

PURMIT Board of Trustees Meeting

June 25, 2015

10:00 a.m. – 12:00 p.m.

Phone: 1-800-689-9374, Passcode: 700464

Chancellor's Office Boardroom (ASRC 515) 1800 SW 6th Avenue, Portland, Oregon

Consent Agenda

As part of the transition to Berkley Risk as the administrator for PURMIT, the items below represent agenda items for consent by the Board at the June 24, 2015 meeting:

1. Consent Agenda
 - a. Bank account –
 - i. Check signature – PURMIT Chair of the Board signature needed in electronic format for checks drawn on US Bank account
 - ii. Payment authority level
 1. Claims – no cap on payment amounts as payments will be approved by each university prior to issuing payment
 2. Premium – no cap on premium payments as premium be approved by Board for binding authority
 3. Other expenses – no cap on other expenses i.e. vendors, software, TPA, etc., provided the payment is under the terms of an approved contract or within the approved Trust budget

- b. Mailing address – PURMIT mailing address changed to:

**Public Universities Risk Management & Insurance Trust
c/o Berkley Risk Administrators Company, LLC
P.O. Box 59143
Minneapolis, Minnesota 55402-3332
Phone: 1-800-449-7707 or 612-766-3000
Fax: 612-766-3099**

- c. Board Meetings – Timing and venue: Move to quarterly meetings, with monthly updates from administrator via email. Schedule monthly meetings on an “as needed” basis.
1. Quarterly in-person meetings set to correspond with USSE meeting schedule – dates and times to be set 2 quarters in advance.
- d. PURMIT website – Access granted to the administrator to post board meeting information
- e. Accounting – Transition accounting to pool accounting industry standard format

PURMIT Board of Trustees Meeting

May 29, 2015

8:30 a.m. – 10:00 a.m.

Phone: 1-800-689-9374, Passcode: 700464

Chancellor's Office Boardroom (ASRC 515) 1800 SW 6th Avenue, Portland, Oregon

Minutes

Trustees Present: Chair Eric Yahnke (WOU); Vice Chair Lara Moore (EOU); Patrick Hughes (OSU); Deb Donning (UO); George Marlton (OIT); Brian Roy (PSU); Craig Morris (SOU)

Others Present: Monica Drummer (AJG); Ryan Britz (Berkley Risk); Geraint Powell (Berkley Risk); Jon Paulsen (Berkley Risk); James Parker (DWT); Ashley Grealish (PURMIT); Brian Sornson (SAIF); DeAnne Hoyt (SAIF); Christy Witzke (SAIF)

Call to Order

Chair Yahnke called the meeting to order at 8:34 a.m.

Roll Call

Roll call was taken of those present at the meeting.

Review and Approval of Minutes

Action:

A motion was made by Mr. Marlton to approve the minutes from the meeting on April 22, 2015 and the minutes from the meeting on April 30, 2015. The motion was seconded by Mr. Roy. The motion carried with no objection.

Authorization to Bind Casualty Insurance Policies

Ms. Drummer and Ms. Grealish reviewed the Casualty Insurance program proposal with the Board noting the changes from the proposal presented at the April 22, 2015 Board meeting. It was noted that the Marine quotes were still pending as final information was gathered. As this quote involves two universities within PURMIT, it required the Board's approval to bind outside of a board meeting.

Action:

A motion was made by Mr. Roy to grant Oregon State University and Portland State University the authorization to bind the Marine policies without coming back to PURMIT for approval, provided Oregon State University and Portland State University accept full financial responsibility for these policies. Mr. Hughes seconded the motion. The motion carried with no objection.

Ms. Drummer reviewed the decisions points that needed the Board's approval regarding the casualty renewal proposal.

Action:

A motion was made by Mr. Roy to authorize Ms. Grealish to bind the casualty insurance policies as presented on page 8 of Arthur J. Gallagher's Casualty Renewal Proposal aside from the fiduciary policy with the acceptance of the recommended changes proposed by Arthur J. Gallagher on page 11 of the same proposal. Mr. Morris seconded the motion. The motion carried with no objection.

Action:

A motion was made by Mr. Roy to authorize Ms. Grealish to bind the fiduciary policy as presented on page 8 of Arthur J. Gallagher's Casualty Renewal Proposal at a \$5 million limit if the Univeristy of Oregon Board of Trustees does not take ownership during their June 4 & 5, 2015 Board meeting. Mr. Hughes seconded the motion. The motion carried with no objection.

Berkley Risk Contract for Administration

Mr. Parker worked with Berkley Risk to incorporate the Board's recommended edits to the Berkley Risk Contract for Administration.

Action:

A motion was made by Vice Chair Moore to authorize Chair Yahnke to sign the Berkley Risk Contract for Administration on behalf of PURMIT. Mr. Roy seconded the motion. The motion carried with no objection.

Discussion on Banking

Mr. Parker updated the Board on his work on determining whether PURMIT can participate in the Public University Fund (PUF) and noted that there may be the need to provide an opinion letter from DWT. The Board asked Mr. Parker to continue with the discussions on PURMIT's eligibility to participate in the PUF, but to not provide an opinion letter at this date. The Board also suggested that Berkley become involved in the discussions.

Mr. Parker noted that the Board needed to ratify the movement of funds from the PUF to PURMIT's US Bank account that became necessary with the uncertainty of PURMIT's ability to participate in the PUF.

Action:

A motion was made by Mr. Roy to ratify the movement of PURMIT's funds from the PUF to PURMIT's bank account. Mr. Morris seconded the motion. The motion carried with no objection.

Workers' Compensation Renewal Presentation by SAIF Corporation

Mr. Sornson from SAIF Corporation presented the Workers' Compensation renewal quote for the Oregon Policy to the Board. The key decision point for the Board was to determine what maximum premium value to move forward with for the 2015-2016 policy year.

Authorization to Bind Workers' Compensation Insurance Policy

Given the lack of quotes for the Other States Coverage Workers' Compensation Policy, this policy renewal will be revisited at the June Board meeting.

Action:

A motion was made by Mr. Roy to authorize Ms. Grealish to bind the Workers' Compensation Oregon Policy presented by SAIF at the 200 maximum premium factor. Ms. Donning seconded the motion. The motion carried with no objection.

PURMIT Claim Archives – determine where to send the claim information received from DAS

Action:

A motion was made by Mr. Marlton to authorize Ms. Grealish to move the PURMIT Claim Archives from Corvallis to Portland and separate the claim files by university and distribute the files to their respective universities. Mr. Roy seconded the motion. The motion carried with no objection.

Discussion on Content to Post on PURMIT Website

The Board discussed what content to make publicly available on the PURMIT website. Mr. Britz suggested the option of also making content available only to PURMIT members via an internal login.

Action:

No action was taken.

External Auditor Update

Once the Berkley Risk Contract for Administration is signed, Mr. Britz will work on obtaining an external auditor.

Action:

No action was taken.

Payment Process

Action:

No action was taken.

Adjournment

Chair Yahnke moved to adjourn the meeting. Mr. Roy seconded the motion. The motion passed with no objection and the meeting was adjourned at 10:36 a.m.

CLAIMS PROCEDURES

Technical Guidelines and Standards



2015

1st Edition

Public Universities Risk Management and Insurance Trust

CLAIMS PROCEDURES

Technical Guidelines and Standards

Public Universities Risk Management and Insurance Trust

Members

Eastern Oregon University
Oregon Institute of Technology
Oregon State University
Portland State University
Public Universities Risk Management & Insurance Trust
Southern Oregon University
University of Oregon, as it applies
Western Oregon University

First Edition

Published May 2015

Effective for Claims Opened on or after July 1, 2015

Approved by the PURMIT Board of Trustees on [insert date]

PURMIT

Public Universities Risk Management & Insurance Trust

Public Universities Risk Management and Insurance Trust

P.O. box 751 Code: PURMT

Portland, OR 97207-0751

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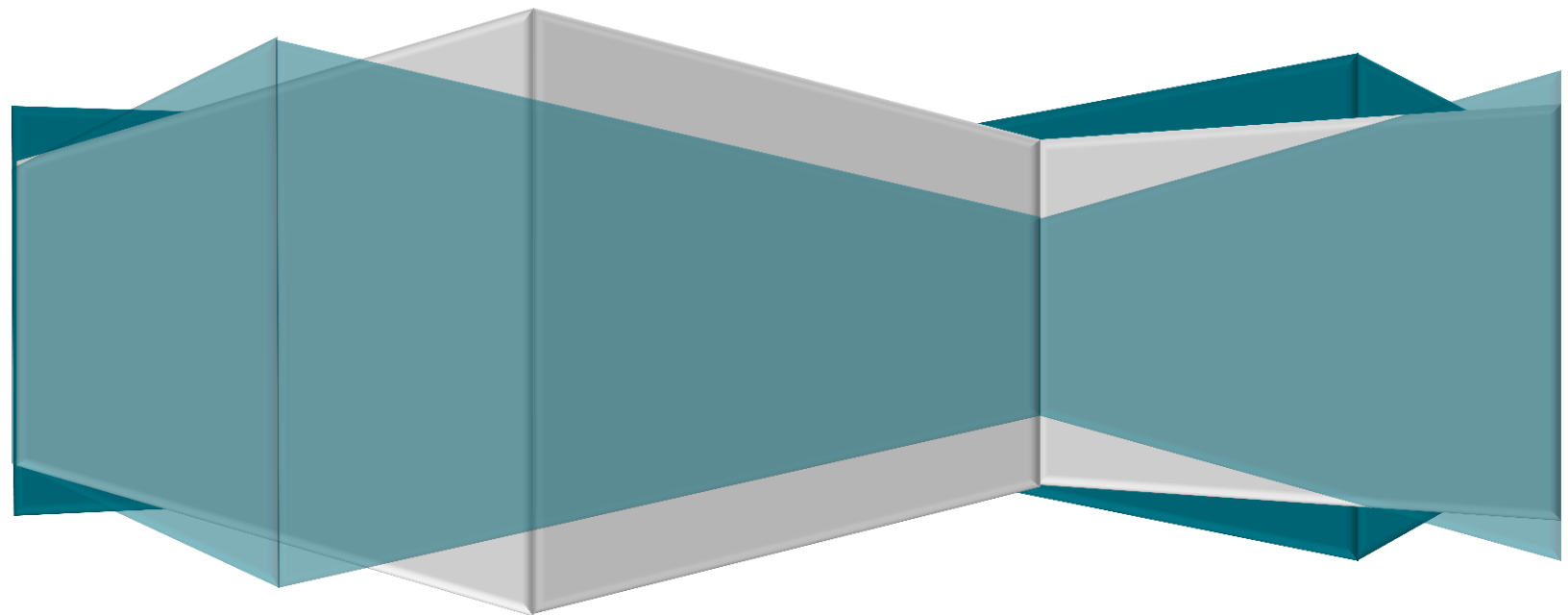
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SECTION I: TECHNICAL GUIDELINES



A. INTRODUCTION

The Public Universities Risk Management and Insurance Trust (PURMIT) was established under the provisions of Oregon Senate Bill (SB) 270. The Members of PURMIT are authorized by ORS 351.096 and ORS 352.107 to operate a self-insurance program or otherwise arrange for equivalent of insurance coverage of any nature. ORS 352.107 requires that, until July 1, 2015, the Members shall continue risk management, the purchase of insurance, or the management of self-insurance “under the same terms, conditions, funding mode, and policy frameworks” as those existing on August 14, 2013. PURMIT operates a self-insurance program for property and casualty lines and direct insurance purchase program for specialty lines funded by Member assessments and based on sound actuarial analysis.

The Claims Procedures Technical Standards and Guidelines set forth general expectations and procedures for the management and resolution of covered claims for insurance lines purchased through PURMIT. The intent is to create a framework under which the Members can manage claims consistently and effectively and focus on optimum results for the Member and PURMIT.

GENERAL CLAIMS HANDLING

ALL COVERAGE

Each Member will manage claims in accordance with the terms, conditions and provisions of the applicable insurance policies. In some instances, coverage questions or “gray areas” may be resolved by sending the coverage question through the broker to the applicable insurance company. In the rare circumstance that the coverage determination is disputed, administrative appeal may be made to the PURMIT Board of Trustees, whose decision is only pertinent when the claim is within the applicable PURMIT self-insured retention.

INITIAL CLAIM REPORTING

Members will report all claims on-line via RiskMaster, the current risk management information system or any future risk management information system or database used by PURMIT and its Members, as soon as practicable or within 48 hours from knowledge. Establishing a claim within RiskMaster will constitute reporting to PURMIT. Any claims that arrive via a lawsuit should be reported as soon as practicable or within 24 hours of knowledge. In urgent or time-sensitive instances, Members should contact PURMIT via phone call or email to receive immediate assistance.

For RiskMaster access, see [RISKMASTER ACCESS AND SECURITY](#) under Section II: Administrative and Clerical Standards.

CLAIM ASSIGNMENTS

A Member will internally assign a claims professional, legal counsel or designee (hereafter referred to as claims professional) to the new claim. Depending on the severity of the claim and the policy form, the claims professional will: (1) manage the claim at the Member level, (2) send

to a Third Party Administrator (TPA) to manage the claim, (3) send direct to the insurance company, or (4) send to Outside Counsel to represent the Member.

The claim assignment decision will be based on the type of claim; complexity of the claim; the expertise and experience level of the claims professional; and the conditions of the applicable insurance policy(ies).

CATASTROPHIC CLAIMS HANDLING

See [Appendix G](#) for detail on Catastrophic Claims Handling.

INVESTIGATION

See individual sections on [LIABILITY CLAIMS](#) and [PROPERTY CLAIMS](#).

In general, the investigation should be completed within 45 days of notification of the claim, unless the investigation cannot reasonably be completed within that time.

While an investigation remains incomplete, written notification to the first-party claimant stating the need and reasons for additional time shall be sent no later than 45 days after notification of the claim, and every 45 days thereafter while the investigation remains incomplete.

As part of the investigation, review applicable contracts, agreements, waivers of subrogation and any other applicable legal documentation.

EVIDENCE

If an object is critical to the investigation of a claim or has been determined to be the cause of a claim, the claims professional should secure the item. It should not be given to anyone. If another party asks to examine the object, it should be examined with the claims professional present. Document chain of custody, including who is in possession of the object and who has handled the object. See [Appendix F](#) for the PURMIT Evidence/Chain of Custody Tracking Form; this form or a like form should be used to document the evidence and track the chain of custody. Photographs of the object should also be kept in the claims file. See [SUBROGATION](#).

SUPERVISION

Upon receipt of the claim, the supervisor of the claims professional will provide direction as necessary, taking into consideration the expertise and experience level of the claim professional who is assigned the claim. It is recommended that the supervisor will diary high-dollar exposure claims that may involve reputational issues or claims that are reportable to excess insurers. The supervisor review and notes for such claims should be documented in the claim file.

CLAIM REVIEWS

It is recommended that Members perform internal claim reviews of open files on a monthly basis to review investigation status/outcome, ensure appropriate reserves, confirm diary is up to date, and discuss next steps.

RESERVES

Reserves are the most probable estimate of the total anticipated cost or exposure for a claim. Reserves must take into consideration all facts, liabilities, comparative negligence, and damages. Reserves are subjective but based on realistic estimates of future costs. The reserves must accurately reflect changes that occur in the course of the claim that would cause the exposure to change, resulting in an increased or decreased expectation of damages or successful defense.

Files must be initially reserved within 10 days of receipt of the claim based upon the preliminary facts when the file is setup. The reserves must be updated within the first 30 days as the initial investigation nears completion.

Reserves should be reviewed regularly, and particularly when a significant change occurs.

If no suit is filed, legal defense reserves will not be set. Reserving for legal expenses is required only after a defense lawyer has been hired. The claim does not necessarily have to be in litigation in order to have a legal expense reserve. The legal reserves will be as accurate as possible within 60 days of the time the legal file is established.

DIARY

A diary should be maintained in RiskMaster on all open claims. The file should be reviewed on or before the diary due date. Corresponding notes should be made in Enhanced Notes in RiskMaster that illustrate the current status. The diary should then be updated with a new reminder and new due date. Each open claim file should reflect at least one open diary.

A 10 day diary should be set for initial reserves. Suggested diary review is 30 days initially to obtain additional necessary information, and a maximum of 60 days thereafter depending on expected activity. Diaries in excess of 60 days should specify a reason for the extended timeframe. Claims professional should notify their claims supervisor and document the claims file in this instance. The intent of the diary is to move the claim forward and toward claims closure.

DOCUMENTATION

Documentation is critical to preserve evidence of claim activity. Documentation may be in the form of an email, written notes and correspondence or comments, and should be recorded in Enhanced Notes in RiskMaster. With the exception of legal files, all documentation should be electronically maintained in the RiskMaster claim file. Documentation is also critical in legal files, but all details and documentation may be kept in a physical file outside of RiskMaster. See [DOCUMENTATION IN RISKMASTER](#) under Section II: Administrative and Clerical Standards.

In RiskMaster, document the following activities as they occur or as soon as possible thereafter:

- Phone calls,
- Witness statements,

- Recorded files or statements,
- In-person meetings or conversations,
- Research,
- Diary and reserve reviews,
- Claim correspondence,
- Additional pertinent information, and
- Photos.

INITIAL RESERVE AUTHORITY

Claims professionals shall have \$25,000 new reserve authority. The supervisor of the claims professional shall have \$100,000 new reserve authority. The Member's Trustee shall have unlimited new reserve authority. Any claim with a new reserve set at or above \$100,000 will be reviewed by the Claims Committee at the next quarterly meeting. If initial reserve exceeds \$250,000, a written notification letter should be sent to the Claims Committee within one week of setting the reserve. See [EXCESS REPORTING](#) for details on required notification to excess carriers and PURMIT. See [CHANGING RESERVES IN RISKMASTER](#) for details on appropriate steps to enter and approve reserves.

Each Member should document their claims professionals, claims supervisors and Trustee and the reserve authority granted to each individual. This documentation should be updated any time the Member SIR changes, when the claims professional, claims supervisor, or Trustee changes, or at least every two years. See [Appendix B](#) for PURMIT Reserve Authority Form. A current form should be on file with PURMIT at all times.

ONGOING RESERVE AUTHORITY

Any adjustments to the reserve that exceed the new reserve authority require signature approval. Claims professionals shall seek signature approval on reserves at or exceeding \$25,000. The supervisor of the claims professional shall have \$100,000 reserve authority, reserves in excess of \$100,000 require signature from the Member's Trustee. The Member's Trustee shall have unlimited reserve authority. Any claim with a reserve set at or above \$100,000 will be reviewed by the Claims Committee at the next quarterly meeting. If initial reserve exceeds \$250,000, a written notification letter should be sent to the Claims Committee within one week of setting the reserve. See [CHANGING RESERVES IN RISKMASTER](#) for details on appropriate steps to enter and approve reserves.

Each Member should document their claims professionals, claims supervisors and Trustee and the reserve authority granted to each individual. This documentation should be updated any time the Member SIR changes; when the claims professional, claims supervisor, or Trustee changes; or at least every two years. See [Appendix B](#) for PURMIT Reserve Authority Form. A current form should be on file with PURMIT at all times.

CONFLICT OF INTEREST

If a conflict of interest occurs in the internal management of a claim at the Member level, the claim should be reassigned to another claims professional or referred to a TPA.

CLAIM COMMUNICATION

It is recommended that the claims professional acknowledge receipt of a claim within 14 days of receipt via a written letter. Written communication acknowledging receipt of the claim should be sent to the claimant or their representative no later than the 30th day. The dated acknowledgement letter shall be uploaded into RiskMaster, or kept in the physical file if a legal file.

When managed at the Member level, the claims professional should make an appropriate response within 30 days to all pertinent communications about a claim from a first or third party claimant that reasonably indicate a response is expected.

Upon receiving notification of claim from a first party claimant, the claims professional shall promptly, but no later than 30 days, provide necessary claim forms, instructions and assistance that is reasonable in the light of the information possessed by the Member, so that the claimant can comply with the policy conditions and any additional Member, PURMIT or insurer requirements.

As noted in the [INVESTIGATION](#) section, while an investigation remains incomplete, written notification to the first-party claimant stating the need and reasons for additional time shall be sent no later than 45 days after notification of the claim, and every 45 days thereafter while the investigation remains incomplete.

COVERAGE VERIFICATION

The claims professional will verify and document that the claimant has met the provisions of the Oregon Tort Claims Act. The claims professional should complete an analysis confirming: (a) which policy is applicable; (b) loss date falls within the coverage period; and (c) the claim has been tendered to the appropriate party.

COVERAGE DETERMINATION

Coverage follows the excess policy language for claims within the self-insured retention (SIR). Claims within the SIR represent the majority of all claims. Claims professionals are responsible for reviewing the applicable policy(ies) in relation to the facts given in a specific claim.

Decisions on accepting or denying complicated coverage issues can only be made after a critical review of the applicable policy(ies) and consultation with the claims supervisor. PURMIT, the applicable insurance company and/or the insurance broker are available for consult on complicated coverage issues. In instances of disputed coverage, a notification letter should be sent to the PURMIT Administrator or designee, and potentially the insurer, within one week of knowledge noting the coverage item in question. PURMIT or the insurer should notify the

Member in writing confirming or denying coverage within 30 days, or request additional information within that timeframe. PURMIT or the insurer may notify the Member that coverage for the claim may not apply by sending a reservation of rights letter. The investigation may continue under a reservation of rights. The claims professional will continue to move the claim forward, but without a commitment on coverage; meanwhile, an investigation by PURMIT or the insurer ensues on the coverage issue in dispute or in question. The claims professional should communicate to the claimant that coverage is under investigation.

All decisions made where coverage is denied must be with the approval of the claims supervisor.

COMMUNICATION OF COVERAGE DETERMINATION

When managed at the Member level, the claims professional shall advise the claimant of the acceptance or denial of the claim within 30 days of receipt of properly executed proof of loss. A claims professional shall not deny a claim on the grounds of a specific policy provision, condition or exclusion unless the denial includes reference to the provision, condition or exclusion. A claim denial must be in writing, with a copy in the claim file. A copy of the claim denial must be retained in RiskMaster or the physical file if a legal file.

As noted in the [INVESTIGATION](#) section, while an investigation remains incomplete, written notification to the first-party claimant stating the need and reasons for additional time shall be sent no later than 45 days after notification of the claim, and every 45 days thereafter while the investigation remains incomplete.

CLAIM CHECKLIST

See [Appendix A](#) for PURMIT Claims Checklist. The PURMIT Claims Checklist can be used alongside this document, as it is a condensed version of the information within. If there are any discrepancies between the documents, the information within the [Claims Procedures: Technical Guidelines and Standards](#) shall take precedence.

EXCESS REPORTING

Claims are reported to the excess carriers in each line of coverage according to reporting requirements found within each excess insurance policy. When a reserve is established at or more than 50% of the PURMIT retention level, an initial report detailing the facts of the claim is required to be sent in writing to the excess carrier and PURMIT. After the initial report e-mail updates, attorney status reports and telephone communications are acceptable. The level and detail are dependent on the factual circumstances, reputational impact and monetary exposure.

REQUIRED REPORTING

Some insurance policies outline conditions under which the Member must report occurrences or claims that may reasonably and likely give rise to a claim under the policy and/or involve particular types of bodily injury or fatalities (examples include, but are not limited to major paralytic conditions, second or third degree burns to 25% or more of body, amputation, loss of sight, sexual molestation, and bodily injury resulting from medical services). Member should

closely review policies for these conditions. When one of these conditions arises, an initial report detailing the facts of the claim or potential claim is required to be sent in writing to the insurance carrier. PURMIT and the Member should work in conjunction to report such matters. After the initial report e-mail updates, attorney status reports and telephone communications are acceptable.

ACTION PLAN

Establish an action plan for each claim. Adjust the action plan as investigation and facts are examined and impact considered. The action plan should be reflected in the Enhanced Notes in RiskMaster and updated frequently enough to allow one to understand the next steps in the claim, but no less than every 90 days. Legal files should also indicate an action plan and may be kept in a physical file.

CLAIM REIMBURSEMENTS

If claim payments are within the PURMIT SIR, complete the PURMIT Claims Approval Form found in [Appendix D](#) to request reimbursement from PURMIT. Documentation must accompany the PURMIT Claims Approval Form. PURMIT will acknowledge receipt of documentation within 10 days.

If claim payments exceed the applicable PURMIT SIR, follow the same procedures to receive reimbursement. PURMIT will follow up with the applicable insurance company(ies).

PAYMENTS

See [PAYMENT PROCESSING](#) under Section II: Administrative and Clerical Standards.

LEGAL PAYMENTS

If a legal payment or the cumulative amount of legal payments is at or above \$100,000, then a notification letter should be sent to the Claims Committee within one week of knowledge that such threshold would be breached.

SETTLEMENT AUTHORITY

Settlement authority levels are dependent upon Members' SIR. If the total incurred on a claim exceeds the Member SIR, then any settlement on that claim must be approved by either the PURMIT board chair or vice chair. The Board of Trustees has the option to designate a level of settlement authority to the PURMIT Administrator or designee.

If the claim is in excess of the PURMIT SIR, the insurance company must be engaged and any settlement must be discussed and there must be agreement before proceeding.

See [Appendix C](#) for PURMIT Settlement Authority Form.

SUBROGATION

A claims professional is required to make a special effort to identify subrogation potential, to thoroughly investigate the possibility of recovery, and to pursue recovery aggressively.

Investigation: All claims will be evaluated for subrogation potential. If potential exists, investigation of the third party (or product) will be completed in conjunction with the standard investigation. If there is a contract, the claims professional should obtain the contract to review for any language barring the ability to seek recovery.

Notice: If the investigation suggests potential for liability of a third party, that party and/or the insurance carrier will be put on notice of a possible claim.

Subrogation Settlement Authority: Same as [SETTLEMENT AUTHORITY](#) (if no reduction is taken). If the amount collected is not a full recovery, the supervisor must approve the write-off amount. If the amount is in excess of the Member SIR, then the claims supervisor and PURMIT Administrator or designee should agree to the write-off amount.

Write-Off: Any write-off can be done only when all efforts to recover have been exhausted without results. Any write-off over the claims professional's settlement authority must be approved by the claims supervisor. The reason for any write-off should be documented in Enhanced Notes. If the amount is in excess of the Member SIR, then the claims supervisor and PURMIT Administrator or designee should agree to the write-off amount.

Follow-up: No file with subrogation potential will be open without activity for 90 days. Exceptions must be clearly documented in the Enhanced Notes in RiskMaster.

Use of TPA: If the amount is in excess of the Member SIR, then the claim should be sent to the TPA when subrogation potential is identified. Any Member who wants to retain control may seek written approval by PURMIT Administrator or designee. Member may also use the TPA for amounts under the Member SIR when subrogation potential is identified.

Use of Outside Counsel and/or Collection Agency: Outside Counsel and/or collection agency will be utilized only when necessary. The claims professional is to exhaust all means available to them before turning over a subrogation file to an outside source. Outside Counsel and/or collection agency's fees for subrogation will be on a contingency basis; any exception must be clearly explained and documented.

CLOSURE

After verifying the claim documentation is complete, accurate, and all documentation (appropriate letters, settlements and/or payments) is received or issued, claims professionals complete the file by closing it in RiskMaster. To indicate closed status on the physical file, the file should be labeled as closed and retained in accordance with Oregon retention requirements.

B. LIABILITY CLAIMS

*** Due to the complexity of bodily injury claims, need for medical information, and Medicare implications, all bodily injury claims should be forwarded to the TPA unless Member claims professional and/or claims supervisor has appropriate level of claims expertise and PURMIT is agreeable.***

COVERAGE DETERMINATION

The policy should be reviewed to determine if coverage applies.

INVESTIGATION AND CONTACT

Investigation should commence on receipt of the claim and an effort should be made to contact the claimant, unless unidentified or represented by an attorney, by phone within two business days of receipt of claim assignment.

The following investigation may be considered at the discretion of the claims professional:

- Appraisals,
- Police and fire reports,
- Interviews and statements,
- Photographs,
- Experts,
- On-site inspection/analysis,
- Witness statements, and
- Medical records (if managing bodily injury claims).

ESTIMATES FOR AUTO REPAIR

- Obtain an estimate for repair from an auto body shop.
- If a total loss is expected or the repair estimate is greater than \$5,000, an independent appraisal should take place.
- Negotiate settlement. When applicable, reimbursement will be based on the lower of the two estimates.

Total Loss: In the event a third party vehicle is considered a total loss, an independent appraisal should take place. In the event it is a Member-owned vehicle and under the department deductible, an independent appraisal is not necessary.

SALVAGE

- Move vehicle to salvage yard and obtain salvage quotes or bids.
- Transfer title to salvage buyer.
- Notify DMV of salvage title.
- Reduce settlement amount if claimant retains salvage (by estimated salvage value).

RENTAL VEHICLES

In instances where the third party requires a rental vehicle, the rental vehicle should be of a comparable size to the vehicle damaged. The third party has the right to use any rental provider or location. For a repair, the rental vehicle may be kept until the vehicle repairs are complete. For a total loss, the authorized rental time should be limited to two days post offer. Under the discretion of the claims supervisor, a reasonable number of additional rental days may be negotiated. The claims professional may advise the third party to begin shopping for a replacement vehicle as soon as it is learned that the vehicle is a total loss. The rental provider may be paid directly or the third party may seek reimbursement. Reimbursement does not cover the costs of gas, mileage, additional coverage or any security deposit required by the rental company. The third party should be advised to confirm insurance coverage on a rental vehicle with their personal auto insurance carrier.

LIABILITY DETERMINATION

Liability determination should be made after the investigation is completed. Consideration should be given to comparative negligence. The liability determination should be clearly documented in the Enhanced Notes in RiskMaster.

DOCUMENTATION

The claims documentation should include details of all activity including an action plan for future activity to conclude the claim. Notes should be made under Enhanced Notes in RiskMaster and photos and paper documentation should be uploaded as a file in RiskMaster. See [DOCUMENTATION IN RISKMASTER](#) under Section II: Administrative and Clerical Standards.

Documentation may include:

- Initial incident report,
- Appraisals/estimates,
- Witness statements,
- Recorded files or statements,
- Litigation and other correspondence,
- Expert reports,
- Photographs,
- Police and fire reports,
- Contracts, and
- Interviews and statements.

APPRAISERS

Obtain an independent appraisal if a total loss is expected. In the event it is a Member-owned vehicle and under the department deductible, an independent appraisal is not necessary.

RESERVES

For property damage, reserves should be set by using the most probable estimate of the total anticipated cost of the claim taking into consideration liability and damages. Reserves should be adjusted, if warranted, as new information is received.

For legal reserves, the reserve should reflect the best estimate of the expenses required until conclusion of the file.

Reserves should be established after the initial investigation and reviewed on diary for adequacy or as new information is received.

DIARY

All open claims should have at least one open diary. Diary dates should be established at the discretion of the claims professional taking into consideration the follow-up required to move the claim to conclusion. Suggested diary review is 30 days initially to obtain additional necessary information, and a maximum of 60 days thereafter depending on expected activity.

PAYMENTS

Each claims professional inputs his/her own payment requests through the Member University. In some cases, PURMIT may process the payments for the Member and then the Member will reimburse PURMIT for their SIR. Adequate documentation should be in the file to justify all payments. See [PAYMENT PROCESSING](#) under Section II: Administrative and Clerical Standards.

SUPERVISION

Files are diared and reviewed at the discretion of the claims supervisor taking into consideration the severity of the loss. The supervisor review and notes for such claims should be documented in the claim file.

LITIGATION MANAGEMENT

Comply with all standards and procedures outlined in the [LITIGATION COORDINATION](#) guidelines.

MULTI-PARTY INVOLVEMENT IN AUTO LIABILITY CLAIM

Insurance information should be collected by the Member's driver. The claims professional should contact the other parties and/or their insurance carriers to discuss the specifics of the claim.

If the Member's driver is at fault, the claims professional should advise the other parties and/or their insurance carriers to obtain an estimate for repair as noted above. If the other party or the insurance carrier mentions bodily injury, refer the claim to the TPA unless Member claims professional and/or claims supervisor has appropriate level of claims expertise and PURMIT is agreeable.

If another party is at fault, the other party's insurance company will advise the claims professional on their process, including where to send estimate(s) of repair and how the reimbursement will work.

If an employee is injured in an automobile collision in the course and scope of their employment, the claims professional should refer it to their internal Workers' Compensation representative.

C. PROPERTY CLAIMS

CLAIM ASSIGNMENT

Property claims are assigned at the discretion of the claims supervisor taking into consideration the complexity of the loss.

COVERAGE DETERMINATION

After initial contact and determination of cause of loss, the policy should be reviewed for coverage. If no coverage exists, the University department representative should be advised within a reasonable time.

INVESTIGATION AND CONTACT

Upon receipt of the loss, the claims professional should contact the University department representative within two business days.

The following investigation may be considered at the discretion of the claims professional:

- Appraisals,
- Interviews and statements,
- Initial incident report,
- Cause and origin review,
- Warranty availability,
- Subrogation potential,
- Contract review,
- Photographs,
- Experts, and
- On-site inspection/analysis, and
- Police and fire reports.

DOCUMENTATION

Claim notes should be clear and concise and outline an action plan to move the claim to conclusion. Notes should be made under Enhanced Notes in RiskMaster and photos and paper documentation should be uploaded as a file in RiskMaster.

Document the scope of property damage in RiskMaster. Acquire copies of police or fire reports.

Obtain detailed narratives, photographs, vendor reports, etc. to document the property damage.

Advise the appropriate parties, often Facilities or a Project Manager, to track all expenses related to repair work:

- Set up a project to track work orders for capturing all costs. Some costs may include emergency response, materials, BOLI fees, overtime, etc.
- Obtain repair estimates or appraisal documents from contractors.

- Obtain invoices for completed work or cleanup.
- If any improvements are expected to be made in the course of construction, it is recommended that separate invoices are prepared.

Obtain a “contents” or “personal property” inventory for damaged property. Obtain replacement invoices and gather any asset records (physical or perpetual) to support damaged property.

Collect any information related to business interruption, taking into consideration lost grants/contracts or financial impact due to delayed application or lost revenue. See [BUSINESS INTERRUPTION](#).

The Enhanced Notes in RiskMaster should reflect if subrogation is a possibility. Amend the action plan as necessary. See [DOCUMENTATION IN RISKMASTER](#) under Section II: Administrative and Clerical Standards.

COMMUNICATION

Advise the University department representative to not discard any damaged items, including items in refrigerators and freezers with the exception of biohazard material until inventory have been documented and pictures have been taken. Identify appropriate party to notify about potential deductible impact.

PRESERVATION OF PROPERTY/LOSS PREVENTION

Efforts should be made to mitigate the extent of damage to property and protect property from further damage. See [Appendix E: PROPERTY LOSS RESPONSE CHECKLIST](#) for a guide.

RESERVES

A reserve should be established after the initial investigation and contacts. The most probable estimate of the ultimate cost of the claim should be reserved. When warranted, the reserve should be adjusted as new information becomes available.

DIARY

A diary should be established on every claim. The length of the diary is at the discretion of the claims professional taking into consideration follow-up needed and severity of loss. The supervisor may also establish diary and review dates depending on factors such as size and complexity of loss or other factors. Suggested diary review is 30 days initially to obtain additional necessary information, and a maximum of 60 days thereafter depending on expected activity.

PAYMENTS

Each claims professional inputs his/her own payment requests through the Member University. In some cases, PURMIT may process the payments for the Member and then the Member will reimburse PURMIT for their SIR. Adequate documentation should be in the file to justify all

payments. See [PAYMENT PROCESSING](#) under Section II: Administrative and Clerical Standards.

SALVAGE

- Move any property to salvage vendor and obtain salvage quotes or bids.
- Transfer title to salvage buyer, if applicable.
- Reduce settlement amount if department retains salvage (by estimated salvage value).

SUBROGATION

If the investigation identifies that a third party is at fault, the claims professional should pursue subrogation, so long as not precluded from doing so under contract.

BUSINESS INTERRUPTION

The claims professional should consult the policy, PURMIT and/or the insurer for advice and direction on claims that involve business interruption. Documentation is vital to support loss revenue, loss of research, extra expenses, gross earnings or profits and other related amounts that may be recoverable.

MOBILE EQUIPMENT/VEHICLES

In the event it is Member-owned mobile equipment or a Member-owned vehicle and under the department deductible, an independent appraisal is not necessary.

D. LITIGATION COORDINATION

Both Member Counsel and Outside Counsel may be involved in the litigation process in various capacities. Most litigation is oriented to the defense of lawsuits brought against the Member and its employees. In the event of conflicts of interest, individually named employees, lawsuits, or special circumstances requiring specific expertise, Outside Counsel may be retained.

COUNSEL SELECTION

- Attorneys must have no conflicts of interest in matters relating to PURMIT or its Members.
- Member Counsel assigns a staff attorney for legal matters involving the Member.
- In some circumstances, Member Counsel may recommend the use of Outside Counsel if there is a need for specialized expertise, if there is a lawsuit, and/or if constraints require such.
- Members should consult the applicable insurance policy to determine if the insurer requires prior approval of both counsel and legal defense costs.

GUIDELINES FOR OUTSIDE COUNSEL

These guidelines should be conveyed to Outside Counsel as general expectations.

SCOPE OF ACTIVITIES

- Acknowledge assignment.
- Keep Member Counsel advised of activities through telephone calls, e-mails, fax, status reports, legal filings and legal staffing.
- Identify liability issues, potential defenses, analyze the basis for damage claims.
- Consider third party actions.
- Coordinate activities including investigation and discovery with Member Counsel in matters that require multiple defense counsel.
- Develop defense strategies based on legal and factual analysis and communicate the defense plan and reasons for the strategy to Member Counsel.
- Provide status reports to Member Counsel or its designated excess insurance carrier as requested.

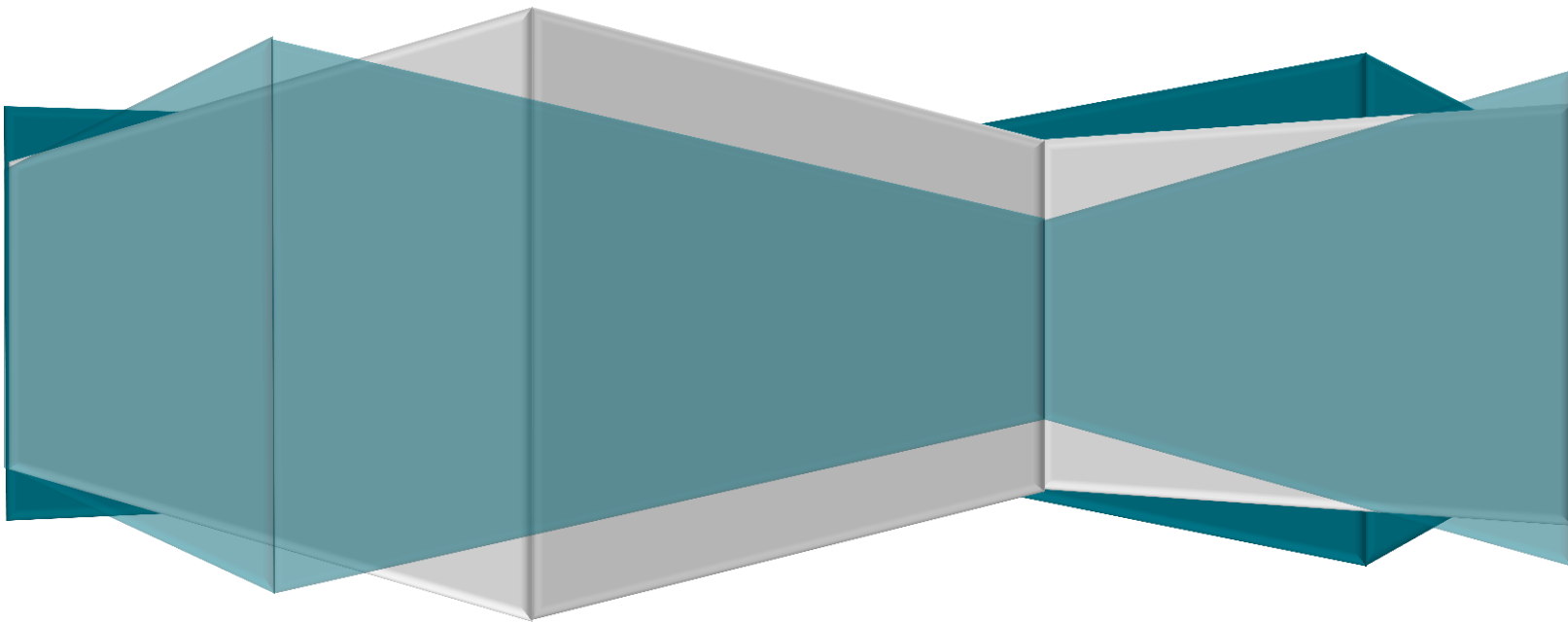
COSTS AND BILLING

- Notify the Member Counsel of unusual or unanticipated costs and when applicable, provide a budget.
- Notify the Member Counsel of and explain reason for the proposed use of any experts or need for co-counsel.
- Members should consult with PURMIT and/or insurers for reasonable and customary rates for their area for common billing categories: partner, associate, paralegal, document copies, etc.
- See [PAYMENT PROCESSING](#) under Section II: Administrative and Clerical Standards for description of how payment requests are processed.

SETTLEMENT

- Notify the Member Counsel of all settlements demands and offers to initiate settlement discussions.
- Discuss settlement authority needed for resolution of claim, noting certain levels will require approval.
- Use of independent mediators must be approved by and involve the Member Counsel.

**SECTION II:
Administrative and Clerical
Standards**



A. RISKMASTER ACCESS AND SECURITY

SYSTEM MAINTENANCE

The current Claim System RiskMaster, is a web-based RMIS which can handle multiple lines of insurance. PURMIT has a RiskMaster System Administrator who manages the day-to-day operations of the system. This includes, but is not limited to the following processes:

CLAIM DELETION/CANCELATION PROCESS

For any claim that has been entered in error into the claims system and needs to be canceled, the claims professional must submit a request to the RiskMaster System Administrator. This can only occur if there are **no** financial transactions on the claim or if the financial transactions are preserved on duplicative claim. A claim cannot be fully deleted, but it can be canceled.

REQUEST FOR A NEW SYSTEM USER

Each new user of RiskMaster must contact the RiskMaster System Administrator for access.

RESTRICTING ACCESS

User access may be restricted to particular types of claims and financial limits. Contact the RiskMaster System Administrator for additional information.

SECURITY OF INFORMATION

Each user of RiskMaster is responsible for keeping claims documentation confidential and secure. When stepping away from one's desk, the claims professional and claims supervisor should lock their computer screen to prevent unauthorized access to RiskMaster.

B. DOCUMENTATION IN RISKMASTER

This list provides the majority of the steps for documentation, but does not include all documentation scenarios.

NEW EVENTS OR CLAIMS

A new incident or claim begins as a NEW EVENT in Risk Master.

Once logged in, hover over Document and click Event.

All underlined fields are required. Claims professionals are encouraged to enter information into all the fields for which he or she has information.

Click SAVE once all the information is entered.

If the event is an INCIDENT ONLY, additional documentation should be entered in Enhanced Notes and any applicable documents should be uploaded to the EVENT.

If the event is a CLAIM, a claim record needs to be created. On the left side, under the newly created EVENT number, right click and select ADD NEW: GENERAL CLAIM. The information from the EVENT will pre-populate. Additional information known to the claims professional should be entered into the corresponding fields. The Enhanced Notes should be updated with the initial known information, a diary set and any applicable documents should be uploaded to the CLAIM.

DOCUMENTATION

Enhanced Notes should be used to document all claim activity. Within the CLAIM, click the Enhanced Notes icon. Click on CREATE NOTE, select appropriate NOTE TYPE, and type the text for the claim activity (i.e. liability decision, action plan, communication, receipt of correspondence, settlement negotiations, repair shop estimates). The copy and paste function can also be used in Enhanced Notes. The Enhanced Notes will become a permanent record of the file, so the claims professional should run a spell check and be thoughtful of word choices.

CLAIMANT

Each open CLAIM should document the claimant information, whether it is a first party or third party claim. On the left side, under the CLAIM, expand the detail until CLAIMANT appears. Right click on CLAIMANT, select ADD NEW. The information known to the claims professional should be entered into the corresponding fields. With a first party claim, the Member should enter the Member institution name and address.

DIARY

Each open CLAIM should have an open diary. Within the CLAIM, click the CREATE DIARY icon. Update the Due Date/Time to a future date when the activity needs to take place. Select the corresponding WORK ACTIVITIES. Click the radio button for ISSUE ONLY ON COMPLETION DATE. In the NOTES field, the claims professional will document the activity/next steps that need to be performed. One or two sentences are appropriate as the diary

is intended to jog one's memory on the next step and to keep the claim moving forward toward closure. Click SAVE.

The diary will exist on the claim, but also will be visible under Diary Calendar and Diary List under Diaries.

ATTACHMENTS

Documentation, including forms, correspondence, tort notices, images and pictures should be uploaded as an attachment. Within the CLAIM, click the Attach Documents icon. Click on ADD NEW. Type the title of the document and select the appropriate type, class and category. The claims professional may also add Notes if desired. Then click **CLICK HERE TO SELECT FILES FOR ATTACHMENT**. The claims professional will find the file on his or her computer and select the file. Click SAVE and the file will be uploaded to the CLAIM.

CHANGING RESERVES IN RISKMASTER

On the left side, under the expanded CLAIM, right click on Financial/Reserves and click on NEW RESERVES CURRENT. Enter the NEW RESERVE AMOUNT under the appropriate TRANSACTION TYPE for EXPENSE, INDEMNITY AND LEGAL as appropriate. Review the changes in the RESERVE SUMMARY. Insert COMMENTS to document why the RESERVE was adjusted. Click SAVE.

If the reserve is beyond the reserve authority, print the recently saved RESERVE HISTORY and obtain appropriate level signature. This document should be uploaded as an attachment.

Return to the RESERVE SUMMARY PAGE and APPROVE the RESERVE.

C. PAYMENT PROCESSING

PROVIDER/VENDOR RECORDS

- All providers/vendors are required to submit W-9 forms or substitute W-9 forms for federal tax ID verification.
- If a bill is received and the payee is not currently in the system, a W-9 or substitute W-9 is requested. After the W-9 is received the vendor is added to the system and the payment can be processed.
- All new vendor requests go to the claims professional who will forward it to the appropriate party (Member's Accounting Department or PURMIT) who will enter the vendor information into the accounting system.

PAYMENT REQUESTS - MEMBER

- When the claims professional is processing an invoice, the claims professional should follow internal Member policies and procedures for payment requests.

PAYMENT REQUESTS – PURMIT LEGAL

- Member Counsel will receive legal bills and will review for accuracy. If any issues are identified, Member Counsel will work with Outside Counsel to resolve any issues satisfactorily. Member Counsel will provide the legal bill to PURMIT for payment, and indicate their approval of the payment.
- PURMIT will review the legal bill and ensure adequate legal reserves on the claim to cover the payment. The bill will then be approved by the authorized authority within PURMIT. Once approved, the payment will be processed in accordance with internal PURMIT payment procedures. PURMIT will record the payment of the legal bill within RiskMaster.

SETTLEMENTS

- When PURMIT is to process a claims settlement payment, the claims professional should complete the PURMIT Claims Approval Form and obtain Member and PURMIT signatures. The claims professional must provide adequate documentation in support of the settlement, to include the PURMIT Settlement Authority Form, if applicable.
- Once all necessary documentation is received, payment will be processed in accordance with internal PURMIT payment procedures. PURMIT will record the payment of the settlement within RiskMaster, after PURMIT has issued the settlement payment.
- If settlement authority is not obtained, or if all or part of the settlement is deemed outside of the scope of the insurance coverage, then all or part of the settlement may not be fully covered by PURMIT. See [SETTLEMENT AUTHORITY](#).

OTHER EXPENSES

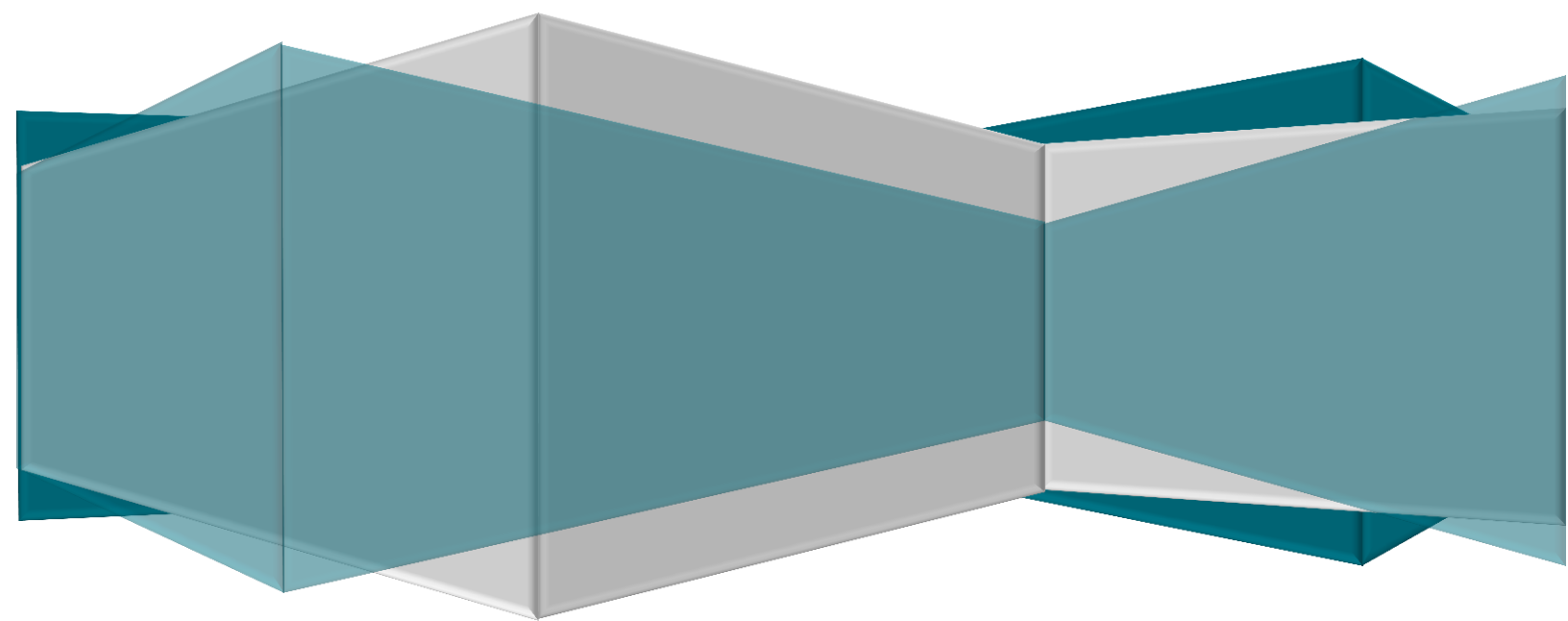
- For other claim-related expenses that the Member would like PURMIT to pay directly, the claims professional should review such invoices for accuracy. If any issues are identified, the claims professional should first resolve any issues satisfactorily.

- The claims professional should complete the PURMIT Claims Approval Form and obtain Member and PURMIT signatures. The claims professional must provide adequate documentation in support of the expense.
- Once all necessary documentation is received, payment will be processed in accordance with internal PURMIT payment procedures. PURMIT will record the payment of the expense within RiskMaster, when PURMIT is processing the payment.

PURMIT REIMBURSEMENT

- The claims professional should complete the PURMIT Claims Approval Form in order to get reimbursed for claim payments in excess of the Member deductible for the applicable policy period. Invoices and any other relevant documentation must accompany the PURMIT Claims Approval Form. PURMIT will follow up with the carrier, when applicable.

SECTION III: **Definitions**



DEFINITIONS

Source: Black's Law Dictionary, IRMI, and PURMIT definitions

catastrophic claim

Loss in excess of the working layer, usually of such magnitude as to be difficult to predict and therefore rarely self-insured or retained. (2) fatalities, paraplegic or quadriplegic type of injuries, severe burns, amputations or permanent loss of use of a major extremity of the body, head/brain injuries, or 5 or more claimants in a single occurrence. In addition, a catastrophic claim can be any claim that the Member or claims professional identifies as being of a particularly sensitive nature or could have widespread ramifications for the entire PURMIT membership.

claim

Used in reference to insurance, a claim may be a demand by an individual or corporation to recover, under a policy of insurance, for loss which may come within that policy.

claims professional

A claims professional may be a Member employee such as the claims coordinator, claims manager, risk coordinator or risk manager, or Member Counsel. A claims professional may also be an adjuster at the insurance company, excess insurer or third party administrator.

comparative negligence

The rule used in negligence cases in some states that provides for computing both the plaintiff's and the defendant's negligence, with the plaintiff's damages being reduced by a percentage representing the degree of his or her contributing fault. If the plaintiff's negligence is found to be greater than the defendant's, the plaintiff will receive nothing.

demand

Request for payment for a loss incurred. It may come in a variety of forms including but not limited to verbal via phone or discussion, written via formal letter or notification, or email.

deductible

A portion of covered loss that is not paid by the insurer. Deductible policies indicate that the insurer will manage the claim and charge the insured for their portion not covered by the insurer. Most property insurance policies contain a per-occurrence deductible provision that stipulates that the deductible amount specified in the policy declarations will be subtracted from each covered loss in determining the amount of the insured's loss recovery.

excess insurance

A policy or bond covering the insured against certain hazards, and applying only to loss or damage in excess of a stated amount, or specified primary or self-insurance. (2) That portion of the amount insured that exceeds the amount retained by an entity for its own account.

incurred losses

The total amount of paid claims and loss reserves associated with a particular period of time, usually a policy year. Incurred losses are customarily computed in accordance with the following formula: losses incurred during the period, plus outstanding losses at the end of the period, less

outstanding losses at the beginning of the period. This does not ordinarily include incurred but not reported (IBNR) losses.

notification of a claim

The time-period in which a claim must be notified to the insurer is detailed in the insurance policy or policy form. Failure to notify the insurer in a timely fashion may result in denial of coverage.

occurrence

In a commercial general liability coverage form, an accident, including continuous or repeated exposure to substantially the same general harmful conditions. General liability policies insure liability for bodily injury or property damage that is caused by an occurrence. This is also a common homeowner's provision.

policy

A written contract of insurance between the insurer and the policyholder. It is typically comprised of a declarations page, policy form, and endorsements or riders that amend the policy form.

property insurance

First-party insurance that indemnifies the owner or user of property for its loss, or the loss of its income-producing ability, when the loss or damage is caused by a covered peril, such as fire or explosion. In this sense, property insurance encompasses inland marine, boiler and machinery, and crime insurance, as well as what was once known as fire insurance, now simply called property insurance: insurance on buildings and their contents.

reservation of rights

Where coverage is disputed or in question, the investigation and handling of the claim will be conducted under a Reservation of Rights allowing the investigation to continue without commitment regarding coverage for the claim under investigation. The Reservation of Rights should cite the reasons for the reservation and the provisions of the coverage agreement. All Reservation of Rights letters will be reviewed by the claims supervisor prior to mailing. The purpose of a Reservation of Rights is to prevent estoppel.

reserves

The most probable estimate of the total anticipated cost or exposure for a claim. Reserves must take into consideration all facts, liabilities, comparative negligence, and damages. (2) An estimate of the value of a claim or group of claims not yet paid. A case reserve is an estimate of the amount for which a particular claim will ultimately be settled or adjudicated. Insurers will also set reserves for their entire books of business to estimate their future liabilities.

retention

Assumption of risk of loss by means of noninsurance, self-insurance, or deductibles. Retention can be intentional or, when exposures are not identified, unintentional. (2) In reinsurance, the net amount of risk the ceding company keeps for its own account.

risk

Uncertainty arising from the possible occurrence of given events. (2) The insured or the property to which an insurance policy relates.

RiskMaster

The risk management information system used to document Member events and claims.

self-insured retention (SIR)

A dollar amount specified in an insurance policy (usually a liability insurance policy) that must be managed and paid for by the insured before the insurance policy will respond to a loss. SIRs typically apply to both the amount of the loss and related costs, e.g., defense costs, but some apply only to amounts payable in damages, e.g., settlements, awards, and judgments.

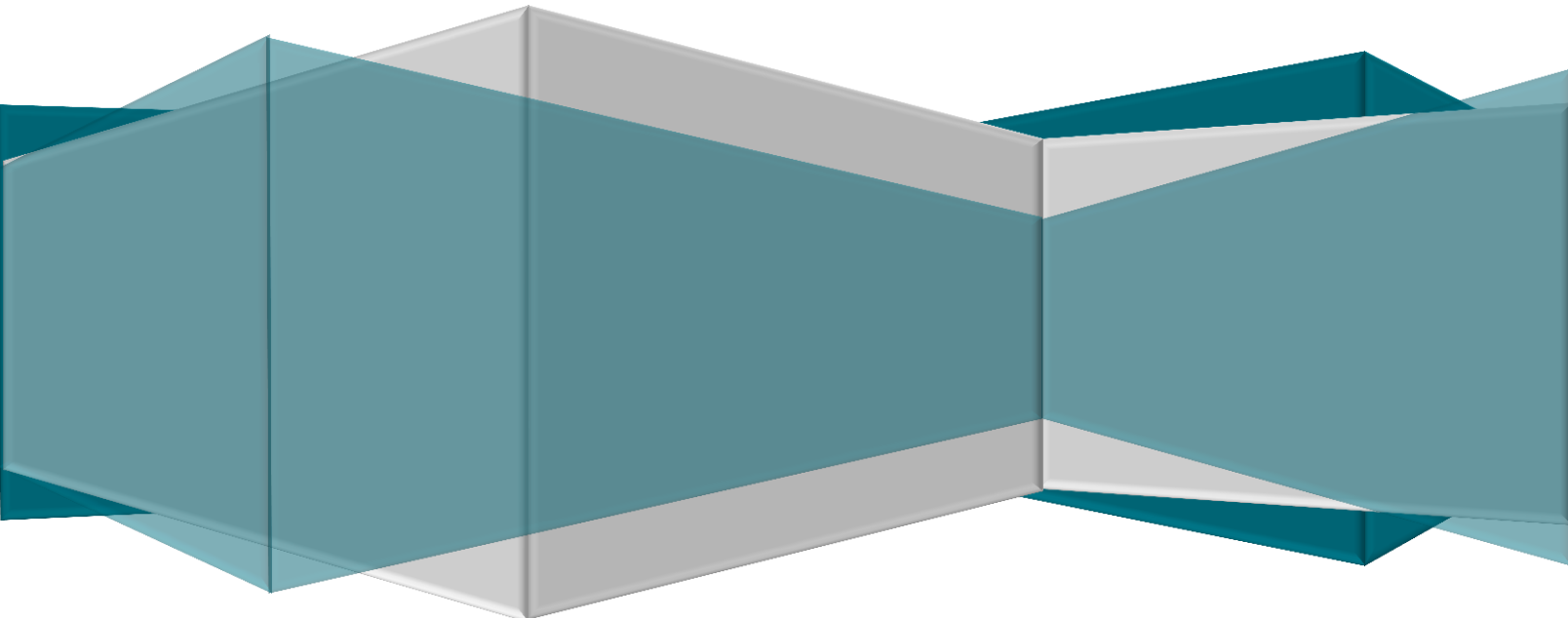
subrogation

The principle under which an insurer that has paid a loss under an insurance policy is entitled to all the rights and remedies belonging to the insured against a third party with respect to the loss covered by the policy. Subrogation generally refers to both a legal right and a legal action. In other words, subrogation can mean either the insurer's right to recover or the actual process of recovery by the insurer.

third party administrator

A third party administrator, TPA, is a contracted entity or person that manages claims on behalf of an insured who may not have the expertise or staffing to manage claims on a full time basis. The TPA may manage claims for several companies, but must manage them within the guidelines established by the insured and their insurer.

SECTION IV:
Appendices



APPENDIX A: PURMIT CLAIMS CHECKLIST



Public Universities Risk Management & Insurance Trust

PURMIT Claims Checklist

Internal Use Only

CLAIM REPORTING	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a claim in RiskMaster within 48 hours of knowledge. Claim #: _____ <input type="checkbox"/> Contact PURMIT if immediate assistance is needed. <input type="checkbox"/> If a bodily injury claim, send to TPA or contact PURMIT if handling internally.
INITIAL CLAIMS HANDLING	<ul style="list-style-type: none"> <input type="checkbox"/> Assign the claim. Claims Professional: _____ <input type="checkbox"/> Initiate investigation (note 45 day timeframe). <input type="checkbox"/> Secure any object critical to the investigation (document chain of custody). <input type="checkbox"/> Evaluate for subrogation potential. <input type="checkbox"/> Review the applicable policy(ies) for coverage. <ul style="list-style-type: none"> <input type="checkbox"/> If disputed coverage, contact PURMIT and potentially insurer within 1 week. <input type="checkbox"/> If seeking a denial based on coverage, obtain claims supervisor approval. <input type="checkbox"/> Set reserves based on the preliminary facts of the claim (note 10 day timeframe). <input type="checkbox"/> Set a diary in RiskMaster. <input type="checkbox"/> Document claim activity and action plan in RiskMaster. <input type="checkbox"/> Acknowledge receipt of claim to claimant (note 14 days to 30 day timeframe). <input type="checkbox"/> Provide claim forms, instructions or assistance to claimant (note 30 day timeframe). <input type="checkbox"/> Make liability decision and document clearly in RiskMaster. <input type="checkbox"/> Advise claimant of acceptance or denial (note 30 day timeframe). <input type="checkbox"/> For property claims, identify project manager. Project Manager: _____ <input type="checkbox"/> If reserve is established at or more than 50% of PURMIT SIR or an occurrence or claim presents that requires reporting, prepare a written report detailing claim facts for PURMIT and excess carrier.
ON-GOING CLAIMS HANDLING	<ul style="list-style-type: none"> <input type="checkbox"/> Adjust the reserves based on the results of the investigation (note 30 day timeframe). <input type="checkbox"/> Respond to all pertinent communications about claim (note 30 day timeframe). <input type="checkbox"/> If investigation remains incomplete, send written notification (note 45 day timeframe). <input type="checkbox"/> Adjust action plan in RiskMaster (note 90 day timeframe). <input type="checkbox"/> Document claim activity in RiskMaster. <input type="checkbox"/> Continue to keep an open diary to move the claim forward toward closure. <input type="checkbox"/> Follow up on any subrogation potential (note 90 day activity timeframe). <input type="checkbox"/> Track costs as necessary. <input type="checkbox"/> Pay invoices. Keep documentation of all invoices paid.
SETTLEMENT	<ul style="list-style-type: none"> <input type="checkbox"/> Seek settlement authority. <input type="checkbox"/> Negotiate settlement. <input type="checkbox"/> Send appropriate settlement documentation. <input type="checkbox"/> Pay settlement. <input type="checkbox"/> Pay any other outstanding invoices. Keep documentation of all invoices paid.
CLOSING	<ul style="list-style-type: none"> <input type="checkbox"/> Verify claim documentation is complete and accurate. <input type="checkbox"/> Request reimbursement, when applicable, from PURMIT. <input type="checkbox"/> Close claim in RiskMaster and/or mark Legal file as closed. <input type="checkbox"/> Retain claim in accordance with Oregon retention requirements.

The PURMIT Claims Checklist is a checklist based on the *Claims Procedures Technical Guidelines and Standards*. It does not replace the *Claims Procedures Technical Guidelines and Standards* and is not as complete, but may be used alongside of it.

Version Date: 5/19/2015

APPENDIX B: PURMIT RESERVE AUTHORITY APPROVAL FORM



PURMIT Reserve Authority Approval Form
Internal Use Only

This form identifies and documents who at the University/Member has reserve authority and the level of reserve authority for the claims professional, claims supervisor and Trustee.

Member Information	University/Member: _____ University/Member SIR: _____
	Effective Date: _____ End Date: _____
	RISK MANAGEMENT
	Claims Professional: _____ Authority Level: _____
	Claims Professional: _____ Authority Level: _____
	Claims Supervisor: _____ Authority Level: _____
	Claims Supervisor: _____ Authority Level: _____
	LEGAL
	Claims Professional: _____ Authority Level: _____
	Claims Professional: _____ Authority Level: _____
	Claims Professional: _____ Authority Level: _____
	Claims Supervisor: _____ Authority Level: _____
	Claims Supervisor: _____ Authority Level: _____
TRUSTEE	
Member's Trustee: _____ Authority Level: _____	
PURMIT	Date Received: _____
	PURMIT Signature: _____ Date: _____
	Comments: _____

This form should be completed when the University/Member SIR changes or when a claims professional, claims supervisor or Trustee changes or at least every two years.

Version Date: 5/19/2015

APPENDIX C: PURMIT SETTLEMENT AUTHORITY FORM



PURMIT Settlement Authority Form
Internal Use Only

Prior Date of Request: _____

Prior Settlement Authority Granted: _____

Date of Request: _____

Attach any prior PURMIT Settlement Authority Forms.

Member Information	University: _____ University SIR: _____ Claims Professional: _____ Claims Professional Phone: _____
Claim Information	Claimant Name: (Last) _____ (First) _____ (M.I.) _____ Date of Loss: _____ Claim Number: _____ Type of Claim: _____
Claim Summary	Please provide a synopsis of the claim.
Reserves	Outstanding Reserves: _____ Paid: _____ Total Incurred: _____
Requested Settlement Authority	Requested Settlement Authority: _____ Document the reason for the requested settlement authority.
Settlement Authority	Settlement Authority Granted: YES NO Change in Amount: _____ Signature: _____ <div style="display: flex; justify-content: space-between;"> Member/Title Additional Signatures Required: </div> <div style="display: flex; justify-content: space-between;"> _____ YES NO </div> <div style="display: flex; justify-content: space-between;"> Date </div>
Settlement Authority	Settlement Authority Granted: YES NO Change in Amount: _____ Signature: _____ <div style="display: flex; justify-content: space-between;"> PURMIT Administrator or designee Board of Trustee Signatures Required: </div> <div style="display: flex; justify-content: space-between;"> _____ YES NO </div> <div style="display: flex; justify-content: space-between;"> Date </div>
Settlement Authority	Settlement Authority Granted: YES NO Change in Amount: _____ Signature(s): _____ <div style="display: flex; justify-content: space-between;"> Board of Trustees Chair, Vice Chair and/or designee </div> <div style="display: flex; justify-content: space-between;"> _____ </div> <div style="display: flex; justify-content: space-between;"> Date </div>

Version Date: 5/19/2015

APPENDIX D: PURMIT CLAIMS APPROVAL FORM



PURMIT Claims Approval Form
Internal Use Only

Member Institution: _____

Claimant Information	Claimant Name: (Last) _____ (First) _____ (M.I.) _____ Date of Loss _____ Claim Number _____ Claims Professional _____ Claims Professional Phone _____																								
Claim Information	Provide a claim description including what occurred, who is liable, and your review of why the claim needs to be paid: _____ _____																								
Payee	Payee _____ Purpose _____ _____ Provide invoice information below by individual invoice and indicate total dollar amount of invoices: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Invoice</th> <th style="width: 60%;">Description of Invoice</th> <th style="width: 25%;">Amount of Invoice</th> </tr> </thead> <tbody> <tr><td>Invoice 1</td><td></td><td></td></tr> <tr><td>Invoice 2</td><td></td><td></td></tr> <tr><td>Invoice 3</td><td></td><td></td></tr> <tr><td>Invoice 4</td><td></td><td></td></tr> <tr><td>Invoice 5</td><td></td><td></td></tr> <tr><td>Invoice 6</td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">Total Amount to be Paid</td> <td></td> </tr> </tbody> </table> If not initial payment, please indicate the prior amount paid on claim to date _____	Invoice	Description of Invoice	Amount of Invoice	Invoice 1			Invoice 2			Invoice 3			Invoice 4			Invoice 5			Invoice 6			Total Amount to be Paid		
Invoice	Description of Invoice	Amount of Invoice																							
Invoice 1																									
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Total Amount to be Paid																									
University Accounting	University Internal Index: Index _____ Amount: _____																								

University Signature _____
 Title _____ Date _____
 Comments _____
 PURMIT Signature _____
 Title _____ Date _____
 Comments _____

This Section to be Filled out by PURMIT		
Fund: _____	Account: _____	Amount: _____
Invoice Number: _____	Check Number: _____	
PURMIT to Pay: _____		

Version Date: 5/19/2015

APPENDIX E: PURMIT PROPERTY LOSS RESPONSE CHECKLIST



Property Loss Response Checklist Facilities/Building Managers

When a loss occurs, the following steps should be taken:

- Notify Facilities and Building Manager as soon as possible.
 - Facilities to notify Building Manager if first responder.
- Facilities will notify Risk by phone and provide time, location, cause and extent of damage.
- Take steps to reduce loss as much as possible and protect property from further damage.
 - Restore fire protection (sprinklers, hoses, etc.).
 - Assess environmental health and safety concerns and engage EH&S, if necessary.
 - Make temporary/emergency repairs to save, preserve and protect property.
 - Construct temporary structures (scaffold, weather protection, etc.).
 - Adapt existing space.
 - Purchase service from outside vendors.
 - Begin salvage and clean-up (do not throw anything out, set aside).
 - Expedite long-term repairs to essential equipment.
- Take photos to document as much as possible.
- Take steps to secure area – control access to area, building, etc.
- Follow up with Risk with contact information (primary contact and 1 alternate).

After area is secure and claim is reported to Risk:

- Acquire copies of police or fire reports.
- Review or be prepared to access building information (floor plans, drawings, ongoing research areas).
- Do not throw any damaged items away (including items in refrigerators and freezers). One exception = BIOHAZARD MATERIALS
- Provide detailed narratives, photographs, vendor reports, etc. to support the disposition of damaged items.
- Track all expenses related to work.
 - Set up a project to track work orders for capturing all costs.
 - Obtain repair estimates or appraisal documents from contractors for structural damage.
 - Copy and send invoices to Risk for completed work or cleanup.
 - Complete contents inventory.
 - Obtain replacement invoices for contents/equipment.
 - Gather asset records (physical or perpetual) to support damaged property.
- Purchasing “like kind”: Upgrades can only occur after validation by Risk and insurance company and if property owner/department pays the difference.
- Consideration for lost grants/contracts.
- Financial impact due to delayed application or lost revenue.

Version Date: 5/19/2015

APPENDIX F: PURMIT EVIDENCE/CHAIN OF CUSTODY TRACKING FORM



PURMIT Evidence/Chain of Custody Tracking Form
Internal Use Only

This document should be completed at the time evidence is collected. The evidence should be labeled with an item number. Each time another party comes in possession of or handles the evidence, he/she must sign and date below. Evidence must be secured, so that it cannot tampered with or altered.

Member Information	University: _____			
	Claims Professional: _____		Claims Professional Phone: _____	
Claim Information	Claimant Name: (Last) _____ (First) _____ (M.I.) _____			
	Date of Loss: _____		Claim Number: _____	
	Type of Claim: _____		Label or Item #: _____	
	Date/Time Collected: _____		Name of Custodian: _____	
Description of Evidence	Description of Evidence (model, serial #, condition, marks, scratches):			
Chain of Custody	Date/Time	Received from	Received by	Comments

Version Date: 5/19/2015

APPENDIX G: CATASTROPHIC CLAIMS HANDLING

PURPOSE

The catastrophic claim procedure outlined below will ensure that Members and PURMIT staff are promptly and appropriately mobilized to allow for the maximum degree of communication and coordination in the critical stages of a catastrophic claim.

DEFINITIONS OF CATASTROPHIC CLAIM

The following is a list of cases that could require the activation of the Catastrophic Claim Team: fatalities, paraplegic or quadriplegic type of injuries, severe burns, amputations or permanent loss of use of a major extremity of the body, head/brain injuries, or 5 or more claimants in a single occurrence. In addition, a catastrophic claim can be any claim that the Member or claims professional identifies as being of a particularly sensitive nature or could have widespread ramifications for the entire PURMIT membership.

PROCEDURE

A. Notification of claim received by PURMIT.

- 1) Member claims professional contacts PURMIT Administrator (TBD) or designee.
- 2) Member reports claim on-line via RiskMaster.
- 3) Establish designated contact person for the Member.

B. Establish a Catastrophic Claims Team.

- 1) Member claims professional meets (in-person/phone) with PURMIT Administrator (TBD) or designee to discuss the loss and identify other necessary team members (based on type and severity of loss).
- 2) PURMIT team members assemble to discuss claim and outline immediate needs.
- 3) Designate the PURMIT team leader to coordinate the team activities.

C. Contact and Communication.

- 1) The Catastrophic Claims Team sets up conference call, including PURMIT team member, Member Counsel, Member claims professional, and other appropriate representatives.
- 2) Discuss latest developments.
- 3) Develop immediate action plan.
- 4) Discuss media control.

D. Implement Action Plan.

- 1) PURMIT team leader meets with Member claims professional (on-site, if possible).
 - a) Identify necessary documentation to be secured by Member.
 - b) Clarify expectations of all parties.
 - c) Discuss expected reserve. Member claims professional should set reserves in RiskMaster.
- 2) PURMIT or Member claims professional notifies outside specialists for on-site visit/inspection (as necessary).

E. The Catastrophic Claims Team reconvenes to discuss initial findings.

- 1) Document Member action plan (confirm in writing).
- 2) Notification to excess carrier (as applicable).
- 3) Disband team or reconvene at a future date.

F. The Catastrophic Claims Team will meet as necessary to work toward resolution of claim

G. Resolution/Report

- 1) The Member claims professional should prepare a report within 30 days after receipt of the claim for the PURMIT Administrator or designee and excess carrier, as applicable. This report will be included on the next Claims Committee agenda for information.
- 2) The report will identify the actions taken, ongoing items, and future projections, as outlined in sections D and E above.

APPENDIX H: CLAIMS CONTACT INFORMATION

Public Universities Risk Management and Insurance Trust (PURMIT)		
P.O. box 751 PURMT Portland, OR 97207-0751		
PURMIT Administrator (TBD) Name Telephone Email	PURMIT Risk Analyst Ashley Grealish Telephone: 503-725-5719 Ashley.Grealish@oregonstate.edu	PURMIT Risk Specialist Jeremy Seicianu Telephone: 503-725-6752 Jeremy.Seicianu@oregonstate.edu
Arthur J. Gallagher: Client Service Team		
6399 South Fiddlers Green Circle, Suite 200 Greenwood Village, CO 80111		
Karen L. Graham Team Leader / Area Executive Vice President Telephone: 303-889-2538 Karen_Graham@ajg.com	Doug Meyer Account Executive - Aviation Telephone: 303-889-2592 Doug_Meyer@ajg.com	Kendall Trump Claims Consultant Telephone: 303-889-2570 Kendall_Trump@ajg.com
Monica Drummer Managing Account Executive Project Manager, Contract Review, Coverage Questions Telephone: 303-889-2576 Monica_Drummer@ajg.com Priscilla A. McCoy Area Sr. Vice President Renewal Marketing, Technical Resource, Environmental, Contracts Telephone: 303-889-2540 Priscilla_McCoy@ajg.com Tracy Paladino Account Manager Telephone: 303-889-2614 Tracy_paladino@ajg.com Anita Bruner Account Representative Certificates Telephone: 303-889-2574 Anita_Bruner@ajg.com	Analisa Murphy, CIC Client Service Manager Telephone: 303-889-2590 Analisa_Murphy@ajg.com	John Watson, ARM, CIC, CRM Higher Education Risk Consultant Telephone: 818-539-1445 John_Watson@ajg.com

<p>Gallagher Student Health & Special Risk</p> <p>P.O. box 14514 Lexington, KY 40512-4514</p>		
<p>Teresa Koster Division President Telephone: 800-457-5599 x 6422 Teresa.Koster@ajg.com</p>	<p>Dean Sandonato Special Products Account Executive Telephone: 617-769-6444 Dean.Sandonato@ajg.com</p>	<p>Dan Buckley Division Vice President Telephone: 617-769-6421 Dan.Buckley@ajg.com</p>
<p>Sedgwick Claims Management Services, Inc.</p> <p>P.O. box 14514 Lexington, KY 40512-4514</p>		
<p>Ronda J. Donovan Assistant Manager Claims Telephone: 503-412-3970 Ronda.Donovan@Sedgwick.com</p>	<p>Robert Burton, AIC, SCLA Claims Examiner III – Liability Telephone: 503-412-3951 Robert.Burton@Sedgwick.com</p>	
<p>FM Global</p> <p>601 108th Avenue NE, Suite 1400 Bellevue, WA 98004</p>		
<p>Scott Harbert Senior Account Manager Telephone: 425-709-5036 Scott.Harbert@fmglobal.com</p>	<p>Mark Romman Branch Claims Manager Telephone: 425-637-2357 Mark.Romman@fmglobal.com</p> <p>DiAnna Webber, ARM Adjuster Telephone: 425-709-5011 Dianna.Webber@fmglobal.com</p>	<p>Brandon Dominguez, ARM Senior Account Engineer Telephone: 425-709-5041 Brandon.Dominguez@fmglobal.com</p>