pay To The Order Of ST JOHNS COUNTY COUNCIL ON AGING

Mailing Address 180 MARINE STREET

City ST AUGUSTINE

State Florida

Zip Code 32084

Check Amount \$26,228.85

Memo Claim L004436408
VIN 1FDVU4X87LKA26743

Instructions

Recipient ST JOHNS COUNTY COUNCI

Payment Method Check

Adjustment Type

Check Delivery Send

Check Print Location COC Batch

Override Direct Deposit No

Tracking

Status Cleared

Status Date 02/06/2025

Amelia Bayer, AIC
Senior Account Claims Representative | PMA Management Corp.

T: 540.209.2685

F: 800.432.9762

Amelia_Bayer@pmagroup.com

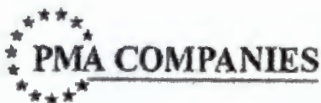
PMA Companies | Old Republic Insurance Group

P.O. Box 5231

Janesville, WI 53547

www.pmacompanies.com

Please include the CLAIM NUMBER on all correspondence.



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
 PMA CALL CENTER
 (888) 476-2669

ST JOHNS COUNTY COUNCIL ON AGING
 180 MARINE STREET
 ST AUGUSTINE FL 32084

CHECK NO...: 7133371B
 CHECK DATE: 07/08/25
 CHECK AMT.: \$1,000.00
 PAY PERIOD:
 PD TO DATE:
 RATE.....:
 VOUCHER NO: C109841263
 BILL NO....:

ACCIDENT DT: 10/16/24
 PAYMNT TYPE: AUTO COLLISION
 INSURED....: ST. JOHNS COUNTY COUNCIL
 CLAIM NO...: L004436408
 POLICY NO...: 1924009420373
 INVOICE NO.:
 INVOICE DT.:
 INVOICE AMT:
 IRS NUMBER.:
 PATIENT ID.:
 INJURED....:

FROM - THRU BILLING CODE DESCRIPTION QTY BILLED AMT PAYMENT AMT REASON

EXPLANATION OF BENEFITS

Payment Type : UNSPECIFIED COST CATEGORY

VEHICLE DAMAGE1000.00

NET AMOUNT 1000.00

Memo: CLAIM L004436408 DEDUCTIBLE REIMBURSEMENT

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

WARNING: THIS CHECK IS PRINTED ON MICROFILM. IT CONTAINS A SECURITY FEATURE WHICH CANNOT BE REPRODUCED BY OTHER MEANS. IT IS VALID FOR 6 MONTHS AFTER DATE OF ISSUE.

311

CHECK NUMBER	DATE	AMOUNT
7133371B	07/08/25	*****1,000.00

WELLS FARGO BANK N.A.

PAY One Thousand And 00/100 US Dollars

TO THE ORDER OF ST JOHNS COUNTY COUNCIL ON AGING
 180 MARINE STREET
 ST AUGUSTINE FL 32084

[Signature]
 AUTHORIZED SIGNATURES

WARNING: THIS CHECK CONTAINS A MICROPRINT SECURITY FEATURE. CATION