



DEPARTMENT OF MANAGEMENT
SERVICES

4050 Esplanade Way • Tallahassee, Florida 32399-0950

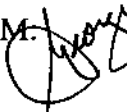
LAWTON CHILES, GOVERNOR

WILLIAM H. LINDNER, SECRETARY

November 25, 1997

MEMORANDUMNO.: 9 (97-98)

TO: State Agency Insurance Coordinator Addressed

FROM:  George C. Banks, CPPO
Director, Division of Purchasing

SUBJECT: Insurance Claims

Enclosed please find the procedures outlining *How Claims Are Reported*. Also provided is a *Claim Form* used for reporting claims and the *Claim Contact* form providing the coverage type and broker contact information.

— Please retain this information in your office for your reference and others within your organization.

As always, if you have any questions, please do not hesitate to call Theresa Dollar at 488-7516 or Suncom 278-7516.

GCB/td



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HOW CLAIMS ARE REPORTED

WILLIAM H. LINDNER, SECRETARY

An insurance policy is a contract, each contract has a provision titled "Duties in the Event of Loss" this provision stipulates the following procedures, if these guidelines are not followed the insurance company may deny payment for a claim.

1. Upon knowledge of a claim or a potential claim, immediate notification must be provided to our Insurance Broker. Facsimile a completed claim form to the insurance broker and follow-up with a telephone call confirming their receipt of the claim.
2. Our claim form is used for the purpose of notification, if you have specific information relative to your claim, please include this information. The more information provided in advance the more expedient the claim process and settlement.
The insurance company may contact you for additional information relative to the claim. Cooperate with the investigation.
3. Upon your notification our Insurance Broker will alert the Insurance Company. At the insurance company they will assign the claim to an insurance adjuster internally. If available, obtain a name and number for the insurance company adjuster assigned to the claim. Some of the insurance brokers may not want to release this information, while others may allow you to contact the insurance adjuster directly. This will allow you direct access to the insurance adjuster when follow-up on the status of a claim or providing any additional information that may be requested.
4. Promptly send any legal papers or notices to the insurance broker or insurance company.
5. Before claims are settled a signed, sworn proof of loss form must be filed with the insurance company. This form will be provided by the insurance company.
6. If the claim reported is a property loss:
 - Protect the property from further damage.
 - As soon as possible, clean-up and salvage what can be saved.
 - Proceed with emergency repairs only, keep all property items repaired for the Insurance Company. The insurance company may want to inspect, test and/or analysis damaged or undamaged property.
 - Take photographs of the damage.
 - All permanent repairs must be discussed and agreed upon with the insurance adjuster. The insurance company may want to examine the property or premises before permanent repairs are made.
 - Set-up work order or job number to capture all cost related to the claim.
 - Keep the insurance adjuster well informed.
 - Identify loss figure as categories, i.e., personal property, machinery, material supplies, extra expenses, loss of income.
7. If the claim reported is a liability loss:
 - Refrain from any conversations with the claimant, the claimant's attorneys, or other representatives for the claimant. Direct all individuals to the insurance adjuster.



CLAIM FORM

State of Florida

Agency Name: _____

Mailing Address: _____

Person to Contact and Number: _____

Date of loss: _____

Time of loss (if known): _____

Kind of loss (Employee dishonesty, Theft, etc.): _____

Cause of loss: _____

Location of loss: _____

Description of loss (use reverse side if necessary): _____

Estimated dollar loss: _____

COVERAGE TYPE	CLAIM CONTACT
<ul style="list-style-type: none"> SPECIAL HAZARD INS.(Camp Insurance) ACCIDENTAL DEATH & DISMEMBERMENT 	Julia Herndon Midyette-Moor 240 N Magnolia Drive P O Box 749 Tallahassee, FL 32302 850-877-8181 Fax 850-942-4928
<ul style="list-style-type: none"> AIRCRAFT INSURANCE STATEWIDE INLAND MARINE CONSOLIDATED EQUIPMENT FIN PROG 	Bob Altemus Arthur J Gallagher 8300 NW 53 rd Street, Suite 350 Miami, FL 33166 305-592-6080 Fax 305-592-4023
<ul style="list-style-type: none"> BOILER & MACHINERY EMPLOYEE DISHONESTY THEFT, DISAPPEARANCE & DESTRUCTION FAITHFUL PERFORMANCE OF DUTY EXCESS EMPLOYEE DISHONESTY NUCLEAR LIABILITY NUCLEAR PROPERTY REGISTERED MAIL INSURANCE 	Bruce Bechard Midyette-Moor 240 N Magnolia Drive P O Box 749 Tallahassee, FL 32302 850-877-8181 Fax 850-942-4928
<ul style="list-style-type: none"> TAX COLL. BOND 	Delores Watkins Johnson & Higgins of Georgia 191 Peachtree Street NE, Suite 3400 Atlanta, GA 30303-1762 404-586-0000 Fax 404-586-8208
<ul style="list-style-type: none"> LIABILITY --TOWERS CONTRACTORS EQUIPMENT PROPERTY Bridge & Turnpike WORKERS' COMP (Americor) 	Brain Hardy Johnson & Higgins of Georgia 191 Peachtree Street NE, Suite 3400 Atlanta, GA 30303-1762 404-586-0000 Fax 404-586-8208
<ul style="list-style-type: none"> OCEAN MARINE INSURANCE 	Rebecca Fraser Johnson & Higgins of Georgia 191 Peachtree Street NE, Suite 3400 Atlanta, GA 30303-1762 404-586-0000 Fax 404-586-8208