



# **Member Claims Manual**

(Revised November 2023)

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# I. Introduction

The CalTIP Member Claims Manual has been prepared to provide CalTIP Members with a step-by-step guide through the entire claims handling process. It outlines the roles and responsibilities of the Member, the Claims Administrator (Sedgwick), and CalTIP. It also explains the general legal requirements involved in the claims handling process and the procedures to navigate those requirements.

The Manual sets forth in general terms:

1. Contact information
2. Member's on-scene response to incidents/*occurrences*
3. Procedures for reporting liability and vehicle physical damage claims to CalTIP
4. **Government Claims** Act and associated procedures and forms
5. Interactive claims process between the Member and Sedgwick
6. Handling of lawsuits and litigated claims
7. Claims reports and invoices

CalTIP is committed to timely and efficient claims handling practices that are balanced and fair to both its Members and the claimants. To accomplish this goal, it is paramount that Members and CalTIP's Claims Administrator engage in a close-working and transparent relationship; one that requires open communication and cooperation.

This on-going relationship serves to protect both the individual Members as well as the pool as a whole. By-products of this relationship are timely reporting and early loss intervention. This in turn creates an environment that maximizes successful resolutions and minimizes the total cost of the claims program.

## How to Use This Manual

- Review the recommended procedures for on-scene responses to accidents/occurrences.
- Review the procedures for reporting incidents/occurrences and claims.
- Words that are defined in the glossary are reflected in *italicized* and **bold** words throughout the manual.
- The Appendix contains reference materials as well as templates for the various **government claim** notices. CalTIP Members can customize these templates to send the notices on their official letterhead.

## II. Claims Contacts and Litigation Manager Contact

**NORTHERN CALIFORNIA AND NEVADA**  
*(All Members Located in Porterville and North of Porterville,  
and Nevada Members)*

For Vehicle Physical Damage, Third Party, Subrogation,  
and Litigated Claims, please contact:

Kristin Echeverria  
Claims Examiner  
P: (916) 746-6334 x. 5963  
C: (916) 298-7715  
[kristin.echeverria@sedgwick.com](mailto:kristin.echeverria@sedgwick.com)

**SOUTHERN CALIFORNIA**  
*(All Members Located in Bakersfield and South of Bakersfield)*

For Vehicle Physical Damage, Third Party, Subrogation,  
and Litigated Claims, please contact:

Caroline Sbabo  
Claims Examiner  
P: (916) 746-6340  
[caroline.sbabo@sedgwick.com](mailto:caroline.sbabo@sedgwick.com)

### **RESOURCES**

Summer N. Simpson Claims Assistant Manager D: (916) 746-6332 C: (916) 343-0837 <a href="mailto:summer.simpson@sedgwick.com">summer.simpson@sedgwick.com</a>	Amanda C. Garcia Vice President, Client Services D: (909) 942-4912 C: (909) 519-8143 <a href="mailto:amanda.garcia@sedgwick.com">amanda.garcia@sedgwick.com</a>
Brian Davis Claims Team Lead D: (916) 746-8832 <a href="mailto:brian.davis@sedgwick.com">brian.davis@sedgwick.com</a>	Heather Allen Client Services Manager D: (602) 906-3626 C: (480) 620-9292 <a href="mailto:heather.allen@sedgwick.com">heather.allen@sedgwick.com</a>
Will Portello CalTIP Litigation Manager (Litigation Management Oversight) D: (916) 244-1139 <a href="mailto:william.portello@sedgwick.com">william.portello@sedgwick.com</a>	

### III. On-Scene Response to an Accident/Occurrence

#### A. Member's On-Scene Response

Following the protocols outlined below will serve to assist with the preservation of evidence and is a key component of timely investigation and evaluation of a claim as well as reasonable and fair resolution of claims.

Timely reporting to Sedgwick will ensure early and proactive claims handling practices and will reduce litigation and the overall cost of claims. (Please reference Appendix C – Claims Reporting by Category for more information.)

The following are recommended responses for individuals involved in an *occurrence*:

##### 1. Bus Driver

- a. Determine if there any injuries and, if so, seek paramedic assistance.
- b. Obtain information about the other driver including:
  - Name, address, and telephone number
  - California Driver's License
  - Type of vehicle and license plate number
  - Insurance carrier with policy number, if possible
- c. Carefully observe and document the accident scene including:
  - Name of streets
  - Direction of travel
  - Street descriptions/number of lanes
  - Points of impact on each vehicle
- d. If police responded, the report number and name of the responding officer.
- e. Document the scene and *damages* with photographs indicating the date the picture was taken.
- f. Identify bus passengers including:
  - Names, addresses, and phone numbers
  - Distribute and encourage witnesses to complete courtesy cards and secure for supervisor.
- g. Based on the information above, complete the Occurrence Report Form. (Please reference Appendix A for example.) Occurrence Report Forms should be maintained in transit vehicles. Please see Section IV, Occurrence Packets, for ordering information.

## 2. Supervisor

Tasks of the supervisor include, but are not limited to, the following:

- a. Determine the urgency of reporting to Sedgwick. Please refer to Appendix C for assistance.
- b. Document the scene and ***damages*** with photographs, if not already done so by the bus driver.
- c. Obtain a clear and concise statement and accident diagram from the bus driver.
- d. Document in writing how the incident occurred as relayed to you by various parties involved, i.e., bus driver, passengers, witnesses, police officer.
- e. Take all steps necessary to preserve the on-board bus video, if available. (Please refer to Section V, Reporting ***Occurrences*** and ***Claims***, for instructions on sending videos to Sedgwick.)

### **Immediate Emergency Response Required**

Any ***occurrences*** involving the types of injuries or ***damages*** listed below require immediate notification to Sedgwick by contacting the Team Lead or the Claims Examiner. If in doubt, err on the side of caution and report. Immediate involvement of an examiner in these types of accidents/***occurrences*** is critical to preserve crucial evidence.

- |                                      |   |
|--------------------------------------|---|
| • Vehicle v. Pedestrian or Bicycle   | • Loss of Use of Body Functions                 |
| • Fatalities                         | • Extended Disability (greater than six months) |
| • Amputations or Dismemberment       | • Significant psycho-neurotic involvement       |
| • Spinal Injuries                    | • Sexual Abuse or Molestation                   |
| • Paralysis                          | • Multiple Injuries and Property Damage         |
| • Sensory Loss                       | • Multiple Vehicles (more than two)             |
| • Severe Head Injury or Brain Damage | • Catastrophic Property Damage                  |
| • Serious Burn                       | • Class Action Suits                            |
| • Disfigurement                      | • Civil Rights Violations                       |
| • Loss of Major Organ                |   |

**Please note:** The above list is not exhaustive of all reporting requirements. For additional information on reporting requirements, refer to the CalTIP Liability Program and Vehicle Physical Damage Program Memoranda of Coverage. These documents can be located on the CalTIP website, [www.caltiponline.org](http://www.caltiponline.org).

**Please refer to page 2 of assigned examiner for after-hours calls.**

## IV. Occurrence Packets

CalTIP provides, at no cost to the Members, ***Occurrence*** Packets containing materials designed to capture information outlined in the prior section. The CalTIP ***Occurrence*** Packets include:

1. ***Occurrence Report Forms*** (Refer to Appendix A)
2. Courtesy Cards (Refer to Appendix B)
3. Pencils

### **How to Order Occurrence Packets**

You can order the ***Occurrence*** Packets by emailing your request to:  
Taysha James, CalTIP Member Services Coordinator, at  
[taysha.james@sedgwick.com](mailto:taysha.james@sedgwick.com)

Include in your request:  
Number of Occurrence Packets needed, and  
name and physical address of where the shipment should be mailed.

If you have any questions, please contact Taysha James  
at (916) 244-1186 or [taysha.james@sedgwick.com](mailto:taysha.james@sedgwick.com).

## V. Reporting Occurrences and Claims

### 1. Occurrences

**All Occurrences are to be reported to Sedgwick within five business days of knowledge, except those requiring immediate reporting (See Section III).**

#### a. Criteria for reporting:

- Any incident, accident or event involving a Member vehicle in which a **Government Claim** has not yet been filed with the Member
- Damage to the Member's vehicle

#### b. What to submit to Sedgwick:

- Occurrence Report Form completed in its entirety
- Supervisor's report
- Scene photos, if available
- Courtesy cards
- A note indicating whether a drug test was conducted of the Member's driver
- Secured bus video but do not submit to Sedgwick until claim is received

#### c. Send to: [caltipincidents@sedgwick.com](mailto:caltipincidents@sedgwick.com)

### 2. Claims

**All Claims Must Be Reported to Sedgwick within five business days of knowledge, except those requiring immediate reporting (See Section III).**

#### a. Criteria for reporting:

- Receipt of a written **government claim** from a **third party** or their attorney seeking money for **bodily injury** or property damage

#### b. What to submit to Sedgwick:

- All items and documents listed above for reporting an occurrence not already submitted
- If received by mail, scan envelope with the postmark visible
- Bus video, if available (*see instructions below for sending videos to Sedgwick*)



- c. Send to: [caltipliabilityclaims@sedgwick.com](mailto:caltipliabilityclaims@sedgwick.com)

**To Electronically Submit Videos:**

Please contact your claims examiner for specific instructions.

**3. Vehicle Physical Damage**

**a. Criteria for reporting:**

- Damage to the Member's vehicle (bus, passenger vehicles, etc.)

**b. What to submit to Sedgwick:**

- *Occurrence* Report Form
- Pictures taken at the scene and damage to involved vehicles
- Courtesy cards/witness information
- Repair estimate, when available
- Information where the vehicle is located and contact information
- Police report number

- c. Send to: [caltipphysdamclaims@sedgwick.com](mailto:caltipphysdamclaims@sedgwick.com)

## VI. Liability Claims Handling

Upon receipt of an ***Occurrence*** Report from the Member, Sedgwick will review to determine if there is a high exposure and/or further or immediate investigation is required. Otherwise, Sedgwick will file the ***Occurrence*** report and take no further action until a written ***government claim*** is received by the Member.

Upon receipt of a written ***government claim***, the Member will forward it to Sedgwick as set forth in the “Reporting ***Occurrences*** and ***Claims***” section of this manual.

Upon receipt of the written ***government claim***, Sedgwick will:

- Set up a claim in the claims system and assign to the examiner.
- Send an acknowledgment letter to the Member indicating the assigned examiner and examiner’s contact information, claim number, and a brief description of the loss (Appendix E).
- Establish appropriate loss and expense reserves in the file.
- Evaluate the claim for compliance with the Government Code, including sufficiency and timeliness, and provide recommendations to the Member for responses and further handling of the claim.
- Depending on the circumstances of the claim received, Sedgwick may contact the Member immediately, but no later than 30 days.

### **Government Claim Procedures**

Pursuant to the California Government Code, a formal written ***Government Claim*** must be filed with the public agency before a claimant can bring legal action against the agency for injuries or property damage. Those ***Claims*** are often referred to as “Tort Claims.” The California ***Government Claims*** Act (Gov’t. Code Sections 900 et. seq.) provides statutory guidelines for filing ***Claims*** against a public agency. Those guidelines include the following:

#### **Claim Filing Requirements**

##### **1. Timing:**

<b>Claim Type</b>	<b>Reporting Requirement</b>
Personal injury, wrongful death, or damage to personal property (including vehicles) or growing crops.	Within <b><u>six months</u></b> of the <b><i>occurrence</i></b>
Any other cause of action, such as damage to real property (e.g., a building).	Within <b><u>one year</u></b> of the <b><i>occurrence</i></b>

- ##### **2. Content of the Claim:**
- Claims*** submitted to the Member agency are not required to be on a claim form as long as they contain the following:

- a. Name and address of the claimant
- b. Address for returning correspondence
- c. Date, location, and details of ***occurrence*** that gave rise to the ***Claim***
- d. Description of loss/***damages***
- e. Name of public employee that caused the injury
- f. Dollar amount claimed (if over \$10,000, no dollar amount is necessary)
- g. Signature of claimant or claimant representative

**Note:** The Member agency must provide a Claim Form to the claimant upon request.

See Appendix D for a claim form example.

**3. Method of Presentment:** *Claims* may only be submitted to the Member agency via:

a. U.S. Mail

- i. If a ***Claim*** is received by mail, the postmarked envelope must be saved, scanned, and sent to Sedgwick along with the claim.
- ii. The ***claim*** should be date-stamped upon receipt.

b. In Person

- i. The claimant should submit the ***claim*** to a designated recipient, e.g., the clerk or secretary of the governing body.

c. Electronically – Please Note: Must be authorized by agency

- i. ***Claims*** submitted via email are not valid unless a resolution exists authorizing electronic presentment.
- ii. If your agency wishes to receive ***claims*** via email or electronically, your governing body must adopt a resolution authorizing the specifics for the presentation of the ***claim*** in that manner.

Please refer to Appendix F for a sample resolution.

**Important Note:** *Claims* submitted to the agency via fax **are not** valid under the Government Code and should never be accepted.

**4. Written Responses to Government Claims:**

Written responses to ***claims*** (also known as Notices) are governed by the ***Government Claims Act***, which prescribes specific statutory language and the time frames for sending such Notices.

**All Notices must be sent from the Member agency to the claimant or his/her attorney, must be signed by a public employee, and should be sent on the Member agency's official letterhead.**

Notices must always include a proof of mailing. This requirement can be satisfied by:

- Sending the Notice by Certified Mail

OR

- Completing the Proof of Mailing form. Government Code section 915.2 and Code of Civil Procedure section 1031a require a declaration, based on personal knowledge, that the declarant deposited the notice at a U.S. Post Office or mail box, sub-post office, substation or mail chute or other like facility regularly maintained by the government of the U.S., and stating where the declarant deposited it in the mail, and that it was properly addressed with postage paid. This requirement applies equally to notices of insufficiency, notices of return of untimely claims, and notices of rejection of late claim applications. See Appendix G, *Declaration of Service By Mail*.
- If authorized by resolution, via electronic notice to the email address specified by the Claimant in the *Claim*.

Sedgwick will review the *Claim* and make recommendations to the Member as to the specific Notice to send and the timing for sending the Notice. The Notices will include one of the following:

**a. Notice of Insufficiency**

The Notice of Insufficiency is used when the written *Government Claim* is missing one of the required elements such as name, dates, location, and signature.

The notice serves as an invitation to the claimant to amend the *claim* to correct the insufficiency. Failure to give notice of insufficiency will waive the Member's defense for any defect or omission in the *claim*. A Notice of Insufficiency is not required when the *claim* fails to state the address of the claimant or the claimant's representative.

The Member must give notice of the insufficiency of a *claim* within 20 days after its presentation to the Member. See Appendix H, *Notice of Insufficiency*.

**b. Notice of Return of Untimely Claim (6-Month)**

The *Government Claims* Act provides that the *claim* must be filed within six months of the accrual of the cause of action (usually the date of loss). If the Member determines that the *claim* was filed late, they must return the *claim* within 45 days from the date it was filed, along with the notice that the claimant may apply for leave to present a late *claim*. Failure to return a *claim* as untimely within 45 days waives the late *claim* defense. See Appendix I, *Return of Untimely Claim*.

**c. Notice of Rejection of Timely Claim (6-Month Claim Requirement)**

The claimant may not take legal action against the Member within the 45 days after filing the *claim* unless the *claim* is rejected by the Member's Board during that time. After 45 days, the *claim* is deemed rejected by operation of law and claimant has two years from the date of loss to file a lawsuit against the Member.

At the end of the 45-day period, a written Notice of Rejection can be sent to the claimant or their legal representative. This Notice reduces the claimant's time for filing a lawsuit from two years to six months from the date the Notice of Rejection is sent.

Generally, CalTIP recommends that all **claims** be considered for Rejection in order to take advantage of the reduction in the statute of limitations for bringing the lawsuit. See Appendix J, *Rejection of Timely Claim*.

**d. Denial of a Timely Application to Present a Late Claim (Under One Year from Date of Loss)**

The Member must grant or deny the application within 45 days after it is presented; otherwise, the application will be deemed denied on the 45<sup>th</sup> day. Section 915.2 Section 915.2 extends this period by 5 days if the claim is mailed.

The Notice of Denial of the Application must contain statutory language advising the claimant of his or her right to petition the appropriate court for an order relieving the claimant from the claims-presentation requirements within six months of the date of the late **claim** application. The notice must also advise that the claimant may seek the advice of an attorney.

*Note: Failure to attach the proposed claim to the Application for Leave to Present Late Claim is a basis for automatic denial of the Application.*

See Appendix K, *Denial of Timely Application to Present a Late Claim*.

**e. Denial of Untimely Application to Present a Late Claim (One Year After the Date of Loss)**

The Member must grant or deny the application within 45 days after it is presented; otherwise, the application will be deemed denied on the 45<sup>th</sup> day.

The rejection notice must contain statutory language advising the claimant of his or her right to seek the advice of an attorney. See Appendix L, *Denial of Untimely Application to Present a Late Claim*.

**f. Notice of Non-Consideration of Claim Due to Untimely Presentation (Beyond One Year)**

The Member should send this form when a **claim** is not presented within one year of the date of accrual of the cause of action. The **claim** will not be considered on its merits. The Notice should advise the claimant that they may seek the advice of an attorney and, if so, they should do so immediately. See Appendix M, *Notice of Non-Consideration of Claim Due to Untimely Presentation*.

## QUICK REVIEW PUBLIC ENTITY CLAIM CHART

### General Information

Timeframe to file a *claim*:

**6 Mos.** Bodily Injury, Personal Property & Crops (911.2, 945.4)

**12 Mos.** Contracts, Minor, Real Property

**2-3 yrs.** State Civil Rights; Federal follows State statute of limitations

Public Entity has **45 days** to act on claim; automatically denied on 45<sup>th</sup> day (912.4).

Rejection Letter *sent* limits claimant in filing a lawsuit to within **6 mos.** (913).

Rejection Letter *not* sent limits lawsuit filing to within **24 mos. from accrual date (DOL)**.

### Late Claim

If claimant files after timeframe indicated above without Application for Late Claim, send Notice of Untimely Filing (901, 911.3, 911.4, 912.2, 945.6).

Public Entity has **45 days** to notify claimant (911.3), otherwise waive Late Claim Defense.

### Insufficient Claim

Applies if claim fails to provide the six required elements of a claim (910, 910.2)

Public Entity has **20 days** to issue insufficiency notice (910.8, 911), otherwise waive Insufficiency Defense. Public Entity cannot act on insufficiency for 15 days after issue notice.

### Amended Claim

Amendment of claim can be filed before final action by Board or six month period expires, whichever is later (910.6, 912.4); *shall be considered a part of original claim*.

Public Entity has **45 days** for Board to act (912.4).

Send notice of rejection even if original was rejected (913); treat as new claim.

### Leave to Present Late Claim

(Accepted) - 6 mos. to 1 year after accrual (DOL) Board may accept application, (911.3, 911.4 to 912.2)  
 - **45 days** for Board to Act (911.6) (general rule, a Minor is accepted)  
 - If 911.6 elements are met, may accept Application and reject Claim.  
 - Rejection of claim must be within *45 days* after accepting application.

(Rejected) - The application shall be presented within a reasonable time (915) not to exceed one year from the accrual (DOL), and state the reason for the delay and be attached to the claim (911.4).  
 - **45 days** for Board to act (911.6).  
 - If 911.6 elements are *not* met, reject Application and return Application (911.8).  
 - Claimant has 6 mos. to file for Judicial Relief (945.4, 945.6). If court grants Relief, Claimant has 30 days to file lawsuit.

Application for leave to present late claim: If no action taken within 45 days, it becomes rejected and claimant has 6 mos. to file petition for Judicial Relief (911.6, 945.6, 946, 946.6).

### *\*Multiple Loss Dates or Continuous Loss – Notice of Action*

A claim may seek damages which are alleged over a span of time, up to present. If the accrual dates extend beyond the six and/or twelve month statutes, a single notice for the untimely and timely portions, which addresses each of the loss statutes, may be used. Often seen in claims for utility billing, construction, water, contract, or law enforcement. “Notice of Untimely Claim After Six & Twelve Months; Notice of Rejection of Remaining Portion of Claim”

## VII. On-Going Claims Handling

### 1. General On-Going Claims Handling

- Within the first 30 days after opening the *claim*, Sedgwick will:
  - Complete the initial investigation of the *claim* and make a preliminary determination of potential liability, applicable defenses, and strategies.
  - Send the Member a captioned report that outlines the description of the loss, injuries, and other *damages*, coverage, reserve rationale, outstanding investigation, and the plan for further handling.
- After the first 30 days, Sedgwick will:
  - Continue to communicate with the Member through written status reports and verbal updates, as warranted.
  - During this time, Sedgwick may request additional information from the Member.

### 2. Settlements

Where there is liability, Sedgwick will strive to reach a fair and timely settlement with the claimant or their attorney. The following are the procedures to obtain settlement authority:

Settlement Amount	Authority
Within the Member's <i>self-insured retention</i>	Sedgwick Claims Examiner will confirm authority with Member.
Over the Member's <i>self-insured retention</i>	Sedgwick Claims Team has up to \$10,000 over the Member's <i>self-insured retention</i> to settle the <i>claim</i> .
Beyond Sedgwick's Authority	Sedgwick claims examiner will request authority from the CalTIP Litigation Manager or the CalTIP Member Services Committee.

## VIII. Lawsuit Handling

**The Member must immediately notify Sedgwick upon *Service* (receipt) of lawsuit upon the Member or any of its employees.**

Please call and then email the complete lawsuit (*Summons* and *Complaint*) to your assigned examiner under Section II., Claims Contact (see page 2).

### **Legal deadlines for filing an *Answer* (response) with the Court**

- In State Court, a response must be filed with the Court *within 30 days* of the *service* date.
- In Federal Court, a response must be filed with the Court *within 20 days* of the *service* date.

### **Failure to respond timely may result in a judgment against the Member.**

Sedgwick should also be promptly notified if the Member learns of a pending lawsuit, even if it has not yet been served upon the Member or its employees.

### **Service of lawsuit upon the Member and their employees**

Members and/or their employees will be served with a lawsuit in one of three ways:

1. **By Mail:** A copy of the lawsuit (*Summons* and *Complaint*) will be mailed to the entity along with a form titled “Notice and Acknowledgment Form.” If the “Notice and Acknowledgment Form” is signed and returned to the sending party (usually the plaintiff’s attorney) the lawsuit is deemed to have been properly served on the date that the document is signed and returned. **DO NOT SIGN AND RETURN THAT FORM.** The unsigned “Notice and Acknowledgment Form” should be forwarded along with a copy of the lawsuit to the litigated claims examiner for forwarding to the attorney who will be defending the case. This allows the defense attorney extra time to prepare a response to the lawsuit.
2. **By Personal Service:** The *Summons* and *Complaint* is personally delivered to the Member’s business office or directly to an employee of the agency who is also being sued individually.
3. **By Substitute Service (Employee only):** A lawsuit can be served on the employee by leaving a copy of the *Summons* and *Complaint* at the Member’s office during business hours in the employee’s name and then by mailing a copy of the lawsuit to the employee. The suit is considered served only after both tasks are completed, and *service* is effective ten days after mailing. If this cannot be accomplished with reasonable diligence, the *Summons* may be served by leaving a copy of the *Summons* and *Complaint* at the employee’s home or at work with a person of legal age of majority and thereafter mailing to the place where the *Summons* and *Complaint* were left. Again, *service* is complete ten days after mailing. (Code of Civil Procedure Section 415.20.)



### **What Happens Next**

- Sedgwick is responsible for directing and managing all litigated claims.
- Sedgwick will confer with the Member as to the selection of defense counsel.
- Defense counsel will be assigned from CalTIP's Approved Defense Panel.
- Sedgwick will ensure that Members are copied on all defense counsel reports.
- All legal bills will be reviewed and paid by Sedgwick on behalf of the Member and CalTIP.

## IX. Vehicle Physical Damage Claims Handling

### 1. General Claims Handling

- Sedgwick will open a *claim* upon receipt of estimates or other documents if the amount of repairs is 50% of the *deductible* for that vehicle.
- Sedgwick will work with the Member and/or the body shop to resolve the *claim*.
- On behalf of CalTIP, Sedgwick will issue payment over the Member's *deductible* directly to the Member.
- CalTIP provides coverage for vehicle *damages* up to \$100,000 toward the repair or actual cash value of the damaged vehicle.
- Sedgwick will report losses above \$100,000 to CalTIP's excess carrier and will work with the carrier to substantiate the *damages* and secure payment to the Member for amounts above \$100,000.

### 2. Subrogation / Recovery

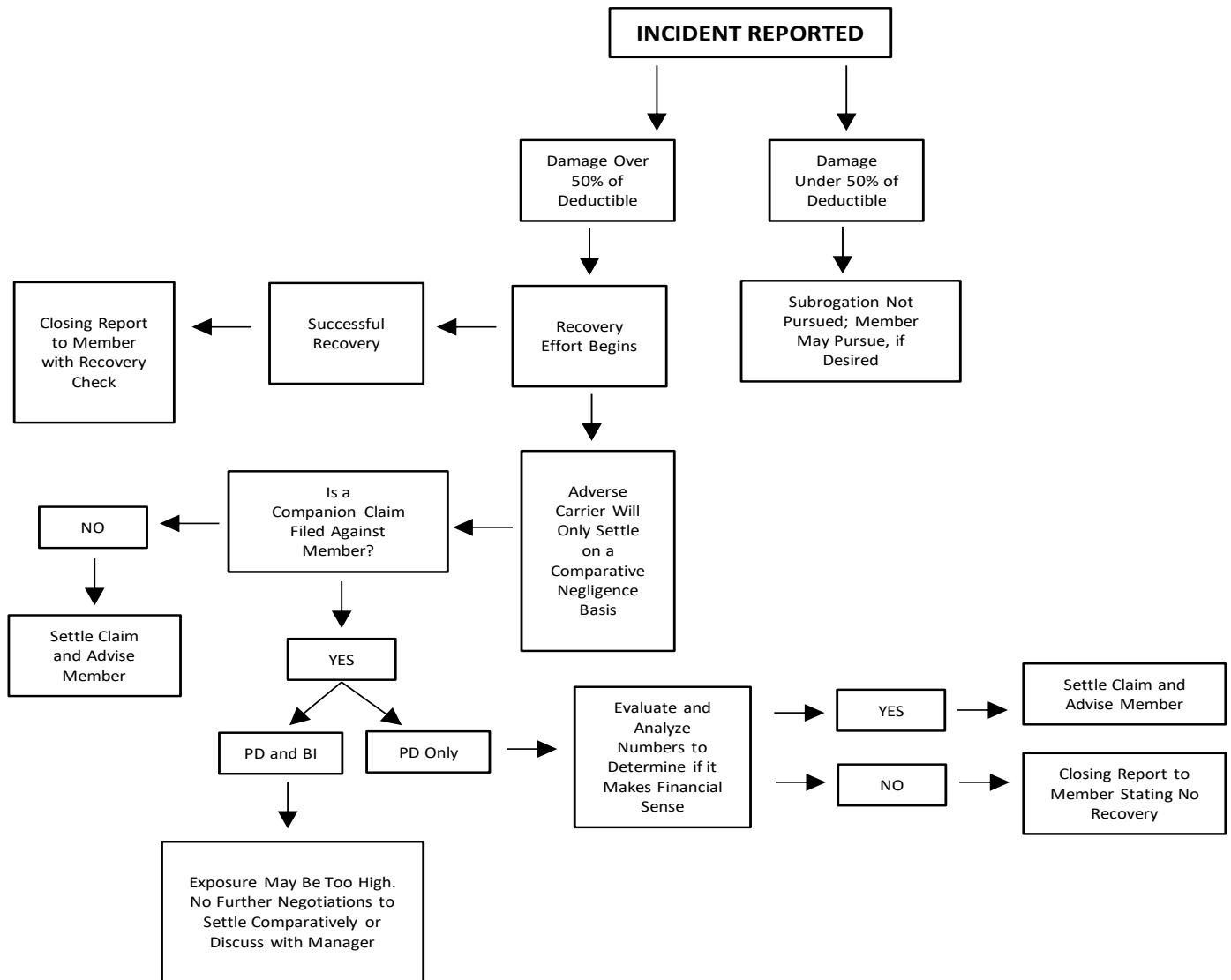
As CalTIP's Claims Administrator, Sedgwick provides subrogation services for all Members who participate in the Vehicle Physical Damage Program. Sedgwick has a dedicated subrogation recovery specialist to serve as the liaison to the Members.

Pursuant to CalTIP policy, when there is a reasonable probability of recovery, Sedgwick will pursue subrogation on the Member's behalf for losses greater than 50% of the Member's *deductible*. Sedgwick will also seek recovery of the Member's loss of use.

CalTIP pays for the recovery expenses (including Sedgwick's fees) on behalf of the Member. Sedgwick has a fiduciary responsibility to CalTIP to keep recovery expenses reasonable and will discontinue recovery efforts when the cost of recovery is expected to exceed the amount of recovery.

**The recovery process is outlined below.**

## RECOVERY PROCESS



## **X. Member Deductible Invoices**

Members of the CalTIP Liability Program are responsible for all claims payments made within their ***deductible***. This includes settlements, claims handling expenses (including Sedgwick fees), defense attorney fees, and other legal costs.

To streamline the claims handling process, all claims payments made within the Member's ***deductible*** are prefunded by CalTIP and issued by Sedgwick from CalTIP's trust account.

Sedgwick produces a detailed monthly report, by claim, that itemizes all payments made during the prior month that fall within the Member's ***deductible***. On CalTIP's behalf, Sedgwick also produces a corresponding invoice for each Member which includes the total amount due to CalTIP for all payments made within the Member's ***deductible*** during the prior month. The ***Deductible*** Report and the Member Invoice are emailed to the Member from Sedgwick no later than the 10<sup>th</sup> day of the following month.

(For sample Member Deductible Invoices and Deductible Reports, refer to Appendices O and P).

### **Questions regarding Member Deductible Invoices and Deductible Reports can be referred to:**

Heather Allen  
Client Services Manager  
D: (602) 906-3626  
C: (480) 620-9292  
[heather.allen@sedgwick.com](mailto:heather.allen@sedgwick.com)

## XI. Loss Run Reports

On a monthly basis, each CalTIP Member receives a series of loss reports, typically within the first five business days of each month. The contents of the report package are as follows:

**Fiscal Year Claim Summary** – a report as of the end of the previous month showing summary claim counts by status (Open/Closed/Total), Summary Incurred, Paid and Reserve change amounts during the previous month, Total Paid, Total Reserves, Total Incurred, Recovery, and Net Incurred amounts as of the end of the month – all summed by Fiscal Year.

**Open Claim Detail** – a detailed reporting listing all claims opened during the previous month, regardless of status.

**Close Claim Detail** – a detailed reporting listing all claims closed during the previous month.

**Payment Listing** – a listing of allocated payments (expenses, settlements, legal fees, etc.) made during the previous month.

**Open Claim Loss Run** – a loss run showing all open claims as of the end of the previous month.

For Members who participate in the Vehicle Physical Damage Program, an additional set of reports will be included. These reports can be distinguished from the Liability Program reports as they will be named to include the letters” PD” as follows: *Member name- PD- name of the report.*

**All questions regarding loss runs can be referred to:**

Heather Allen  
Client Services Manager  
D: (602) 906-3626  
C: (480) 620-9292  
[heather.allen@sedgwick.com](mailto:heather.allen@sedgwick.com)

## XII. Frequently Asked Questions

### What to do if:

- **Employee receives a call from the other insurance carrier and wants to take a statement.**

*Under no circumstances should an employee give a statement to the claimant's insurance carrier. The Member should notify their assigned Sedgwick examiner, if such a request is made.*

- **Member's employee is served with a lawsuit.**

*The employee should immediately submit the lawsuit to their supervisor or other management personnel. The Member should notify Sedgwick immediately. The employee should not communicate with the plaintiff or the plaintiff's attorney.*

- **A citizen requests a settlement for an incident where the Member has no record of the incident occurring.**

*Gather as much information as possible about the alleged incident from the citizen to complete an **Occurrence** Report, including date, time, location, bus number, bus driver (or driver description), witness names, narrative of what happened, etc. You may provide a **Government Claim** form to the citizen.*

*If available, review and secure video and conduct internal investigation with staff in an attempt to validate the citizen's allegations. Submit all documentation to Sedgwick following the instruction in "Section V – Reporting **Occurrences** and **Claims**"*

- **A claimant (or their attorney) wants to review the bus video.**

*Advise the Claimant you will consider their request but make no commitments. The Member should then contact their assigned examiner to advise them of this request. The examiner will review the circumstances of the incident and may need to review the video. The examiner will determine whether it is in the best interest of the Member and CalTIP to allow the Claimant to review the video and advise the Member accordingly.*

## CONCLUSION

This claims manual is offered as a reference guide for potential and actual liability claims against the Member. It is not intended as a legal reference for claims handling policies but rather as a liability claims overview, with the intention of providing general guidance to CalTIP Members.

## XIII. Glossary of Common Terms

The definitions provided in this section convey common, frequent understandings. Many of the words may be defined differently in specific insurance contracts or may have expanded, reduced, or in other ways different meanings in particular circumstances. They are provided here for convenience only, as they will frequently appear in communications from our office, defense counsel, or examiners.

### **Answer**

One of a number of responsive pleadings following *service* of a lawsuit. “Black's Law Dictionary” offers the following definition: “Strictly speaking, it is a pleading by which defendant in suit at law endeavors to resist the plaintiff’s demand by an allegation of facts, either denying allegations of plaintiff’s **Complaint** or confessing them and alleging new matter in avoidance, which defendant alleges should prevent recovery on facts alleged by plaintiff.”

The **Answer** or another form of responsive pleading must be filed with the appropriate State Court in California within 30 days after the defendant has been served, and with the Federal Court, within 20 days after *service*.

### **Bodily Injury**

Physical damage to the body, including death, mental damage, pain, sickness, and disease. Not generally included in this category are items considered to be “personal injury”, libel, slander, humiliation, and embarrassment. The category of mental distress can fall in either category depending upon the circumstances.

### **Claim**

The written notice form required to be filed with a public entity (pursuant to Government Code 910) prior to the filing of a legal **Complaint** – also known as a **Government Claim**. Government Claims were formerly “Tort Claims” under the 1963 California Tort Claims Act, and are still informally referred to as “Tort Claims.”

### **Complaint**

The initial written legal pleading filed with the court by the plaintiff to initiate the legal process against defendant(s). This is usually served upon the Member or the employee along with the “**Summons**”.

### **Damages**

That which has been lost because of an accident or event. **Damages** include loss to property, loss of use, **bodily injury**, personal injury, loss of income, loss of reputation, etc. Generally, **damages** are expressed in dollar terms and by divisions such as **Special Damages**, **General Damages**, and **Punitive Damages**.

### **Deductible**

The portion of the loss absorbed by the Member. **Deductible** amounts apply to claims in both the CalTIP Liability and Vehicle Physical Damage Programs. In the Liability Program, settlements with **third parties** and claims expenses (including Sedgwick’s fees and defense costs) are applied toward the **deductible**. May also be referred to as a self-insured retention or an “**SIR**”.

### **Deposition**

Testimony by a party having knowledge material to a cause of action taken outside of court but under oath. The **deposition** provides access to information and can be read into evidence in court under certain circumstances such as inconsistency between **deposition** and trial testimony by the same witness. **Depositions** are part of a larger information gathering process prior to trial known as **Discovery**.

### **Discovery**

The information gathering process occurring under power of subpoena and with written and oral testimony being provided under oath. Interrogatories and depositions are part of that larger process.

### **Dismissal**

An order or judgment finally disposing of an action or suit by sending it out of court without a trial on the issues. **Dismissals** may be with prejudice, which bars the right to bring or maintain an action on the same claim or grounds. They may also be without prejudice; whereby, there is no bar to bringing or maintaining the action in the future on the same claim or grounds.

### **First Party**

The Member and usually in reference to *claims* made for damage to the Member's vehicles or property.

### **General Damages**

Monies that are payable to compensate for pain and suffering, embarrassment, inconvenience, and the like.

### **Government Claim - See *claim***

### **Occurrence**

An incident, accident, or event that could result in damage to the Member's vehicle, and/or a **bodily injury** or property damage claim from a **third party**.

### **Punitive Damages**

Sums awarded by the Court beyond **special** and **general damages** for the purpose of punishing a defendant for conduct deemed to be willful and especially heinous or outrageous. The purpose is to punish and to set aside by example. Public Entities are excluded from paying **punitive damages**.

### **Service**

The delivery of a **Summons** and **Complaint** upon a defendant in a lawsuit by mail or in person. This officially initiates the lawsuit against the defendant and the various timelines filing a response.

### **SIR or Self-Insured Retention - See *Deductible***

### **Special Damages**

Amounts which have been incurred and can be verified. These include medical bills, funeral and burial costs, loss of wages, loss of future income, and expenditures which are required as a result of the loss.

### **Summons**



The legal document served upon the Defendant with the ***Complaint*** that provides official notice from the Court of *service* of the ***Complaint*** and prescribes the method and timelines for filing an ***Answer*** to the ***Complaint***.

**Tort Claim** - See ***Claim***

**Third Party**

A person or business entity other than the Member or their employees or contractor. Usually in reference to a claim brought against the Member for injuries or property damage sustained by others.

## Appendix A

### Occurrence Report Form

COMPLETE AS IT  
APPLIES TO YOUR  
PROPERTY OR NOTE  
AS N/A

SEDGWICK  
P.O. Box 14841  
Lexington, KY 40512-4841  
(916) 783-0100 / (866) 391-9675  
License No. 2702735

## OCCURRENCE REPORT FORM

Page of

TYPE OF OCCURRENCE: (CHECK ONE) COLLISION <input type="checkbox"/> PASSENGER <input type="checkbox"/> INCIDENT <input type="checkbox"/> OBSERVATION <input type="checkbox"/>									
MEMBER <input type="text"/>		DATE OF OCCURRENCE <input type="text"/>		TIME <input type="text"/>		REPORT NUMBER <input type="text"/>		OCCURRENCE TYPE <input type="text"/>	
FULL NAME OF EMPLOYEE <input type="text"/>				BADGE NUMBER <input type="text"/>			FULL TIME/PART TIME <input type="text"/>		
DATE OF BIRTH <input type="text"/>				HIRE DATE <input type="text"/>					
OCCURRENCE ON (STREET, ROADWAY, AVENUE, ETC.) <input type="text"/>						AT OR BETWEEN <input type="text"/>		CITY <input type="text"/>	
TRANSIT VEHICLE IDENTIFICATION NO. <input type="text"/>			WAS TRANSIT VEHICLE DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>			LINE <input type="text"/>		ROUTE NUMBER <input type="text"/>	
GENERAL DIRECTION (Eastbound, Etc.) <input type="text"/>			WEATHER CONDITION (Fog, etc.) <input type="text"/>			CONDITION OF ROADWAY <input type="text"/>			
BUS ON TIME YES <input type="checkbox"/> NO <input type="checkbox"/>		MINUTES LATE <input type="text"/>		NUMBER OF PASSENGERS <input type="text"/>			NUMBER OF COURTESY CARDS OBTAINED <input type="text"/>		

DESCRIPTION OF ACCIDENT: For additional information use extra report form.

**Brief Summary:**

Describe in Detail:

Date of Report

Employee's Signature (Indicate Classification)

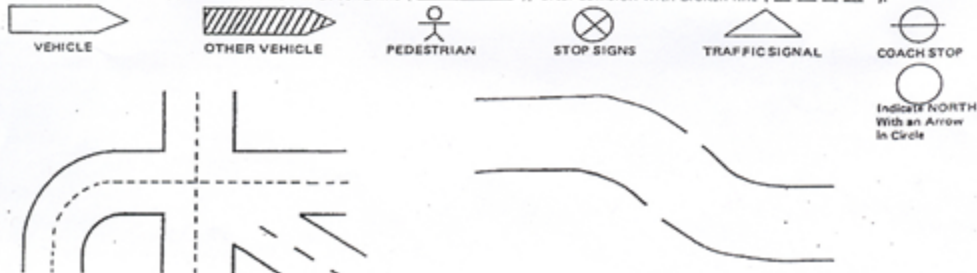
Operator ☐ Student ☐ Other ☐

**TRAFFIC DIAGRAM: (IMPORTANT)**

Draw complete diagram of where and how occurrence happened using symbols shown below. Show street names and indicate direction of travel of vehicles involved.

Show points of contact on vehicles with a check ( / ).

Indicate path of vehicle(s) before collision with solid line ( \_\_\_\_\_ ), after collision with broken line ( \_\_\_\_\_ ).



POLICE AT SCENE OF OCCURRENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		REPORT NUMBER [ ]	CITY [ ]	AMBULANCE REQUESTED	CLAIMED INJURIES	APPARENT INJURIES	PASSENGER	PEDESTRIAN	OTHER VEHICLE	APPROXIMATE AGE
ROAD SUPERVISOR YES <input type="checkbox"/> NO <input type="checkbox"/>		ROAD SUPERVISOR'S NAME [ ]	BADGE NO. [ ]							
PERSONS INJURED OR PROPERTY INVOLVED:										
NAME		ADDRESS & TELEPHONE NUMBER		CITY	ZIP CODE	INDICATE EACH SQUARE WITH "Y" YES "N" NO				
1	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
2	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
3	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
5	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
6	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
7	[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

<p><b>PASSENGER OCCURRENCE:</b> (Check proper items)</p> <p>WAS PERSON ... IF A FALL, GIVE LOCATION: (Check proper items)</p> <table style="width:100%;"> <tr> <td>BOARDING <input type="checkbox"/></td> <td>FRONT STEPS <input type="checkbox"/></td> </tr> <tr> <td>EXITING <input type="checkbox"/></td> <td>FRONT PLATFORM <input type="checkbox"/></td> </tr> <tr> <td>ON BOARD <input type="checkbox"/></td> <td>AISSLES/SEAT <input type="checkbox"/></td> </tr> <tr> <td>AT FRONT DOOR <input type="checkbox"/></td> <td>REAR PLATFORM <input type="checkbox"/></td> </tr> <tr> <td>AT REAR DOOR <input type="checkbox"/></td> <td>REAR STEPS <input type="checkbox"/></td> </tr> <tr> <td>STRUCK BY DOORS <input type="checkbox"/></td> <td>WHEELCHAIR LIFT <input type="checkbox"/></td> </tr> </table> <p>DID PERSON CONTACT TRANSIT VEHICLE IN FALLING? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DISTANCE OF TRANSIT VEHICLE STEPS INVOLVED FROM CURB [ ] FT. [ ]</p> <p>IF OUTSIDE, DISTANCE FROM VEHICLE [ ] FT. [ ]</p>	BOARDING <input type="checkbox"/>	FRONT STEPS <input type="checkbox"/>	EXITING <input type="checkbox"/>	FRONT PLATFORM <input type="checkbox"/>	ON BOARD <input type="checkbox"/>	AISSLES/SEAT <input type="checkbox"/>	AT FRONT DOOR <input type="checkbox"/>	REAR PLATFORM <input type="checkbox"/>	AT REAR DOOR <input type="checkbox"/>	REAR STEPS <input type="checkbox"/>	STRUCK BY DOORS <input type="checkbox"/>	WHEELCHAIR LIFT <input type="checkbox"/>	<p><b>PEDESTRIAN OCCURRENCE</b></p> <table style="width:100%;"> <tr> <td>CROSSWALK <input type="checkbox"/></td> </tr> <tr> <td>LOADING ZONE <input type="checkbox"/></td> </tr> <tr> <td>NEAR CURB <input type="checkbox"/></td> </tr> <tr> <td>JAY WALKING <input type="checkbox"/></td> </tr> <tr> <td>DIRECTION <input type="checkbox"/></td> </tr> </table> <p>IF NOT IN CROSSWALK, HOW FAR FROM CROSSWALK [ ] FT. [ ]</p>	CROSSWALK <input type="checkbox"/>	LOADING ZONE <input type="checkbox"/>	NEAR CURB <input type="checkbox"/>	JAY WALKING <input type="checkbox"/>	DIRECTION <input type="checkbox"/>
BOARDING <input type="checkbox"/>	FRONT STEPS <input type="checkbox"/>																	
EXITING <input type="checkbox"/>	FRONT PLATFORM <input type="checkbox"/>																	
ON BOARD <input type="checkbox"/>	AISSLES/SEAT <input type="checkbox"/>																	
AT FRONT DOOR <input type="checkbox"/>	REAR PLATFORM <input type="checkbox"/>																	
AT REAR DOOR <input type="checkbox"/>	REAR STEPS <input type="checkbox"/>																	
STRUCK BY DOORS <input type="checkbox"/>	WHEELCHAIR LIFT <input type="checkbox"/>																	
CROSSWALK <input type="checkbox"/>																		
LOADING ZONE <input type="checkbox"/>																		
NEAR CURB <input type="checkbox"/>																		
JAY WALKING <input type="checkbox"/>																		
DIRECTION <input type="checkbox"/>																		

OTHER VEHICLE INFORMATION					
REGISTERED OWNER	NAME	ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
DRIVER	NAME	ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
VEHICLE LICENSE NUMBER & STATE		DRIVERS LICENSE NUMBER & STATE		TYPE & MAKE OF VEHICLE	
[ ]		[ ]		[ ]	
NUMBER OF PERSONS IN VEHICLE		DAMAGE TO VEHICLE OR PROPERTY		INSURANCE CARRIER & POLICY NO.	
[ ]		[ ]		[ ]	

**MUST BE FILLED OUT FOR ALL OCCURRENCE (PASSENGER-TRAFFIC-PEDESTRIAN)**

**MOTION OF TRANSIT VEHICLE:** (Check proper items)

STANDING <input type="checkbox"/>	RUNNING <input type="checkbox"/>
STARTING <input type="checkbox"/>	STRAIGHT <input type="checkbox"/>
STOPPING <input type="checkbox"/>	CURVE <input type="checkbox"/>

GOING [ ] M.P.H. WAS THERE ANY UNUSUAL MOTION OF TRANSIT VEHICLE? YES ☐ NO ☐

MOTION OF VEHICLES INVOLVED:		TRANSIT VEHICLE	OTHER VEH. OR PDN.
ESTIMATED SPEED WHEN DANGER FIRST NOTICED?		[ ] M.P.H.	[ ] M.P.H.
ESTIMATED SPEED AT TIME OF OCCURRENCE?		[ ] M.P.H.	[ ] M.P.H.
DISTANCE FROM POINT OF OCCURRENCE WHEN DANGER FIRST NOTICED?		[ ] FT.	[ ] FT.
DISTANCE TRAVELED AFTER OCCURRENCE?		[ ] FT.	[ ] FT.
IF AT NIGHT, WERE STREET LIGHTS ON? [ ] TYPE OF SIGNAL GIVEN BY OTHER DRIVER? [ ]			
IF AT CONTROLLED INTERSECTION, WHAT COLOR WERE TRAFFIC LIGHTS? E/B [ ] W/B [ ] N/B [ ] S/B [ ]			
DESCRIBE DAMAGE TO TRANSIT VEHICLE:			
CONDITION EQUIPMENT:			
CHECK ITEMS DEFECTIVE: STEPS <input type="checkbox"/> FLOORS <input type="checkbox"/> DOORS <input type="checkbox"/> SEATS <input type="checkbox"/> BRAKES <input type="checkbox"/> OTHER <input type="checkbox"/>			
DESCRIBE DEFECTS [ ]			
WERE DEFECTS REPORTED PRIOR TO OCCURRENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> TO WHOM [ ]			
NOTED ON OPERATOR'S REPORT OF DEFECTS? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**ADMIN/FORMS/LIABILITY**

## Appendix B Courtesy Card

BUS \_\_\_\_\_  
DATE \_\_\_\_\_

### **COURTESY CARD**

I am required to report details of any accident or incident which occurs. To ensure that my report is as complete and accurate as possible, I would appreciate you providing any of the following information. Thank you for your cooperation.

**WRITE CLEARLY**

Please put an "X" where you were on the bus

Name \_\_\_\_\_

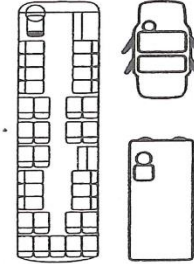
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**WHAT DID YOU SEE OR HEAR?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



AUTOBUS \_\_\_\_\_  
FECHA \_\_\_\_\_

### **TARJETA DE CORTESIA**

Es mi responsabilidad relatar los detalles de cualquier incidente o accidente que ocurra. Para asegurar que mi informe sea completo y lo más exacto posible apreciaría que usted suministrara la siguiente información. Gracias por su cooperación.

**ESCRIBE CLARO**

Por favor indique con una "X" en donde viajaba en el autobus.

Nombre \_\_\_\_\_

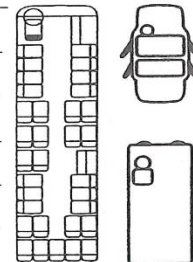
Dirección \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zip \_\_\_\_\_

Teléfono de la casa \_\_\_\_\_ Del trabajo \_\_\_\_\_


**¿QUÉ OYÓ? ¿QUÉ MIRÓ?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Appendix C**

### **CalTIP Claims Reporting By Category**

- I.**  **Immediate Emergency Response Required**  
Fatalities, Serious Injuries, Amputation, Loss of Eye Sight, Coma, Spinal Injuries, Multiple Claimants with Serious Injuries, Any Assault, Robbery, Internal Injuries, Head Trauma, Major Damage to High Value Commercial Vehicles, Buildings & Structures, Environmental Damage, High Impact Accidents; or in the exercise of good judgment an immediate response by an examiner is critical to preserve crucial evidence.

For Claims Reporting and assistance contact:

Summer Simpson Phone: (916) 746-6332

Email: [summer.simpson@sedgwick.com](mailto:summer.simpson@sedgwick.com)

Brian Davis Phone: (916) 746-8832

Email: [brian.davis@sedgwick.com](mailto:brian.davis@sedgwick.com)

For Risk Management Assistance contact:


Bill Taylor Phone: (916) 204-0030

Email: [bill.taylor@sedgwick.com](mailto:bill.taylor@sedgwick.com)

For Risk Management Assistance contact:

Chris Williams Phone: (916) 290-4613

Email: [chris.williams@sedgwick.com](mailto:chris.williams@sedgwick.com)

- II.**  **Same Day Notification**  
Potential of serious injury or property damage where liability is potentially adverse: *i.e.* Bone Fractures, Ambulance called to the scene, High Interest by Law Enforcement, Loss of Consciousness, and Accidents where claimants need immediate contact. Claims or potential claims where good judgment dictates an early investigation is warranted. **Service of any Legal Process.** The paperwork on these matters should be **sent by email** to [summer.simpson@sedgwick.com](mailto:summer.simpson@sedgwick.com) and [brian.davis@sedgwick.com](mailto:brian.davis@sedgwick.com) or call Summer Simpson at (916) 746-6332 or Brian Davis at (916) 746-8832.

- III.**  **All Other Occurrence Forms**

Receipt of Government *Tort Claims*

To include:

- Police report if available or report number
- Bus video if available:

To submit video electronically, please contact your assigned claims examiner, under Section II., Claims Contacts (see page 2).

## *Helpful Tips*

- Remember that an injury to a person or damaged property is a heavy emotional experience. Make sure that you are calm and put the person at ease. Make them feel comfortable about talking to you. Do not accuse or sound like you are discounting their credibility. Be sympathetic without admitting any fault. Tell them the matter is being investigated and that an examiner will contact them.
- If at all possible, obtain pictures of the scene and vehicles. Take photos even if you are uncertain of the mechanics of the accident. Take pictures even if there appears to be *no damage*. Record the date and person taking the pictures. 35 mm photographs are preferred.
- If the incident or accident involves construction, unusual road conditions, or suspected drug or alcohol use, gather as much information as possible. Again, photos of the scene are invaluable to an investigation.

## Appendix D Claim Form

### **FORM D**

<b>FILE WITH:</b>  <b>Members Insert Information</b>	<b>CLAIM AGAINST:</b> <b>Insert Member's Logo</b>	(Reserved for Member Date Stamp)
--	--	----------------------------------

**NOTICE:** The claim must be filed in accordance with the above address.

**Instructions:** Please read each section carefully. If additional space is required, please attach sheets, identifying the section(s) being answered. Answer each section as thoroughly as possible.

Pursuant to the Government Code of the State of California, a claim must be presented timely which includes the information prescribed by Government Code Sections 910 and 910.2

**1. Name and mailing address of the Claimant(s):**

Name of Claimant(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Claimant(s): Home Address: \_\_\_\_\_ Alternate Numbers: \_\_\_\_\_

**2. Address to which the person presenting the claim desires notices to be sent:**

Name of Addressee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**3. The date, place and other circumstances of the occurrence or transaction giving rise to the claim asserted:**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Exact Location: \_\_\_\_\_

Describe in full detail how the injury or damaged occurred: \_\_\_\_\_

**4. What action or inaction of **(Insert Member)** or employees(s) allegedly caused your injury or damage? \_\_\_\_\_**

**5. The name(s) of the officials or employee(s) causing the injury, damage or loss, if known: \_\_\_\_\_**

**6. Description of the claimed injury, damage or loss incurred so far as it may be known at the time of the presentation of this claim: \_\_\_\_\_**

**7. If amount claimed totals less than \$10,000: State the estimated amount of any prospective injury, damage, or loss, insofar as it may be known as of the date of the presentation of this claim, together with the basis for computation of the amount claimed:**

**a. Amount claimed:** \_\_\_\_\_ **b. Basis for computation:** \_\_\_\_\_

If amount of claimed exceeds \$10,000: No dollar amount shall be included in this claim. However, indicate below whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, not including attorney's fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See Code of Civil Procedure § 86.)

☐ Limited Civil Case (\$10,000 - \$25,000) ☐ Unlimited Civil Case (More than \$25,000)

You are required by law to provide the information requested above and your signature on Page 3, Section 15, in order to comply with Government Code § 910 and § 910.2. Additionally, in order to conduct a timely investigation (**Insert Member**) requests that you provide the following information:

1. Claimant(s) Social Security Number(s): \_\_\_\_\_
2. Claimant(s) Date of Birth: \_\_\_\_\_
3. Claimant's Driver License Number and State \_\_\_\_\_
4. Are you Medicare Beneficiary? ☐ Yes ☐ NO
12. Medicare HICN number \_\_\_\_\_
13. Name, address and telephone number of any witnesses to the event of occurrence giving rise to this claim: \_\_\_\_\_

14. If the claim involves a motor vehicle incident, please provide the following information:

Claimant(s) Insurance Company:	Telephone:
Insurance Policy No: _____	
Insurance Agent:	Telephone:
Claimant's Vehicle Year/Make/Model:	License Plate No:

☐ Please check here if there was no insurance coverage in effect at the time of the incident.  
(Please attach any repair bills, estimates, and photographs of your vehicle damage)

15. If this claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors, hospitals or other medical providers (e.g. chiropractors, physical therapists, acupuncturists, etc.) providing treatment. (Government Code Section § 985.

16. Additionally, please provide the name, address and telephone number of any insurance company (or other similar entity), which has or is expected to make payments to you or any medical provider on your behalf as a result of your claimed injuries (e.g. Medi-Cal, unemployment insurance, disability insurance, etc.). (Government Section § 985(c)).



**17. Declaration and Signature of Claimant(s):** I/We the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our knowledge and belief, save and except as to those matters stated on information and belief, and as to them, I/we believe to be true.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_  
(self, attorney, guardian, etc.)

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_  
(self, attorney, guardian, etc.)

### **WARNING:**

It is unlawful to knowingly present or cause to be presented any false or fraudulent claim for payment of a loss or injury. (P.C. 550(a)). Every person who violates this paragraph is guilty of a felony punishable by imprisonment in state prison for two, three, or five years and by a fine not exceeding fifty thousand dollars (\$50,000). (P.C. 550(c)(1)).

Pursuant to Code of Civil Procedure § 1038, the City may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.

## Appendix E

### Assignment Acknowledgement



**York Risk Services Group Inc., a Sedgwick Company**  
P.O. Box 14153  
Lexington, KY 40512-4153  
Phone #: (916) 960-0900  
Fax #: (859) 264-4062

#### **ASSIGNMENT ACKNOWLEDGMENT**

<b>ATTENTION:</b>	
<b>FAX NO/EMAIL:</b>	
<b>INSURED:</b>	
<b>MEMBER:</b>	CalTip
<b>REGARDING:</b>	
<b>DATE OF LOSS:</b>	
<b>OUR CLAIM NUMBER:</b>	
<b>CARRIER CLAIM NUMBER:</b>	
<b>CLIENT CLAIM NUMBER:</b>	
<b>ADJUSTER:</b>	
<b>ADJUSTER'S PHONE:</b>	
<b>ADJUSTER'S EMAIL:</b>	
<b>TODAY'S DATE</b>	
<b>FROM:</b>	York Risk Services Group Inc., a Sedgwick Company, Roseville
<b>BRIEF FACTS OF CLAIM:</b>	<p>If you have questions or further information regarding this claim, please contact the handling adjuster at his or her telephone number, email address or mailing address listed above.</p>

## **Appendix F**

### **Electronic Claims Filing Policy**

**RESOLUTION NO. 21-\_\_\_\_**

**A RESOLUTION OF [Insert Governing Board Here] OF THE [Insert Your [Agency OR District] Here]  
ESTABLISHING THE [Insert Your [Agency OR District] Here] ELECTRONIC CLAIMS  
FILING POLICY**

**WHEREAS**, the Government Claims Act, pursuant to California Government Code section 945.4, requires a claimant to present [Your [Agency OR District]] (hereafter "[Agency OR District]") with a written claim prior to commencing a lawsuit against the [Agency OR District] for damages; and

**WHEREAS**, California Government Code section 915(a)(3) authorizes a claimant to present a claim to the [Agency OR District] electronically if the [Agency OR District] adopts an ordinance or resolution that establishes requirements for electronic claim submissions; and

**WHEREAS**, California Government Code section 915.4(a)(3) authorizes the [Agency OR District] to send notices related to electronic claim submissions to the email address associated with the claim, or an alternative email address if the claimant so requests; and

**WHEREAS**, in the modern workplace, the use of electronic records has become routine in the regular course of business, with employees of public and private entities increasingly using various electronic forms of communication; and

**WHEREAS**, the use of electronic records and communication has drastically increased; and

**WHEREAS**, obtaining claims and other documents electronically reduces staff time and material waste compared to mailing and handling hard copy claims; and

**WHEREAS**, this Electronic Claims Filing Policy outlines the means by which the [Agency OR District] will accept electronic claims, the information required for each claim, the consequences for not providing all required information, and the method of sending notices regarding such claims.

**NOW, THEREFORE BE IT RESOLVED**, the [Insert Governing Board Here] of [Insert Your [Agency OR District Here]] hereby adopts the attached [Your [Agency OR District] Here] Electronic Claims Filing Policy.

The above and foregoing resolution was passed and adopted at a regular meeting of the [Your [Agency OR District] Name] [Insert Governing Board Here] held on the \_\_\_\_ day of \_\_\_\_ 20XX by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

\_\_\_\_\_  
[Head of [Agency OR District]  
Board]

ATTEST:

\_\_\_\_\_  
[Agency OR District] Clerk

DATE: \_\_\_\_\_

**[NAME OF AGENCY OR DISTRICT] ELECTRONIC CLAIMS FILING POLICY**  
**Adopted [DATE] by Resolution No. [REDACTED]**

**I. Purpose**

This policy establishes the process by which persons may submit claims electronically to the [Insert name of [Agency OR District] Here] (hereinafter ["Agency OR District"]).

- A. The Government Claims Act ("Act") provides that prior to bringing a lawsuit for damages against a public entity, a claimant must submit a written claim to the entity. Recent amendments to the Act provide for electronic processing of claims where authorized by ordinance or resolution.
- B. This policy, adopted by the Resolution noted above, authorizes electronic processing of claims, outlines the information required by the [Agency OR District] for each claim, indicates the consequences of not providing all required information, and describes the means by which the [Agency OR District] will send claimants notices regarding electronically submitted claims.
- C. Nothing in this policy requires claims to be filed electronically. Claims may continue to be filed by other than electronic means in accordance with applicable law.

**II. Electronic Claim Submission Procedures**

- A. Submitting electronic claims: Persons may submit electronic claims to the [Agency OR District] solely using the electronic claims portal located on the [Agency OR District]'s website and in accordance with this policy.
- B. Required information: Claimants must provide the following information with each claim:
  - 1. Information regarding the claimant:
    - (a) The name of the claimant.
    - (b) An email address for the claimant.
    - (c) A postal address of the claimant.
    - (d) A phone number by which the [Agency OR District] may reach the claimant during daytime business hours.
  - 2. Information regarding the incident on which the claim is based:
    - (a) The date of the incident.
    - (b) The place of the incident.

- (c) The circumstances that led to the incident. Claimants must provide sufficient information for the [Agency OR District] to properly investigate and consider the claim.
    - (d) The reason(s) why the claimant believes the [Agency OR District] is responsible for the claimant's damages. If the claimant relies on more than one theory of recovery, the claim should state the basic facts to support all potential theories of recovery.
  - 3. A description of the injury, damage, indebtedness, obligation, or loss incurred (collectively "losses"), as far as known when the claimant submits the claim.
  - 4. The amount claimed:
    - (a) If the amount claimed is less than \$10,000, the full amount claimed.
    - (b) If the amount claimed is more than \$10,000, the claimant need not specify the amount, but the claimant must specify whether superior court jurisdiction over the claim is limited (up to \$25,000) or unlimited (over \$25,000).
  - 5. The claimant's electronic signature or the electronic signature of another person authorized to file the claim on the claimant's behalf evidenced by [INSERT YOUR PROCESS HERE, e.g., completion of the Electronic Signature Agreement portion on the entity's claims portal and checking the "I agree" box]. The claimant agrees, by signing electronically or by authorizing a third-party to sign electronically on the claimant's behalf, that:
    - (a) the electronic signature will bind the claimant to the same extent as a handwritten signature;
    - (b) the claim will not be signed with a handwritten signature; and
    - (c) the [Agency OR District] may ask the claimant to provide a handwritten signature in the future.
- C. Required information, if known: Claimants must provide the following information with each claim, if known to them:
- 1. The name of the public employee(s) who may have caused the claimant's losses.
  - 2. The time of the incident.



3. The names, addresses, phone numbers, and email addresses of any witnesses to the incident.
  4. If the claim concerns the claimant's vehicle, the vehicle license plate number; the vehicle make, model, and year; the vehicle's mileage at the time of the incident; and the claimant's driver's license number.
- D. Optional information: Claimants optionally may provide an alternative contact to receive official notices and correspondence regarding the claim. Alternative contact information includes:
1. The name of the alternative contact.
  2. The alternative email address.
  3. The alternative postal address.
  4. The phone number by which the [Agency OR District] may reach the alternative contact during daytime business hours.
- E. Consequences for failure to provide required information:
1. Failure to provide all required information to support the claim may delay processing of the claim, result in rejection of the claim, or preclude the claimant from later bringing a lawsuit against a public employee as an individual defendant.
  2. Failure to provide a valid email address for the claimant or an alternative contact absolves the [Agency OR District] of its duty to send notices of defects regarding the claim.
- F. Notices regarding electronically submitted claims: By submitting a claim electronically, the claimant agrees that the [Agency OR District] may send notices and all other correspondence regarding the claim exclusively to the email address associated with the claim or to the alternative email address as specified.

# Appendix G

## Declaration of Service by Mail

### DECLARATION OF SERVICE BY MAIL

#### [Alternative No. 11\*]

State of California

County of \_\_\_\_\_

I am employed in the County of \_\_\_\_\_ State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: \_\_\_\_\_

I served the foregoing document \_\_\_\_\_ [name of document; e.g.: "Rejection of Claim"] by depositing a true copy thereof in the United States Mails in \_\_\_\_\_ State of California, on \_\_\_\_\_ 19 \_\_\_\_\_ enclosed in a sealed envelope, with the postage thereon fully prepaid, addressed as follows: \_\_\_\_\_ [name and address of claimant, or claimant's attorney].

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ [day] of \_\_\_\_\_ [month], 19 \_\_\_\_\_ at \_\_\_\_\_ California.

\_\_\_\_\_  
[Type or Print Name]

\_\_\_\_\_  
[Signature]

#### [Alternative No. 21\*]

State of California

County of \_\_\_\_\_

I am employed in the County of \_\_\_\_\_ State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: \_\_\_\_\_

I am familiar with the practice of \_\_\_\_\_ [name of public entity or business] for collection and processing of correspondence for mailing with the United States Postal Service. Under that practice, correspondence is deposited with the United States Postal Service the same day it is submitted for mailing.

I served the foregoing \_\_\_\_\_ [name of document; e.g.: "Rejection of Claim"] by placing a true copy thereof for collection and mailing, in the course of ordinary business practice, with other correspondence of \_\_\_\_\_ [name of public entity or business], located at \_\_\_\_\_ [address of public entity or business], on \_\_\_\_\_ [date], enclosed in a sealed envelope, with the postage fully prepaid, addressed as follows: \_\_\_\_\_ [name and address of claimant or claimant's attorney].

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ [day] of \_\_\_\_\_ [month], 19 \_\_\_\_\_ at \_\_\_\_\_ California.

\_\_\_\_\_  
[Type or Print Name]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
\* Use Alternative No. 1 only if declarant personally deposits in U.S. mail



## **Appendix H**

### **Notice of Insufficiency**

TO BE TYPED ON AGENCY'S LETTERHEAD

Date\_\_\_\_\_

Addressee\_\_\_\_\_

Dear \_\_\_\_\_:

Your claim which was received by the \_\_\_\_\_ (insert title of board of officer) on \_\_\_\_\_ (date) failed to comply substantially with certain Government Code sections. It was insufficient for the following reasons:

(Give reasons for insufficiency)

For your information, consult sections 910, 910.2, 910.4 and 910.8, and other sections of the Government Code pertaining to the filing of the claims against a public entity. Pursuant to Government Code section 910.8, no action will be taken on this claim by (entity) for a period of 15 days after the date of this notice. Therefore, if you wish to file an amended claim correcting these deficiencies, you should do so within that time period.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

(Reference: Government Code section 910.8; '2 of text.)

cc: Sedgwick

## **Appendix I**

### **Return of Untimely Claim**

TO BE TYPED ON AGENCY'S LETTERHEAD

TO: Name of claimant  
c/o claimant's attorney, or  
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) is being returned because it was not presented within six months after the event or *occurrence* as required by law. See Sections 901 and 911.2 of the California Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

Your only recourse at this time is to apply without delay to the (NAME OF ENTITY) for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)  
(NAME OF PERSON AUTHORIZED  
TO SEND REJECTION NOTICES)

cc: Sedgwick

## **Appendix J**

### **Rejection of Timely Claim**

TO BE TYPED ON AGENCY'S LETTERHEAD

Date\_\_\_\_\_

Addressee\_\_\_\_\_

Dear \_\_\_\_\_:

Notice is hereby given that the claim you presented to the \_\_\_\_\_ (insert title of board or officer) on \_\_\_\_\_ (date) was rejected on \_\_\_\_\_ (date) by \_\_\_\_\_ (title of board or officer) (or) (operation of law).

#### WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6

The time limitation applies only to causes of action arising under California law for which a claim is mandated by the California Government Tort Claims Act, Government Code section s 900 et. seq. Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

(Reference: Government Code section 913(b); '5 or text.)

cc: Sedgwick

**Appendix K**  
**Denial of Timely Application to Present a Late Claim**

TO BE TYPED ON AGENCY'S LETTERHEAD

Date\_\_\_\_\_

Addressee\_\_\_\_\_

Dear \_\_\_\_\_:

Notice is hereby given that the application to present a late claim which you presented to the \_\_\_\_\_ (insert title of board or officer) on \_\_\_\_\_ (date) was denied on \_\_\_\_\_ (date) by \_\_\_\_\_ (title of board or officer) (or) (by operation of law).

***WARNING***

If you wish to file a court action in this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code section 945.4 (claim-presentation requirement). See also Government Code section 946.6. Such petition must be filed with the court within six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

(Reference: Government Code section 911.8; '8.4 of text.)

cc: Sedgwick

**Appendix L**  
**Denial of Untimely Application to Present a Late Claim**

TO BE TYPED ON AGENCY'S LETTERHEAD

Date \_\_\_\_\_

Addressee \_\_\_\_\_

Dear \_\_\_\_\_:

The application which you presented to \_\_\_\_\_ (title of board or officer) on \_\_\_\_\_ (date) is being returned to you herewith, without any action having been taken on it.

The application is being returned because it was not presented within one year after the accrual of the cause of action. To determine whether you have any further remedy or whether further procedures are open to you, you may wish to consult with an attorney of your choice. If you desire to consult an attorney, you should do so immediately. (See Government Code section 911.4.)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

(Reference: Government Code section 911.4; '8.4 of text.)

cc: Sedgwick

**Appendix M**  
**Notice of Non-Consideration of Claim Due to  
Untimely Presentation (One Year)**

Date\_\_\_\_\_

Addressee\_\_\_\_\_

Dear \_\_\_\_\_:

**NOTICE IS HEREBY GIVEN** that the claim which was presented to \_\_\_\_\_ for filing on \_\_\_\_ (date) \_\_\_\_ cannot be accepted for consideration and is being returned because it was not presented within **one year** of the date of accrual of the cause of action as required by law. Accordingly, the Claim has not and will not be considered on its merits. See Government Code, Section 911.2.

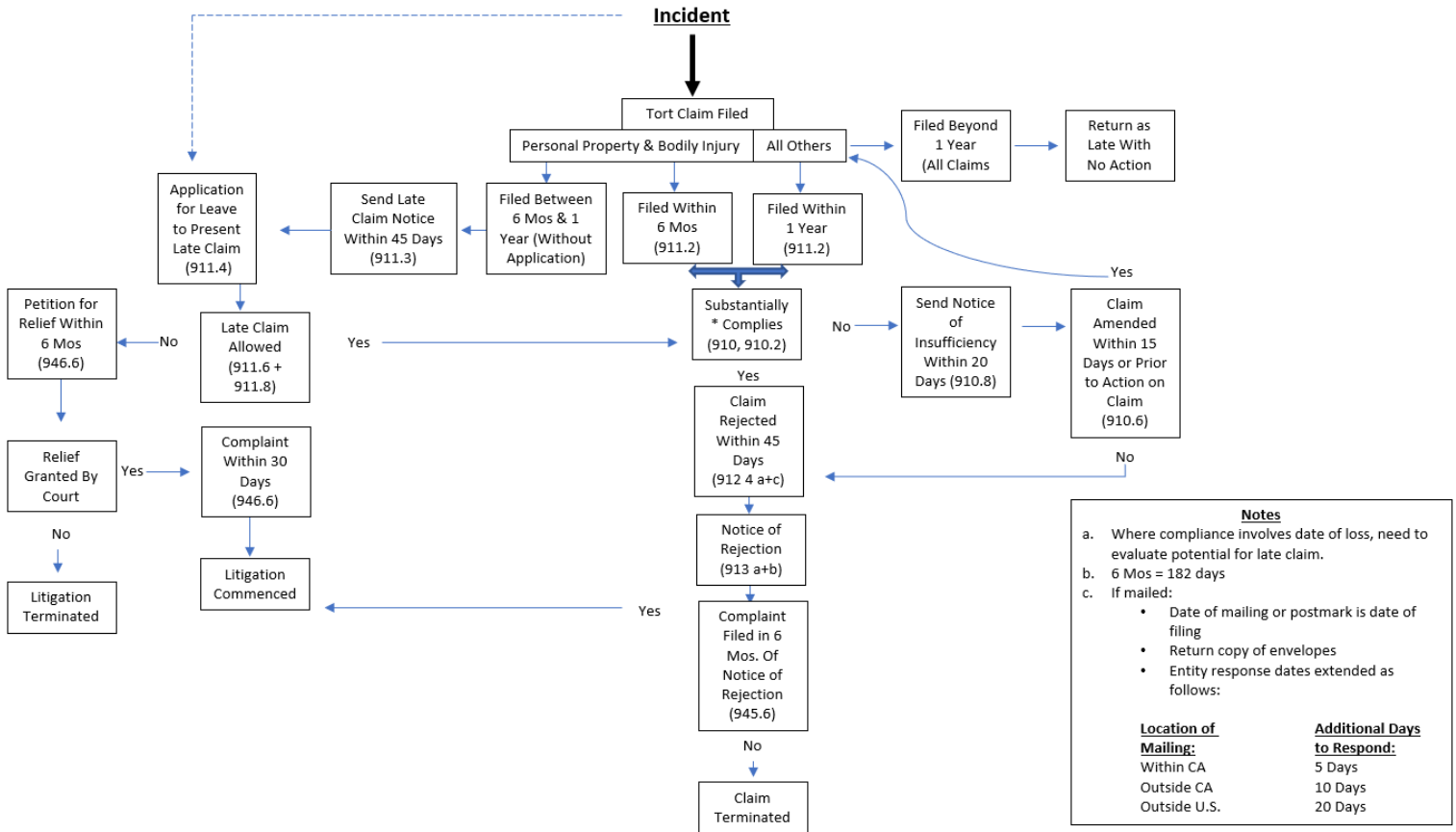
You may seek the advice of an attorney of your choice in connection with this matter. If you decide to consult an attorney, you should do so immediately.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

## **Appendix N**

### **Incident Flow Chart**



**Appendix O**  
**Sample Member Self-Insured Retention**  
**(Deductible) Invoice**



**California Transit Systems Joint Powers Authority**  
**dba California Transit Indemnity Pool (CalTIP)**

**Invoice**

**Date:** April 1, 2021

**Member:** Sample CalTIP Member  
**Deductible:** \$100,000.00

**Invoice No.:** 14-2021-Mar

<u>Month</u>		<u>Deductible Due</u>
March-21	CalTIP I	\$8,727.21
	Adjustment (Member Paid):	\$0.00
<b>Total Deductible Due</b>		<b>\$8,727.21</b>

See Accompanying Incident Log for Details

Please Issue Payment to:  
California Transit Systems Joint Powers Authority or CalTIP  
1750 Creekside Oaks Drive, Suite 200  
Sacramento, CA. 95833



# Appendix P

## Sample Member Deductible Report



### Incident Log Deductible

CalTIP  
5100

Between 03/01/2021 and 03/31/2021

Claim No.	Claimant	Check Date	Payment Type	Check No.	Deductible Pay Trans.	Paid Prior	Paid in Period	Total Paid	Deductible Due
<b>Sample Member</b>									
CLPA11111	DOE, GINA	Incident Date: 12/8/2019				\$25,000.00	\$17,577.20	\$30.75	\$17,607.95
		03/31/2021	Invoice	123456	439 - Sedgwick FEE		30.75		
CLPA11112	SMITH, JOE	Incident Date: 7/24/2019				\$25,000.00	\$15,210.62	\$7.75	\$15,218.37
		03/01/2021	Check	22222	100 - ISO REPORTS		7.75		
CLPA11113	JOHNSON, ERIC	Incident Date: 8/1/2018				\$25,000.00	\$6,884.51	\$2,664.60	\$9,549.11
		03/22/2021	Check	19000	241 - DEFENSE COUNSEL		2,541.60		
		03/31/2021	Invoice	3111111	439 - Sedgwick FEE		123.00		
CLPA11114	MARTINEZ, SUSAN	Incident Date: 4/5/2020				\$25,000.00	\$851.79	\$71.75	\$923.54
		03/31/2021	Invoice	4111111	439 - Sedgwick FEE		71.75		
CLPA11115	WILLIAMS, ANN	Incident Date: 7/17/2020				\$25,000.00	\$1,372.75	\$20.50	\$1,393.25
		03/31/2021	Invoice	5555555	439 - Sedgwick FEE		20.50		
CLPA11116	MARTINEZ, MARIA	Incident Date: 2/3/2020				\$25,000.00	\$1,477.75	\$92.25	\$1,570.00
		03/31/2021	Invoice	1111111	439 - Sedgwick FEE		92.25		
CLPA11117	FARMERS INSURANCE A/S/O JANE GARCIA	Incident Date: 8/14/2020				\$25,000.00	\$455.25	\$5,688.36	\$6,143.61
		03/12/2021	Check	10000	467 - PROPERTY DAMAGE		5,483.36		
		03/31/2021	Invoice	1111112	439 - Sedgwick FEE		205.00		
CLPA11118	BROWN, MIKE	Incident Date: 11/17/2020				\$25,000.00	\$393.75	\$79.50	\$473.25
		03/02/2021	Check	44444	100 - ISO REPORTS		7.75		
		03/31/2021	Invoice	3333333	439 - Sedgwick FEE		71.75		
CLPA11119	DAVIS, MARK	Incident Date: 12/19/2020				\$25,000.00	\$270.75	\$71.75	\$342.50
		03/31/2021	Invoice	0000000	439 - Sedgwick FEE		71.75		
<b>Total:</b>							<b>\$8,727.21</b>		<b>\$8,727.21</b>

Deductible Log

Run Date: 04/1/2021 09:35 AM

Page 1 of 1

Client\_no:(5100);FromDate:(03/01/2021);ToDate:(03/31/2021);IncRecoveries:(Y); SortBy:The expression references the parameter ' SortBy', which does not exist in the Parameters collection. Letters in the names of parameters must use the correct case. PCodes:The expression references the parameter ' PCodes', which does not exist in the Parameters collection. Letters in the names of parameters must use the correct case. FiltrDiv2:The expression references the parameter ' FiltrDiv2', which does not exist in the Parameters collection. Letters in the names of parameters must use the correct case. FiltrDiv:The expression references the parameter ' FiltrDiv', which does not exist in the Parameters collection.