



transforming risk into opportunity

**RFP NO. RMDX-160031-DD
Third Party Claims Adjusting Services**

Submission Deadline: July 7, 2016, 3:00PM

Presented To:



Doug Drymon, Senior Buyer
Purchasing Division
200 East University Avenue, Room 339
Gainesville, FL 32601

Presented By:

Rodney Schnadelbach
Director, Sales and Client Solutions
TRISTAR Insurance Group
8001 Montrose Dr
Olive Branch, MS 38654
Mobile: 901-497-3463
Rodney.Schnadelbach@tristargroup.net

1. Table of Contents

2. Letter of Interest 3

3. Summary..... 4

4. Technical Proposal 6

 Exhibit F: SCOPE AND REQUESTED SERVICES 7

 I. CLAIM AND RISK MANAGEMENT SERVICES - GENERAL:..... 10

 II. WORKERS' COMPENSATION/EMPLOYER' S LIABILITY 13

 III. GENERAL LIABILITY AND AUTOMOBILE LIABILITY 28

5. Supporting Documentation 37

6. Price Proposal 38

7. Qualifications 47

Exhibits:

- A. Proposal Response Signature Page, Signed Addenda 1 & 2
- B. Risk Management Information System: Common Data Elements
- C. Risk Management Information System: Common Reports Samples & Client Portal Screen Prints
- D. Equal Employment Opportunity Policy
- E. Drug-Free Workplace Form
- F. Florida Professional Registration Certificate
- G. Schedule and Evidence of Insurance
- H. Reference Form

2. Letter of Interest

July 6, 2016

Doug Drymon, Senior Buyer
Purchasing Division
200 East University Avenue, Room 339
Gainesville, FL 32601

RE: RFP NO. RMDX-160031-DD - Third Party Claims Adjusting Services

Dear Mr. Drymon:

Thank you for the opportunity to submit this proposal to serve as Third Party Administrator for the City of Gainesville's Workers' Compensation and Employers Liability claims program. We have carefully reviewed the RFP, and are confident in our ability to meet and exceed the requirements and vision described therein.

In business for 29 years, TRISTAR serves a number of clients with similar exposures to the City. Nearly half of our clients are public entities. We have carefully reviewed the RFP, and are confident in our ability to meet and exceed the City's requirements, expectations and goals.

TRISTAR customizes our claims administration programs to meet the specific needs of each client. We realize that the City is entrusting TRISTAR with important duties. For this reason, we strive to act as an internal agent of the City's workers' compensation/risk management teams to ensure that all of our activities include the keen application of best practice and disciplined service delivery that the City would expect from the most professional and competent internal staff. The result is prompt, fair, and equitable claims administration and settlements.

Thank you again for considering TRISTAR as your claims administration partner. We look forward to future discussions regarding the City's needs, and TRISTAR's proposal.

Sincerely,



Rodney Schnadelbach
Director, Sales & Client Solutions

3. Summary

About TRISTAR Insurance Group

Founded in 1987, TRISTAR is the largest privately owned Property and Casualty TPA in the United States. We have approximately 1,000 employees in over 40 locations across the US. Our clients include thousands of individual insureds who are covered through various insurance carrier, SIR or Large Deductible, and program administrator engagements. TRISTAR manages claims for a number of clients with similar exposures to the City of Gainesville ("the City").

TRISTAR Insurance Group is composed of three major divisions:

- TRISTAR Risk Management (TRM) – provides national Property & Casualty TPA services. Our focus areas include workers' compensation, general, auto, professional, and products liability, as well as specialized lines such as construction defect and inland marine. Our goal is to deliver best-in-class claims management services to achieve total loss cost savings for our clients.
- TRISTAR Managed Care (TMC) – provides fully integrated medical management and cost containment services. Our goal is to assure that your injured employees receive prompt and appropriate medical care, and to control your total claims costs. Services include 24x7 Nurse Triage, Field & Telephonic Case Management (including Early Intervention), Pharmacy Management, Utilization Review, Bill Review, National & Local PPO Networks, and Specialty Networks. We will partner with you on Return to Work programs and management, and can create customized Employee Wellness programs
- TRISTAR Benefit Administrators (TBA) – provides group health benefits, personalized and comprehensive benefit plan services, including administration for HRA, FSA, DPA and COBRA/HIPAA. TBA also provides for LOA and group disability claims management; including FMLA and employer-specific leave policies, insured, private and self-insured STD/SDI plans. TBA offers coordination with workers' compensation programs.

transforming risk into opportunity

TRISTAR understands that the City has more than 2,000 employees in a wide range of departments and functions, including common municipal services, as well as the Regional Transportation System ("RTS"), and full service utility system/Gainesville Regional Utilities ("GRU"). We recognize that the City has a proactive and engaged risk management, safety and loss prevention program, and requires their selected service provider to deliver technical expertise, proactive and aggressive claims management, and tailored service structure.

TRISTAR's corporate mission is to provide the highest quality claims management services to our clients. Our vision is to be the country's most respected provider of claims management services. We have significant experience managing claims for complex public agency clients, including managing claims for unionized and non-unionized employees in a multitude of functions, and serving numerous cities, counties,

states, public school districts, transit agencies, utility agencies, special districts and more.

TRISTAR collaborates with our clients to develop claim management programs that are tailored to deliver optimal outcomes for their unique operations and exposures. Delivering loss cost savings creates new opportunities for our clients: transforming risks into new opportunities.

Doing the “RITE” Thing

TRISTAR’s core values are **R**espect, **I**ntegrity, **T**rust and **E**xcellence.

- **R**espect: Treat everyone with consideration and courtesy
- **I**ntegrity: Adhere to a strict moral and ethical code
- **T**rust: Earn others’ trust by acting with respect and integrity in all interactions
- **E**xcellence: To deliver best-in-class service for our clients and coworkers

Operating with these values in mind delivers superior quality outcomes and client retention. We consistently earn upwards of 97% quality audit scores and our year-over-year client retention exceeds 96%.

Engaged, Accountable, Accessible

TRISTAR offers the City a designated team of adjusters for workers’ compensation, auto and general liability claims, by line of business. We consolidate claims with as few adjusters as possible (assuring all have the appropriate state licensures and experience), to build critical volume and knowledge of your program with your designated team.

Client Portal

Our Client Portal provides important, relevant information, accessible from any internet-connected device through Android and Apple compatible mobile apps. Our Dashboard provides key information in easy-to-digest visual format, such as FNOL reporting lag time, trial and hearing calendars, injury and location trending, litigation trending, and the like. It also provides a myriad of standard and customizable report options. The system includes over 80 report templates in key areas such as Loss Prevention, Loss Triangles, Claim Log, Finance, and many others.

Choosing TRISTAR

While fees are an important factor to consider when choosing a TPA; loss costs represent the majority of the City’s Total Cost of Risk. We believe it is our responsibility to manage your losses responsibly, to act appropriately on your behalf, and to “do the ‘RITE’ thing” to help transform your risks into opportunity.

Thank you for the opportunity to submit our proposal to service the City. We look forward to continued conversations regarding your claims program.

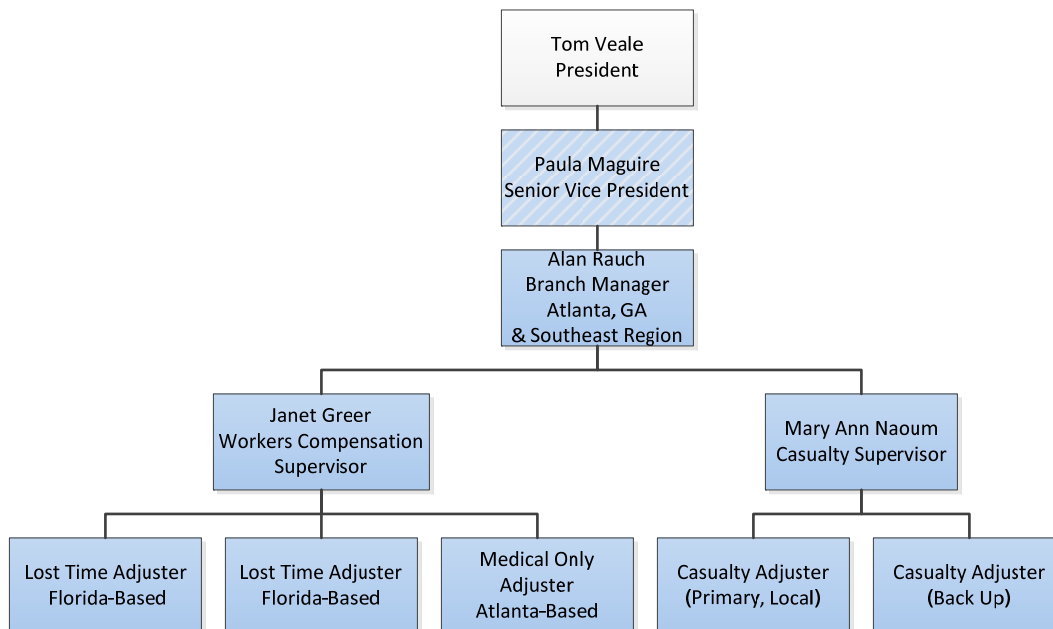
4. Technical Proposal

TRISTAR has carefully reviewed the City's RFP, including Exhibit F, Scope and Requested Services. TRISTAR currently has resident staff based in Florida, but does not have a brick and mortar office in the state. TRISTAR will provide an adjustment and management team, reporting in to our Atlanta, GA office. As required by the City, liability adjusters will be locally located. Based upon the City's needs and claim volume described in the RFP, TRISTAR anticipates hiring additional Florida-based workers' compensation and casualty adjusters to serve the City. TRISTAR will provide a streamlined and efficient staffing model, and if desired, will endeavor to hire any personnel employed by the current provider who may be displaced by award of contract to TRISTAR.

Our associates are required to maintain pertinent and required licenses, and/or industry credentials. We will provide highly skilled adjusters, claim supervisor and account manager with extensive backgrounds, and support personnel readily available to administer the City's claims as required and in compliance with the specifications described in the RFP. We will comply by installing a claims management team that meets the requirements established by the City.

All of our claim personnel will have industry related capabilities as well as a designated backup, with the appropriate jurisdictional experience and licenses, and, if necessary, our offices providing services in offices across the United States can provide adjusting services for employees who may be out of state.

We propose serving the City by assigning a claims unit as follows:



The team members highlighted in blue will serve as the City's core team. However, as demonstrated by our organizational chart, TRISTAR's flat management structure assures that the City will have easy access to the highest levels of TRISTAR's management team, including the regional Senior Vice President of Claims Operations, and our President.

**PAULA MAGUIRE: SENIOR VICE PRESIDENT, CLAIMS OPERATIONS – EASTERN REGION
CRANBURY, NJ**

Ms. Maguire has more than 30 years of Claims and Risk Management related experience. Ms. Maguire's primary responsibilities include national field claims operations and claim service delivery, management and oversight of service network to adhere to budget requirements, and to ensure compliance with best practices, carrier, and regulatory requirements. Other responsibilities include policy development, executive account management, and senior management strategic planning.

Prior to her current position, she served as Vice President of Client Account Services with GAB Robins. While at GAB Robins, she also served as Eastern Regional Vice President of Field Operations for Risk Management Services, and held other senior management positions. A graduate of Brown University, Ms. Maguire has a Bachelor of Science in Applied Mathematics and Economics, and has held senior management positions in the industry for more than 30 years.

**ALAN W. RAUCH, CPCU: BRANCH MANAGER, ATLANTA, GA & SOUTHEAST TERRITORY
ATLANTA, GA**

CITY OF GAINESVILLE ACCOUNT EXECUTIVE

Mr. Rauch has more than 25 years of claims administration experience. His current responsibilities include day-to-day operations for a multi-state workers' compensation region and national liability programs. He supervises adjusters handling both workers' compensation and liability claims and is responsible for ensuring his operations meet contractual obligations and performance expectations. His primary responsibilities include supervision of claims administration for local and multi-jurisdiction accounts; review and manage new account claims and large exposure cases; ensure quality and uniformity of work product, including bill payment processes; conduct supervisory reviews and evaluation of claim files with particular emphasis on reserves, claim activity, and closing ratios; and overseeing monthly financial reporting functions.

Mr. Rauch began his career at Ryder Systems, a national logistics service provider in Florida, handling commercial auto, motor truck cargo, bailee legal liability, property damage and general liability claims. He continued his career working for several commercial market niche carriers. While in Atlanta, Mr. Rauch assumed a position as an AVP-Property and Inland Marine Claims for a provider of commercial property and casualty insurance and reinsurance. Prior to joining TRISTAR, Mr. Rauch was an AVP of Property, Material Damage and Subrogation claims for a mutual insurance company.

Mr. Rauch has extensive litigation management experience and other claims involving significant loss exposures and complex coverage issues, internal audit responsibilities as well as responsibility for corporate controls. Mr. Rauch is a graduate of the University of Massachusetts with a degree in Business Administration. He holds several AICPCU designations, including Chartered Property Casualty Underwriter (CPCU),

Associate in Marine Insurance Management (AMIM), Associate in Reinsurance (ARe), Associate in Risk Management (ARM) and Associate in Claims (AIC).

**JANET GREER: WORKERS COMPENSATION SUPERVISOR, SOUTHEAST TERRITORY
ATLANTA, GA**

Ms. Greer has more than 20 years of claim handling and supervision of workers' compensation, automobile, general and professional liability, product liability and pharmaceutical claims administration experience for self-administered organizations, carriers, and third party administrators, local, regional and national accounts. She works directly with the Branch / Account Manager and the Director, Sales and Client Solutions as the technical advisor to the clients and assigned staff. She directly supervises adjusters and clerical staff; monitors job performance and performs evaluations and disciplinary actions.

In her current position since 2005, Ms. Greer is responsible for supervisor review of claims for compensability determination, reserve adequacy, periodic activity reviews, delays, and denials, compliance with policies and laws, and client service instructions. She responds to claimant and vendor inquiry. Ms. Greer oversees client account and reporting and facilitates internal and external audits and assist with in-house and client educational sessions, and will attend claim reviews, and may handle a few high exposure or politically sensitive claims. She ensures all staff, including property and liability adjusters, maintains CEU credits to ensure licensure compliance.

Ms. Greer worked in risk management for large corporations including National Tea Company and K & B Drug Stores after beginning her career with the Georgia Casualty & Surety Company. She has held multiple claims supervisory positions for several organizations and different industries including Home Depot, GAB Robins, Sedgwick, Cunningham Lindsey and Georgia Casualty. Mr. Geer has supervised claims in most of the Southeastern States including AL, AR, GA, FL, KY, MS, NC, SC, and TX in addition to LA, TN and VA (non-licensed required jurisdictions) claims. She serves on the Georgia Chairman's Advisory Counsel for the State Board of Workers' Compensation and she is on the Medical Committee and the Education Committee for the Council. In addition to her Certified Workers' Compensation Professional designation, Ms. Greer graduated Cum Laude with a Bachelor degree from Millsaps College in Jackson, MS.

**MARY ANN NAOUM: CLAIM SUPERVISOR, CASUALTY
ATLANTA, GA**

Ms. Naoum has nearly 30 years of industry experience. She began her career at Chicago Insurance Company handling general liability claims. In 1989 she joined The London Agency (now ACE American), handling excess, umbrella and primary claims on a multiple lines of coverage including nursing homes, commercial trucking, business auto, railroad, New York Labor Law, mining, and construction defect. After 23 years at ACE, Ms. Naoum joined Builders Insurance Group handling construction defect claims along with general liability claim matters. Ms. Naoum also has experience associated with claims involving cranes, commercial trucking, the exterminating industry, and property damage. Mary Ann has extensive litigation management experience and other claims involving complex coverage issues.

At TRISTAR, Ms. Naoum is responsible for supervising a casualty claims unit including senior casualty adjusters based in Atlanta, Milwaukee and Houston. She works directly with the Branch Manager, TRISTAR's Client Services team, and TRISTAR's clients as technical expert and advisor. She is responsible for ensuring compliance with Best Practices, Customized Handling Instructions, and regulatory requirements. As claims supervisor, she does not carry a personal caseload, but is responsible to guide and mentor her team, oversee performance, quality of work, team workflow, and conduct quality reviews.

WORKERS' COMPENSATION ADJUSTER – FLORIDA BASED

- **Duties:** Effectively manage workers' compensation claims, including complex cases with exposures up to \$100,000, with minimal supervision. Comply with TRISTAR Best Practices and The Client's Customized Handling Instructions to promptly and aggressively investigate and manage claims in accordance with statutory and regulatory requirements. Scope of work includes but is not limited to conducting thorough investigation, including assigning field investigation and recorded statements as needed, compensability determinations, coordinating with specialists, administer benefits, set reserves to ultimate probable outcomes, coordinate return to work, attend hearings as requested or necessary,
- **Education/Training:** BA/BS preferred. Minimum five to seven years workers' compensation claims management experience, state certifications and/or licensures as required.
- **Skills:** Extensive knowledge of statutory and regulatory requirements, exceptional interpersonal skills including verbal and written communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, ability to effectively coordinate with multiple parties

LIABILITY ADJUSTER – LOCAL ADJUSTER

- **Duties:** Effectively manage general, auto and property liability claims, including complex cases with exposures in excess of \$100,000, with minimal supervision. Responsibilities include loss investigation, financial reserve analysis, litigation management, coverage question analysis, reservation of rights, contract analysis, claim and lawsuit resolution.
- **Education/Training:** BA/BS preferred. Minimum five to seven years multi-line liability and property claims management experience, state certifications and/or licensures as required.
- **Skills:** Extensive knowledge of industry, legislative and judicial trends, exceptional interpersonal skills including verbal and written communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, ability to effectively coordinate with multiple parties

Exhibit F: SCOPE AND REQUESTED SERVICES
CLAIM AND RISK MANAGEMENT SERVICES

I. CLAIM AND RISK MANAGEMENT SERVICES - GENERAL:

The terms and conditions with respect to Administrative Services, Claim Services, and optional Loss Statistics Services and/or Loss Prevention Services, which follow, are those desired by the Entity. Preference will be given to proposals, which are substantially in full compliance; however, all proposals will be considered, unless otherwise rejected by the Entity. The proposer must be duly authorized by appropriate regulatory agencies to perform such services.

TRISTAR has carefully reviewed the terms and conditions, and takes no exceptions to the requirements. TRISTAR is a Qualified Servicing Entity in the State of Florida, and holds an active Certificate of Authority for Third Party Administration.

- A. **Obligations Not Terminated By Contract Period:** The successful consultant's performance shall be required to continue until all claims for incidents which occur during the contract period have been handled to final conclusion (closed), all legally required reports for the contract period rendered, and all required reports to the Rating Bureaus or other appropriate agencies made. The successful consultant's proposed annual fee shall include the full consideration for such continuing obligations and no additional consideration shall be due for such obligations, which continue beyond the contract period.

TRISTAR agrees, and our fee proposals contemplate Life of File claim handling.

- B. **Access to Claims Files:** The proposer agrees that the Entity shall have reasonable access to their respective claim files created as a result of claims services to be provided by the successful consultant. For purposes of this provision, reasonable access shall include making available upon five (5) days written notice, all claim files for review by the Entity, or their designated claims auditor, at the claim office providing the services on the files. Further, upon written notice by the Entity, the successful consultant shall make available to the named requesting entity within ten (10) days after written request, a complete copy of selected files identified by the requesting entity or their representative.

TRISTAR agrees to the above requirement. Real-time access to all electronic claim files, including notes, financials, documents, correspondence, etc., is provided 24 hours per day, seven days per week, via access to TRISTAR's Risk Management Information System, Client Portal.

TRISTAR will provide access to physical files within the timeframes described above, upon the request of the City.

- C. **Ownership of Claim Files:** The Entity shall have the right, title, interest and ownership of their respective claim files created as a result of claims services to be provided by the successful consultant. Further, at the sole option of the Entity, and upon ten (10) days written notice, the successful consultant shall return such files to the named insured.

TRISTAR understands and complies; this is TRISTAR's standard practice.

- D. **Liaison with Agencies:** It is the desire of the Entity that one individual account executive be designated to act as primary liaison between the risk management servicing organization and the Entity. Such individual will be available to meet with the city representative on site on a quarterly basis or more frequently if the circumstances dictate. In addition, an alternate should be designated to act in the temporary absence of the principal liaison.

It is TRISTAR's standard practice to assign a Client Services representative to each client. This person serves as the primary liaison between our Client and TRISTAR, coordinating and overseeing all internal functions involved in the execution of our service agreement, monitoring program results, participating in claims reviews, and conducting stewardship report meetings.

Alan Rauch, Branch Manager in TRISTAR's Atlanta, GA office, will serve in this role on behalf of the City. Paula Maguire, Senior Vice President of Claims Operations, will serve as alternate in the event of Mr. Rauch's absence.

- E. **Indemnification:** The successful consultant will be required to indemnify the client and show proof of insurance as outlined in Section V(B)(5) - "Insurance."

Please refer to **Exhibit G** for TRISTAR's evidence of insurance.

- F. **Personnel Requirements:** The successful proposer shall be required to meet all of the following staffing requirements:

- 1) A liability adjuster shall be located locally. This adjuster will be required to respond to accidents or incidents 24 hours per day, 7 days per week (available after normal office hours via paging or cellular system).

Agreed. TRISTAR will provide a local senior liability adjuster, available to respond on-site to accidents or incidents 24x7. TRISTAR will hire local talent to fill this position. TRISTAR's job description for senior liability adjusters as follows:

Senior Liability Adjuster

- **Duties:** Effectively manage general, auto and property liability claims, including complex cases with exposures in excess of \$100,000, with minimal supervision. Responsibilities include loss investigation, financial reserve analysis, litigation management, coverage question analysis, reservation of rights, contract analysis, claim and lawsuit resolution. Conduct On-site investigation of claims when necessary and in compliance with Client Instructions, provide analysis and development of facts and evidence, including accident scene investigations, preservation of evidence, etc.
- **Education/Training:** BA/BS preferred. Minimum five to seven years multi-line liability and property claims management experience, including three years of field investigation experience, state certifications and/or licensures as required.
- **Skills:** Extensive knowledge of industry, legislative and judicial trends, exceptional interpersonal skills including verbal and written

communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, ability to effectively coordinate with multiple parties

- 2) Adjusters will be appropriately licensed.

Agreed, this is TRISTAR's standard practice.

- 3) The company shall employ at least two (2) adjusters dedicated to the City Of Gainesville's workers' compensation claims 75% or more of their working time. The worker's compensation adjuster's do not have to be located locally.

TRISTAR will provide two adjusters dedicated to the City's workers' compensation program. We have proposed two different pricing scenarios:

- Scenario 1 contemplates 75% dedicated adjusters as required above,
- Scenario 2 contemplates two designated adjusters who are assigned primarily to the City's claims, but not committed to 75% dedication. Our analysis of the City's loss information indicates that 75% dedication is not required to effectively manage the City's claims in alignment with TRISTAR's Best Practices, and allows TRISTAR to offer significantly more competitive rates to the City.

- 4) The company shall employ at least two (2) adjusters dedicated to auto and general liability claims 75% of working time. The back up liability adjuster(s) does not have to be located locally, however, the successful bidder should be able to meet the requirements above when the primary adjuster will be unavailable

TRISTAR will provide two adjusters dedicated to the City's auto and general liability claims program. We have proposed two different pricing scenarios:

- Scenario 1 contemplates 75% dedicated adjusters as required above, with a primary adjuster located locally, and a back-up adjuster reporting in to TRISTAR's Atlanta, GA office.
- Scenario 2 contemplates two designated adjusters who are assigned primarily to the City's claims, but not committed to 75% dedication. Our analysis of the City's loss information indicates that 75% dedication is not required to effectively manage the City's claims in alignment with TRISTAR's Best Practices, and allows TRISTAR to offer significantly more competitive rates to the City.

- 5) A Claims Customer Service Representative must be available to assist in resolving problem claims and shall possess the authority to implement solutions to address concerns of the Entity.

The supervisory and management team composed of Alan Rauch, Branch Manager; Janet Greer, Workers' Compensation Supervisor; and Mary Ann Naoum, Casualty Supervisor; will participate in strategizing resolution of problem claims and have the authority to implement solutions to address the City's concerns.

II. WORKERS' COMPENSATION/EMPLOYER'S LIABILITY

- A. **Scope of Services Required:** The successful proposer will be required to perform all services included below (both administrative services and claim services), and may provide an option for loss statistic services.

TRISTAR will perform all services included below, including administrative and claim services. All data captured within TRISTAR's system is reportable for the purpose of providing loss data.

- B. **Compliance with Rules of Division of Workers' Compensation:** The successful proposer must be approved by the Division of Workers' Compensation to provide Risk Management Services in the State of Florida. Services rendered must fully comply with any and all applicable rules established by the Department of Labor and Employment Security including but not limited to those rules with respect to:

Industrial Safety & Health Programs - Chapter 38F - 44

Workers' Compensation Insurers' Practices:

The responsibility of the successful proposer to comply with the Division rules shall be no less than those responsibilities, which would be imposed on an insurer where the program fully insured. Any fines or penalties incurred by the successful proposer while performing for the Entity shall be the responsibility of the successful proposer unless the circumstances leading to the fines and penalties were sole responsibility of the Entity.

TRISTAR understands and agrees to comply with all Rules of the Division of Workers' Compensation. TRISTAR understands the weight of our responsibility as Third Party Administrator, and the critical importance of compliance with all jurisdictional laws, statutes and regulations. TRISTAR's Quality Assurance Department is responsible for ensuring that our employees and clients stay current on workers' compensation statutes, rules and regulations, including legal requirements and trends in case management. We offer regular ongoing training to assure that all employees remain abreast of new trends and updates impacting national and local workers' compensation landscapes. We provide our clients with periodic updates on legislative changes, regulatory changes, pending cases and case decisions that have significant impacts upon their workers' compensation programs. These updates range from formal announcements to all TRISTAR clients concerning broad application of these changes, to informal discussions between the claims staff and risk management staff as it pertains to a specific claim.

C. **Administrative Services:** The successful proposer shall:

1. Prepare, maintain and file all records and reports as may be required by legal authorities (state, local, and federal).

Agreed, this is TRISTAR's standard practice. TRISTAR maintains a claim file inclusive of all mail documents received and all claim activity (financial, factual and investigative) and this is made available for viewing/audit as required under Florida statutes. We routinely receive and respond to various legal authority requests for information which may be in the form of reporting, licensing documentation, claim file documentation or general data calls.

2. Prepare, maintain and file statistical or other records and reports as required by excess insurers.

Agreed, this is TRISTAR's standard practice. TRISTAR has an established policy and procedure in place to provide reports and other records as required by excess insurers. Our claims data is available for review and submission to various agencies with proper clearance. We routinely respond to various agency reporting requests for information (specific or cumulative) as well as any specific data call requests we receive throughout the course of a fiscal year.

When excess reporting is required, TRISTAR has established a consistent procedure for notification to clients and excess carriers. Serious claims requiring reporting may include amputation, head injury, spinal cord injuries, and second or third degree burn of 25% or more of body, potential transplants, multiple injuries, any accident that causes serious injury to two or more employees, or any claim that has incurred 50% of the client's SIR, or any claim that meets the City's excess reporting requirements.

The adjuster will complete the initial and subsequent excess report by utilizing an appropriate form or format, and completes the referral to the excess carrier when reserves are established or increased to the reporting level set by each excess carrier or when the severity or type of claim warrants or requires reporting.

The adjuster will submit excess reports to all parties as required. TRISTAR maintains a copy of the excess report in the correspondence screen. The adjuster updates the notepad with each report to the excess carrier. The claims adjuster shall submit copies of all applicable medical reports in our possession, along with pertinent legal correspondence with the initial excess report. A benefit printout detailing all benefits paid to date shall accompany each excess report.

The adjuster contacts the excess carrier for authorization to settle any case in excess of the retention level established for that policy period. This also includes settlement or waiver of any subrogation or liens.

The adjuster documents any authorization received from the excess carrier in the claim system notepad.

3. Prepare, maintain and file statistical information required by the Workers' Compensation Rating Bureau or appropriate state agency, including that date necessary for the promulgation of experience modifications.

Agreed, this is TRISTAR's standard practice. Our claims data is available for review and submission to various agencies with proper clearance. We routinely respond to various agency reporting requests for information (specific or cumulative) as well as any specific data call requests we receive throughout the course of a fiscal year.

4. Prepare, maintain and file payroll and premium audits.

TRISTAR will provide claims data to support losses, job classifications and wage info etc., to assist the City with any type of audit that they may undergo.

5. Comply fully with all rules, regulations, guidelines or procedures established by the State of Florida and any applicable amendments thereto.

Agreed, this is TRISTAR's standard practice. TRISTAR's Home Office Quality Assurance and Compliance Department maintains continuous access to the State of Florida and receives updates via email, and participates in seminars and conferences outlining updates, changes or reinforcement of existing provisions. Updates and changes are communicated to the respective personnel within the organization. Compliance is monitored internally through audits, reports and SOC1 procedures. In addition, we are accountable to our various Carrier clients and meet their respective standards.

6. Place excess insurers on notice of claims pursuant to requirements outlined in such insuring agreements drafted pursuant to this RFP.

Agreed, this is TRISTAR's standard practice.

7. Coordinate claims as requested with the City designated legal counsel.

Agreed, this is TRISTAR's standard practice.

Litigation results in increased costs and delays the eventual resolution and closure of claims. Legal management begins with professional, timely claims handling, as well as establishing a line of communication with the claimant to prevent unnecessary litigation. Frustration, confusion and distrust of the claims system are some of the major reasons why claimants seek representation.

If a claimant obtains representation, the adjuster continues to manage the claim in a professional and pro-active manner.

TRISTAR will adhere to the City's handling instructions regarding the

assignment of representation, including utilization of client-selected attorneys. TRISTAR's Best Practices indicate that referral may be made to defense counsel for:

- Disputed claims requiring depositions and/or trial
- Claims involving subrogation with a high paid amount and good chance of recovery
- Disputed issues such as apportionment, earnings, extent of permanent disability, coverage, or co-defendants
- One time deposition or appearance at a hearing
- In accordance with individual Client Servicing Instructions

Once assignment is made, TRISTAR will supervise the City's legal obligations, and closely monitor legal expenses. The TRISTAR adjuster is responsible to:

- Handle non-disputed litigated files internally
- When assignment is indicated, make legal assignments on specific task basis only, unless otherwise directed by the City
- Utilize pre-approved legal panel with negotiated hourly rates, unless otherwise directed by the City

Upon assignment to counsel, the adjuster will:

- Prepare a summary and recommended strategy of the case
- Monitor the defense attorney's activity
- Coordinate legal efforts between the City and the defense attorney
- Monitor legal costs, approve or deny legal invoices
- Set up medical/legal evaluations
- Arrange for outside investigation, including Sub-Rosa
- Share medical and personnel records with appropriate parties to avoid unnecessary subpoena and photocopy costs
- Arrange for agreed independent medical evaluations (IME)
- Arrange for permanent disability evaluations

8. Coordinate investigative services and other “expert” services as needed.

Agreed, this is TRISTAR's standard practice. TRISTAR will partner with the City to create Customized Handling Instructions to describe assignment criteria, authorization protocols, and the City's preferred vendors for such ancillary, expert services. TRISTAR can also recommend a preferred panel of providers that we frequently work with on similar engagements.

9. Be available in person or via telephone to attend mediation conferences.

Agreed, the TRISTAR team will be available in person or by phone to attend mediation conferences.

10. Handle to conclusion all run off claims.

Agreed, TRISTAR is prepared to manage all run off claims to conclusion.

D. **Claims Services:** The proposer shall:

1. Establish claim and/or loss files for each reported claim and/or loss. Such files are subject to review and audit by the client at any reasonable time.

It is TRISTAR's policy to establish files/records for each reported incident, claim or loss. Files are subject to review and audit by the City at any reasonable time.

A supervisor reviews all claims immediately upon receipt of claim for the purpose of review and assignment of the claim. Once the type of claim is determined (including record only), the claim is set up in the claim system within one (1) business day from receipt, and all known information is entered into the claims system.

TRISTAR's Risk Management Information System ("RMIS") is accessible round the clock via Internet access, and includes all claim detail. Our system is paperless; all paper correspondence, forms and documentation are scanned and attached to the electronic claim file for easy access. The electronic claim file includes all file information: adjuster and supervisor diary and notes, payment processing, reserves/reserve changes, litigation, medical management, policy management, correspondence, work status and restrictions, vendor tracking, correspondence and more.

2. Establish reporting procedures, which are compatible with the needs and organizational structure of the Entity.

Agreed, upon award of contract, TRISTAR will set up an implementation meeting with the City, and discuss the City's service program, needs and organizational structure, communication and reporting procedures, and more.

3. Provide necessary forms and instructions for use. Such forms are to include appropriate First Reports of Injury with mailing address of primary recipients preprinted thereon.

Agreed, this is TRISTAR's standard practice.

4. Receive and examine on behalf of the Entity reports of employee injury claims.

Agreed, this is TRISTAR's standard practice. TRISTAR adjusters must complete initial investigation on all new reports of employee injury. Unless otherwise required or requested by our client, TRISTAR's standard practice is to investigate all Medical Only claims with a minimum of one point contact (employer) to verify the claim. The adjuster will complete three point contact (employee, employer, provider) on all Indemnity claims, and appropriate Medical Only claims.

Within one business day of receipt of the claim, the examiner attempts the initial contacts. If needed, an additional attempt is made the next business

day. If after two attempts the adjuster is unable to reach any of the three contacts, a letter or e-mail follow up is sent. If the City requests that TRISTAR not contact one or more of the applicable contacts, documentation is entered in the claims system notepad stating the exception and the reason. These client exceptions should also be clearly stated in the individual Client Servicing Instructions.

The three-point contacts are completed as necessary to appropriately manage the claim (such as RTW modified duty or multiple injuries to the same body part) or per the individual Client Servicing Instructions. A summary of the salient points of the three-point contact are entered in the claim notepad, which is accessible to the City.

5. **Accept or deny reported claims for employee injuries on behalf of the Entity in accordance with applicable Workers' Compensation Laws.** If it appears that the final value of any claim settlement will exceed a discretionary limit of \$5,000 or may be of a nature that is sensitive to the organization, the final decision to accept or deny shall rest with the Entity, or its respective designees.

Agreed. It is TRISTAR's responsibility to our clients to determine the compensability of workers' compensation claims under relevant jurisdictional statutes regardless of the type of claim. The process for determining whether a claim is compensable is to conduct a thorough investigation with regard to whether the claimed injury arose out of/or in the course of employment (AOE/COE).

TRISTAR will adhere to the City's \$5,000 authority threshold as described above. If either the City or TRISTAR questions the validity of a claim, the adjuster may initiate an investigation to include activity checks, surveillance, etc, in compliance with the City's service instructions. The adjuster evaluates a claim to determine compensability based on facts gathered in conjunction with relevant statutes. The adjuster will accept or deny the claim within the required statutory timeframe, and will secure approval from the City prior to issue of a denial.

6. **Conduct such investigation, as the exercise of professional judgment would deem necessary.**

TRISTAR will conduct a thorough and vigorous investigation of all questionable claims immediately upon receipt or identification of suspicious activity. In some cases, the first step in an investigation is to conduct an activity check. The investigator will attempt to obtain information regarding the injured employee's daily activities through interviews of neighbors, co-workers, or acquaintances or social media. Through the activity check, the adjuster can often determine whether further investigation, including sub-rosa, will be cost effective and successful.

Should a field investigation be necessary, a referral will be made to the City's preferred investigator outlining the circumstances and issues of the case, the

activities assigned (witness statements, accident scene investigation, etc.) and handling deadline. If the investigator must enter the client's workplace, the adjuster will provide the investigator with the name and telephone number of the contact person who will give them access. The adjuster will instruct the investigator to call the adjuster before proceeding in order to obtain up-to-date information and instructions.

Surveillance (sub-rosa) video of a particular claimant's daily activities can be powerful evidence to discredit an exaggerated or suspected fraudulent claim. Obtaining such video, while generally lawful, can infringe on privacy rights of individuals and must be undertaken in a highly professional manner. Assignments will be made only to credible, ethical and licensed private investigators or as approved by the City. The adjuster must document the articulated suspicion in the claim notes. A statement regarding how the examiner will use the films be used to reduce the claim exposure should be outlined in the claim system notepad.

The adjuster monitors the investigator's field activities, while in progress, in order to control costs and optimize the collection of any video evidence. One-time activities that are in excess of apparent restrictions often are not persuasive. Follow-up, preferably the next day, will help establish a pattern of such activity. Arrange to view any videos as soon as possible in order to determine how effective the films may be in reducing disability, terminating treatment, disproving a claim, or otherwise reducing the client's exposure.

The adjuster will refer to the City's client service instructions to determine if authority is required from the City prior to the referral or if a designated vendor is required. When a referral is made, the claim system will be documented with the basis for the referral, how the results of the investigation will be used to reduce the cost of the claim, and the authority received from the client.

7. Subject to the prior approval of, and at the expense of the Entity, employ outside professionals such as private detectives and expert witnesses to assist in the investigation and adjustment of claims.

Agreed, this is TRISTAR's standard practice.

8. Review for reasonable and conformity to appropriate medical and surgical fee schedules all medical bills and other services for which a claim is being made.

TRISTAR's Managed Care division has more than 17 years of experience providing Bill Review, offering access to PPO Network contracts as well as nationwide Medical Provider Networks (MPN) for self-insured and insured organizations. We averaged **65.7% net** savings on behalf of our Florida clients in 2015.

TRISTAR's bill review system is delivered as an Application Service Provider (ASP) model. This means clients receive updates to the state fee schedule, clinical guidelines, and application changes as soon as they are loaded into the system. TRISTAR offers a client portal that combines multiple TRISTAR and regulatory resources into a single client-specific web resource.

TRISTAR analyzes and reduces medical bills to fair and equitable amounts. Statistics show that over half of the costs of a workers' compensation claim are for medical benefits. TRISTAR closely monitors medical treatment plans and bills in order to reduce workers' compensation costs. TRISTAR's highly trained analysts review all unidentified and complex procedures prior to processing. By reading the medical reports, TRISTAR ensures that the services billed were the services rendered. Our trained, experienced analysts add up to 30% additional savings to the bill review engine. We recruit the best analysts in the industry, each averaging 15 years of experience. All of our analysts undergo intensive training which includes testing, lecture, and actual hands on practice, with continual monitoring by supervisors throughout the duration of their employment.

9. **Subject to prior approval for claims valued in excess of \$5,000 or claims expected to be of a sensitive nature to the organization and in the exercise of professional judgment, adjust and settle all reported claims. Such settlement is to include preparation and actuation of all necessary compromise and release agreements drafted pursuant to this RFP.**

Agreed, TRISTAR will adhere to the City's settlement authorization thresholds and protocols.

The settlement of workers' compensation claims often involves many different parties including TRISTAR, the City, excess carrier, Medicare, Second Injury Funds, defense and applicant attorneys and various lien claimants. Communication between all parties is essential to assure all issues have been addressed and resolved. In some cases, TRISTAR may recommend a nuisance value to settle questionable, spurious or frivolous claims. In most cases, however, settlement discussions begin once the injured employee's condition reaches the level of maximal medical improvement. The adjuster will obtain a final report from the appropriate medical provider and evaluate the level of disability applicable to the injury. Once the level of disability has been determined, the claim will be reviewed and the adjuster will prepare a settlement recommendation. TRISTAR understands that we will have \$5,000 settlement authority, dependent upon the sensitivity of the claim.

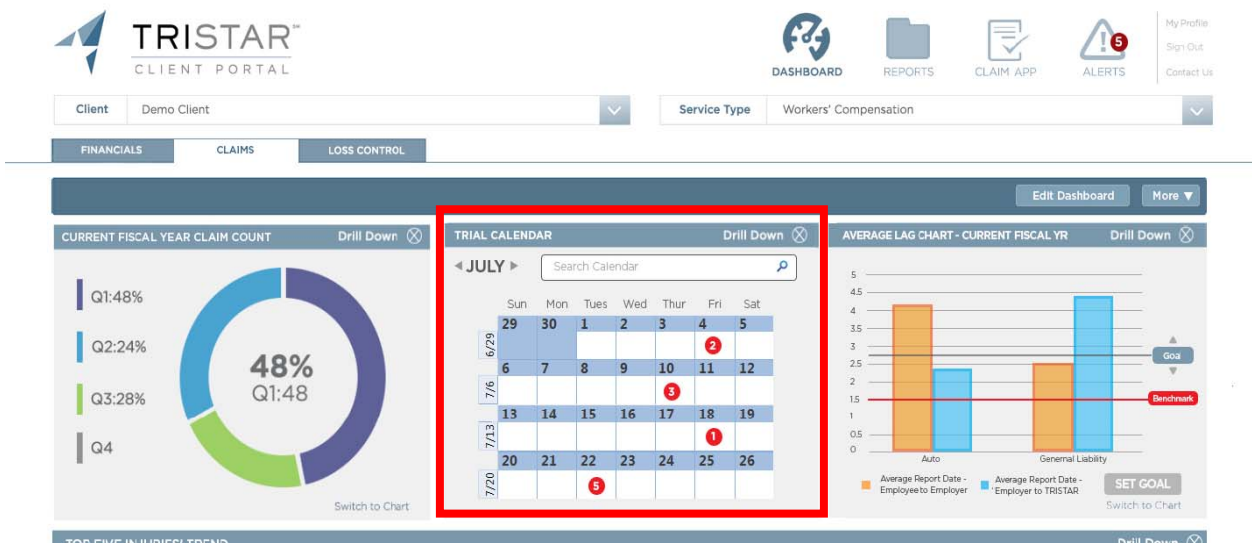
The adjuster will first obtain authorization from their supervisor and/or manager according to the established authorization levels. After supervisory review and approval of the settlement request, the adjuster will submit the request to the City for approval. TRISTAR recommends that the settlement request be submitted to the City allowing a 30-day response period. Any supporting documents will be submitted with the settlement request.

Once the settlement authorization has been received, settlement negotiations will proceed. Once the case has been settled in principal the matter will be referred to approved defense counsel for filing a Petition for Approval of the Compromise & Release with the WCB.

Structured settlements can be a benefit to both the injured employee as well as the City. Besides the cost savings, structured settlements resolve the claim in its entirety and defines the City's total exposure. Our staff has experience and the resources to resolve claims via structured settlements, when appropriate.

10. Prepare and maintain files necessary for legal defense of claims and/or litigation (such as actions for subrogation) or other proceedings.

Agreed, this is TRISTAR's standard practice. Please refer to our response to question C.7. for an overview of TRISTAR's litigation management practices. TRISTAR's Client Portal has a comprehensive litigation screen that maintains information regarding defense counsel assignment, plaintiff counsel, hearing and settlement dates, offers, settlement amounts, and other information pertinent legal strategy. Additionally, the Client Portal dashboard maintains a legal calendar for authorized City RMIS users.



11. Where appropriate or desirable, attend hearings, depositions and other proceedings.

Agreed, this is TRISTAR's standard practice.

12. Subject to the foregoing provisions, pay in accordance with state regulations or, lacking that, in a timely fashion all claims and expenses.

Agreed, this is TRISTAR's standard practice.

13. At the request of the Entity, or their respective designees, provide a complete copy of all files involving litigation, subrogation or recovery from special or second injury funds.

Agreed, this is TRISTAR's standard practice.

14. Aggressively pursue all possibilities of subrogation with Entity approval (for all lines of coverage), contribution, indemnity and/or recovery from special or second injury funds on behalf of the Entity. Additional fees (if any) for this service should be outlined on the Proposal Forms under Time and Expense.

Agreed, this is TRISTAR's standard practice. Subrogation and recovery are vital to effective claims management and are pursued directly by the adjuster, overseen by the adjuster's supervisor. Adjusters complete the investigation into subrogation and recovery and make recommendations to the client as to how to proceed. No parties are put on notice without the client's approval, unless TRISTAR is explicitly granted such authority.

15. Periodically as appropriate, but at least every six months, prepare a written report of the value of all open cases and if requested review in person with the designated individual of each Entity.

Agreed, TRISTAR will prepare written claim review reports, and conduct claim

reviews in person, at least every six months or as otherwise requested.

16. Provide assistance in providing rehabilitation of injured employees in consultation, retraining or reassignment of employees with limited physical performance arising out of covered injuries.

Each claim identified for potential rehabilitation services is carefully evaluated by the claims adjuster to determine the appropriateness of providing or disputing the provision of services in accordance to State rules and procedures. It is recognized that early referral of injured workers to vocational rehabilitation can lead to a faster and less expensive resolution of claims, in addition to focusing the injured worker on returning to the workforce.

Referral to a vocational rehabilitation provider may be necessary when:

- ✓ The injured worker meets the requirements for vocational rehabilitation
- ✓ Upon request of an injured worker once rehabilitation eligibility has been established
- ✓ A job analysis has been requested or is necessary for employment skills
- ✓ Labor Market Survey
- ✓ Job placement
- ✓ Determine pre and post earning capacity

If it is determined that the employee is medically eligible for vocational rehabilitation benefits, TRISTAR will assign the services of a qualified vocational counselor for evaluation and determination of vocational feasibility. TRISTAR utilizes the services of highly qualified vocational counselors to direct the vocational rehabilitation claim process. They are keenly aware of the needs of the injured worker, and as a qualified rehabilitation representative, they assist the employee in identifying a program that will return them to gainful employment at the earliest possible date.

Outside vendors may be utilized to assist in the transitional phase of return-to-work or for vocational services. TRISTAR will operate in accordance with the City's established service instructions prior to assigning specialists.

17. Consult with and refer to the Entity, or its respective designees all questionable or contested cases and those with an estimated value in excess of \$5,000.

Agreed, TRISTAR understands that our authority threshold is limited to \$5,000; and will consult with the City on all claims in excess of that threshold, as well as all questionable or contested claims, regardless of value.

18. Maintain a current roster of preferred physicians and other medical professionals for treatment of covered injuries on a first aid and specialized basis as well as maintaining procedures for establishing close liaison with the treating physicians and other medical professionals.

Agreed, this is TRISTAR's standard practice.

E. **Loss Statistics Services:** The proposer may propose these services. Costs should be shown separately for this component.

1. It is the desire of the Entity that loss information be available through an on-line computer system.

Agreed, the City will have access to all loss information via TRISTAR's RMIS, Client Portal.

2. Individual Claim Details:

The required details are to be included for each claim:

- a) Department or Division (for allocation purposes)
- b) Claimant's Name, Occupation or Workers' Compensation Code
- c) Date of Injury
- d) Nature of Injury
- e) Description of Accident
- f) Indemnity paid to date
- g) Reserve for future indemnity
- h) Medical paid to date
- i) Reserve for future medical
- j) Allocated claims expense paid to date
- k) Reserve for future allocated claims expense
- l) Identification of multiple claimant accident/occurrences - all accidents or occurrences involving more than one claimant (whether workers' compensation, general liability, and/or automobile liability) are to be identified

Agreed, all of the above-referenced data, and more, are captured in TRISTAR's system. Please refer to **Exhibit B** for a listing of standard data fields.

3. Report Format:

The required reports are to be presented in the following formats to include the following:

- a) Major Department/Division - Individual claim details to be grouped by such major department/divisions as designated by the Entity at contract inception.
- b) Claim summaries - For each department/division and for all combined departments/divisions, the required reports are to include claim summaries showing:
 - 1) Total number of claims
 - 2) Total number of closed indemnity claims
 - 3) Total number of open indemnity claims
 - 4) Total number of closed medical only claims
 - 5) Total number of open medical only claims
 - 6) Total number of claims closed without payment
 - 7) Total indemnity paid to date
 - 8) Total reserves for future indemnity
 - 9) Total medical paid to date
 - 10) Total reserves for future medical

- 11) Total damages paid to date
- 12) Total reserves for future damages
- 13) Total allocated loss adjustment expense paid to date
- 14) Total reserves for future allocated loss adjustment expense

Agreed, TRISTAR is able to provide all required reports as outlined above. Sample reports are included as **Exhibit C**.

4. Frequency of Reports:

- a) Current contract period - Monthly
- b) Previous contract period - Quarterly

NOTE: Workers' Compensation claims are to be shown separately from any other claims. Quarterly reports are to continue until all claims for the contract period have been closed.

Agreed, TRISTAR will provide reports at intervals determined by the City. In addition, Client Portal offers the functionality of automatically scheduling reports to run and deliver at designated timeframes, such as daily, weekly, monthly, quarterly, etc.

5. Subrogation Reports:

On a semi-annual basis, or as specifically requested by the Entity, a report shall be provided on all claims for which the company has pursued (whether successful or not) subrogation, contribution, indemnity or recovery from special or second injury funds on behalf of the Entity. In addition to the Claim Details of Loss Statistic Services, the following shall be included:

- a) Name of party from whom recovery is sought;
- b) Amount recovered to date;
- c) Estimated amount yet to be recovered

Agreed, TRISTAR will provide the requested subrogation reports.

6. Report of Inactive Claims:

On a semi-annual basis, or as specifically requested by the Entity, a report shall be provided listing all claims for which there have been no payment activity in the previous six (6) month period. With respect to each such inactive claim, the report shall include the same data required in (2) above (Individual Claim Details of Loss Statistic Services).

Agreed, TRISTAR will provide the requested inactive claim reports.

7. Severity Report:

On a quarterly basis, or as specifically requested by the Entity, a report shall be provided which includes only those claims for which the total cost incurred (paid and reserved) is \$25,000 or more. This severity report shall include the same data required in (2) above (Individual Claim Details of Loss Statistic Services).

Agreed, TRISTAR will provide the requested severity report.

F. **Monthly Loss Fund Reconciliation:** For those proposals requiring the establishment and maintenance of a loss fund which is to be periodically reimbursed by the Entity, successful consultant shall be required to provide monthly reports as follows:

1. Report due in the clients' office no later than 10 days after close of monthly period
2. Report will include the following for all reported claims:

Balance at inception
Total disbursement by major department/division
Date
Claimant
Balance at close
Amount of reimbursement required

Agreed, this is TRISTAR's standard practice. TRISTAR offers the following banking options for funding claim payments, which are varied and adaptable to individual client preference, ranging from fully automatically reconciled trust accounts to client maintained and zero balance accounts.

ZERO BALANCE CHECKING ACCOUNT - A zero balance checking account can maximize funds in interest bearing accounts for the City. TRISTAR would be a signatory on the account established and usually managed by the City. In this type of arrangement, the client transfers funds nightly from the interest-bearing account into the checking account to cover the checks that cleared that day. Typically, under this scenario, the bank sends statements to the client for monthly reconciliation. TRISTAR provides periodic check registers to the client to meet its financial accounting requirements.

ESCROW OR IMPREST ACCOUNT - TRISTAR can establish an escrow or imprest account on the City's behalf. Generally, these accounts require a deposit from the client of 2.5 times the average monthly claims payment. This deposit may be less if the client can replenish the account in a short period using ACH or wire transfer. TRISTAR will make payments from this account and invoice the client monthly to replenish the funds. The City does not incur any charges for checks or banking charges for this type of account. The TRISTAR Accounting office performs monthly bank reconciliation for all TRISTAR trust accounts, and submits bank statements, check register and reconciliations, and replenishment invoice to the City.

Options available to the City for trust account replenishment include, but are not limited to, the following:

- Wire Transfer – client wires funds to the trust account.
- ACH Transfer - TRISTAR transfers funds via our bank's automated banking service from the client's account to the trust account, daily,

weekly or monthly.

Over 95% of our self-insured clients have imprest accounts with Citizens Business Bank (CBB). It is helpful, and critical, that we have internal financial processes in place to provide our customers with extensive financial controls and efficiencies created with EDI interfaces.

Benefits include, but are not limited to:

- Direct on-line access to the account
- Positive pay interface - daily downloads of checks issued from TRISTAR claim system to CBB
- Same day courier services for check deposits
- ACH capabilities for our clients that allow for electronic transfer of funds at minimal cost compared to "wire transfers".
- Industry only electronic and manual check clearing process

These controls are a key to our compliance with SSAE 16 (SOC 1) Type II standards and financial audit performance.

TRISTAR requires Positive Pay in order to keep the client's funds secure and in compliance with SSAE 16 (SOC I) Type II standards. In addition to CBB, TRISTAR has positive pay interfaces with a number of banks including Wells Fargo, Bank of America, California Bank and Trust, U.S. Bank, Union Bank of California, Bank of the West, Prosperity Bank and JPM Chase and others. TRISTAR will work with a bank that is authorized to conduct business in Florida.

F. Telephone Access:

The successful consultant will provide all parties unlimited toll-free access to the TPA.

All TRISTAR employees are accessible via toll-free phone number and direct 4-digit extension.

III. GENERAL LIABILITY AND AUTOMOBILE LIABILITY

Scope of Services Required:

The successful consultant will be required to perform all services indicated below as administrative services and claim services; and may provide an option for loss prevention and/or loss statistic services.

A. Administrative Services: The successful consultant shall:

- 1) Prepare, maintain and file all records and reports as may be required by legal authorities (state, local and federal).

Agreed, this is TRISTAR's standard practice. TRISTAR maintains a claim file inclusive of all mail documents received and all claim activity (financial, factual and investigative) and this is made available for viewing/audit as required under Florida statutes. We routinely receive and respond to various legal authority requests for information which may be in the form of reporting, licensing documentation, claim file documentation or general data calls.

- 2) Prepare, maintain and file statistical or other records and reports as required by any excess insurers.

Agreed, this is TRISTAR's standard practice. TRISTAR has an established policy and procedure in place to provide reports and other records as required by excess insurers. Our claims data is available for review and submission to various agencies with proper clearance. We routinely respond to various agency reporting requests for information (specific or cumulative) as well as any specific data call requests we receive throughout the course of a fiscal year.

When excess reporting is required, TRISTAR has established a consistent procedure for notification to clients and excess carriers. Serious claims requiring reporting may include amputation, head injury, spinal cord injuries, and second or third degree burn of 25% or more of body, potential transplants, multiple injuries, any accident that causes serious injury to two or more employees, or any claim that has incurred 50% of the client's SIR, or any claim that meets the City's excess reporting requirements.

The adjuster will complete the initial and subsequent excess report by utilizing an appropriate form or format, and completes the referral to the excess carrier when reserves are established or increased to the reporting level set by each excess carrier or when the severity or type of claim warrants or requires reporting.

The adjuster will submit excess reports to all parties as required. TRISTAR maintains a copy of the excess report in the correspondence screen. The adjuster updates the notepad with each report to the excess carrier. The claims adjuster shall submit copies of all applicable medical reports in our

possession, along with pertinent legal correspondence with the initial excess report. A benefit printout detailing all benefits paid to date shall accompany each excess report.

The adjuster contacts the excess carrier for authorization to settle any case in excess of the retention level established for that policy period. This also includes settlement or waiver of any subrogation or liens. The adjuster documents any authorization received from the excess carrier in the claim system notepad.

- 3) Comply fully with the rules, regulations, guidelines or procedures established by the State of Florida.

Agreed, this is TRISTAR's standard practice. TRISTAR's Home Office Quality Assurance and Compliance Department maintains continuous access to the State of Florida and receives updates via email, and participates in seminars and conferences outlining updates, changes or reinforcement of existing provisions. Updates and changes are communicated to the respective personnel within the organization. Compliance is monitored internally through audits, reports and SOC1 procedures. In addition, we are accountable to our various Carrier clients and meet their respective standards.

B. Claim Services: The successful consultant shall:

- 1) Make available adjuster(s) on a 24 hour basis to respond to an accident scene at the request of the Entity (after normal office hours, adjuster(s) should be available via a paging or cellular system).

Agreed, TRISTAR will provide one primary and one back up adjuster, and assure 24-hour availability for the City.

- 2) Establish reporting procedures, which are compatible with the needs and organizational structure of the Entity.

Agreed, upon award of contract, TRISTAR will set up an implementation meeting with the City, and discuss the City's service program, needs and organizational structure, communication and reporting procedures, and more.

- 3) Provide necessary forms and instructions for use. Such forms are to include appropriate accident reports with mailing address of primary recipient preprinted thereon.

Agreed, this is TRISTAR's standard practice.

- 4) Receive and examine on behalf of the Entity all third party claim reports.

Agreed, this is TRISTAR's standard practice. All new losses are reviewed by a Supervisor prior to assignment. Supervisors review all First Notices of Loss, and provide pertinent direction to the handling adjuster. The adjuster makes

same-day contact with involved parties, takes recorded statements when necessary and in compliance with client standards, and evaluates the claim for potential liability.

- 5) **Accept or deny all third party claims on behalf of the Entity. If it appears that the final value of any claim will exceed a discretionary limit of \$5,000 or is of a potentially sensitive nature, the decision to accept or deny shall rest with the Entity, or its designees.**

Agreed. It is TRISTAR's responsibility to our clients to determine the extent of their liability, if any, related to general and auto liability claims. TRISTAR will thoroughly investigate all claims, and adhere to the City's authority thresholds as outlined above. We manage claims for numerous public entities and understand that even claims valued under \$5,000 may be potentially sensitive, and TRISTAR will secure appropriate authorization prior to accepting or denying claims in compliance with the City's servicing instructions.

- 6) **Conduct such investigation as in the exercise of professional judgment would seem necessary.**

Agreed. It is TRISTAR's responsibility to our clients to determine the extent of their liability, if any, related to general and auto liability claims. TRISTAR adjusters are fully trained in conducting prompt and thorough investigations, including identification of fraud "red flags," which must be checked as part of the Best Practices investigation and ongoing file management. General Indicators and specific line-of-business indicators are reviewed on each claim. By way of example, some General Fraud Indicators are:

- History of claims activity;
- Familiar with insurance claims terms and procedures;
- Refrains from using the mail, including tax; conducts business in person;
- No police report or on-scene police report;
- Aggressive demands for quick settlement, sometimes for less than full value;
- Threatens to contact higher client authority to push demands;
- Address is temporary-post office box or motel is used;
- Photocopies of supporting documentation;
- Insureds' employer's address is a P. O. Box;
- Unreasonable delay in reporting loss;
- Refuses to give recorded or written statement;
- Self employed in vague occupation; reluctant to produce tax records;
- First notice of claim and/or immediate representation by attorney;
- Recent changes in coverage/inquiries with agent;
- Loss occurs immediately before or after policy renewal/inception dates;
- Claimant is experiencing declining financial conditions;
- Discrepancies exist between official reports of incidents and statements made by insured/claimant;
- Lifestyle inconsistent with observations and facts;
- Insured/claimant wants a friend or relative to pick up check;

- Over-documentation of loss;
- Insured/claimant has no phone;
- Claimant is transient or out-of-towner.

- 7) Subject to the prior approval of, and at the expense of the Entity, employ outside professionals such as private detectives, or expert witnesses to assist in the investigation and adjustment of claims.

Agreed, it is TRISTAR's standard practice to employ professional specialists when needed to achieve the best possible claim outcome. TRISTAR will adhere to the City's authorization protocols regarding assignment of specialists, assign activities with a specific task and budget, and oversee all specialists' activity.

- 8) Review for reasonableness all medical bills and other services for which a claim is being made.

Agreed, TRISTAR adjusters are trained in reviewing medical bills and treatment for appropriateness to claimed injury.

- 9) Subject to prior approval for claims valued in excess of \$5,000 or claims of a potentially sensitive nature and in the exercise of professional judgment, adjust and settle all reported claims. Such settlement is to include preparation and actuation of all necessary compromise and release agreements drafted pursuant to this RFP.

Agreed, this is TRISTAR's standard practice.

- 10) Prepare and maintain files necessary for legal defense and/or litigation (such as actions for subrogation) or other proceedings.

Agreed, this is TRISTAR's standard practice. TRISTAR's claim system tracks and retains all file documentation.

Once litigated, claims are never abandoned to the attorney. Roles are clearly outlined, with the handling adjuster ultimately accountable for managing counsel, and serving as the central point of communication for our customer and the attorney, retaining the lead role related to day-to-day claims management.

- 11) Attend hearings, depositions and other proceedings where appropriate or desirable.

Agreed, this is TRISTAR's standard practice.

- 12) Subject to the foregoing provisions, pay in a timely fashion all claims and expenses.

Agreed, this is TRISTAR's standard practice.

- 13) Aggressively pursue all possibilities of subrogation, contribution or indemnity on behalf of the Entity. Additional fees (if any) for this service should be outlined on the Proposal Forms under Time and Expense.

Agreed, this is TRISTAR's standard practice. Subrogation and recovery are vital to effective claims management and are pursued directly by the adjuster, overseen by the adjuster's supervisor. Adjusters complete the investigation into subrogation and recovery and make recommendations to the client as to how to proceed. No parties are put on notice without the client's approval, unless TRISTAR is explicitly granted such authority.

- 14) Periodically as appropriate, but at least every six (6) months, review the value of all open cases in person with the designated individual of the Entity.

Agreed, TRISTAR will prepare written claim review reports, and conduct claim reviews in person, at least every six months or as otherwise requested.

- 15) At the request of the Entity, or its' respective designees, provide a complete copy of all files involving litigation, subrogation, contribution or indemnity.

Agreed, TRISTAR will provide the requested reports upon the City's request.

- 16) Consult with and refer to the Entity, or its' respective designees all questionable or contested cases and those with an estimated settlement value in excess of \$5,000.

Agreed, TRISTAR will adhere to the authority thresholds and authorization protocols established by the City. Upon award of contract, TRISTAR will hold a "kick off" meeting that will include documentation of the City's customized service instructions, such as authority levels and protocols for reserves, settlements, assignment of specialists, check issuance, etc.

C. **Run-Off Claims**

The successful consultant shall outline pricing and procedure for taking over run-off claims previously handled by another party.

Agreed, TRISTAR is prepared to manage all run off claims to conclusion.

- D. **Loss Statistics Services:** As an optional service, the proposer may propose these services. Costs should be shown separately for this component.

1) **Individual Claim Details:**

The required reports are to be included for each claim:

- a) Department or division (for allocation purposes)
- b) Claimant's name and occupation
- c) Driver (if motor vehicle accident)
- d) Date of accident
- e) Description of accident

- f) Bodily or personal injury paid to date
- g) Reserve for future property damage
- h) Property damage paid to date
- i) Reserve for future property damage
- j) Allocated claims expense paid to date
- k) Reserve for future allocated claims expense
- l) Coding to indicate claims in suit
- m) Identification of multiple claimant accidents/occurrences - all accidents or occurrences involving more than one claimant (whether General Liability, Automobile Liability or both) are to be identified.

Agreed, all of the above referenced data is captured in TRISTAR's system, and reportable. Please see **Exhibit B** for a list of TRISTAR's standard data elements.

2) **Report Format:**

The required reports are to be presented in a format to include the following:

- a) Major Department/Division - Individual claim details are to be grouped by such major department/divisions as designated by each Entity Risk Management Offices.
- b) Claim summaries - For each department/division and for all departments/divisions combined, the required reports are to include claim summaries showing:
 - 1) Total number of claims
 - 2) Total number of claims for bodily or personal injury claims
 - 3) Total number of open bodily or personal injury claims
 - 4) Total number of closed property damage claims
 - 5) Total number of open property damage claims
 - 6) Total bodily or personal injury paid to date
 - 7) Total reserves for future bodily or personal injury
 - 8) Total property damage paid to date
 - 9) Total reserves for future property damage
 - 10) Total allocated loss adjustment expense paid to date
 - 11) Total reserves for future allocated loss adjustment expense

Agreed, TRISTAR is able to provide all required reports as outlined above. Sample reports are included as **Exhibit C**.

3) **Frequency of Reports:**

- a) Current contract period - Monthly
 - b) Previous contract period - Quarterly
 - c) Individual claim cost sheets submitted with first claim notice
- Quarterly reports are to continue until all claims for the contract period have been closed.

Agreed, TRISTAR is able to provide all required reports as outlined above.

NOTE: General liability claims are to be recorded separately from all other claims. Automobile liability claims are to be recorded separately from all other claims.

Agreed, this is TRISTAR's standard practice. All claims are appropriately identified, recorded and categorized for accuracy of reporting by line of business and claim type.

4. **Subrogation Reports:**

On a semi-annual basis, or as specifically requested by the Entity, a report shall be provided on all claims for which the company has pursued (whether successful or not) subrogation, contribution, indemnity or recovery from special or second injury funds on behalf of the City. In addition to the data required by (1) above (Individual Claim Details of Loss Statistics Services), the following shall be included:

- a) Name of party from whom recovery is sought;
- b) Amount recovered to date;
- c) Estimated amount yet to be recovered.

Agreed, TRISTAR will provide the requested subrogation reports.

5. **Report of Inactive Claims:**

On a semi-annual basis, or as specifically requested by the Entity, a report shall be provided listing all claims for which there has been no payment activity in the previous six month period.

Agreed, TRISTAR will provide the requested inactive claim reports.

6. **Severity Report:**

On a quarterly basis, or as specifically requested by the Entity, a report shall be provided which includes only those claims for which the total incurred (paid and reserved) is \$25,000 or more. This severity report shall include the same data as required in (1) above (Individual Claim Details of Loss Statistic Services).

Agreed, TRISTAR will provide the requested severity reports.

E. **Monthly Loss Fund Reconciliation:** For those proposals requiring the establishment and maintenance of a loss fund, which is to be periodically reimbursed by the Entity, proposers shall be required to provide monthly reports as follows:

- 1. Report due 10 days after close of monthly period
- 2. Report will include:
 - Balance at inception
 - Total disbursement by Major Department/Division
 - Date
 - Claimant
 - Balance at close

Amount of reimbursement required

Agreed, this is TRISTAR's standard practice. TRISTAR offers the following banking options for funding claim payments, which are varied and adaptable to individual client preference, ranging from fully automatically reconciled trust accounts to client maintained and zero balance accounts.

ZERO BALANCE CHECKING ACCOUNT - A zero balance checking account can maximize funds in interest bearing accounts for the City. TRISTAR would be a signatory on the account established and usually managed by the City. In this type of arrangement, the client transfers funds nightly from the interest-bearing account into the checking account to cover the checks that cleared that day. Typically, under this scenario, the bank sends statements to the client for monthly reconciliation. TRISTAR provides periodic check registers to the client to meet its financial accounting requirements.

ESCROW OR IMPREST ACCOUNT - TRISTAR can establish an escrow or imprest account on the City's behalf. Generally, these accounts require a deposit from the client of 2.5 times the average monthly claims payment. This deposit may be less if the client can replenish the account in a short period using ACH or wire transfer. TRISTAR will make payments from this account and invoice the client monthly to replenish the funds. The City does not incur any charges for checks or banking charges for this type of account. The TRISTAR Accounting office performs monthly bank reconciliation for all TRISTAR trust accounts, and submits bank statements, check register and reconciliations, and replenishment invoice to the City.

Options available to the City for trust account replenishment include, but are not limited to, the following:

- Wire Transfer – client wires funds to the trust account.
- ACH Transfer - TRISTAR transfers funds via our bank's automated banking service from the client's account to the trust account, daily, weekly or monthly.

Over 95% of our self-insured clients have imprest accounts with Citizens Business Bank (CBB). It is helpful, and critical, that we have internal financial processes in place to provide our customers with extensive financial controls and efficiencies created with EDI interfaces.

Benefits include, but are not limited to:

- Direct on-line access to the account
- Positive pay interface - daily downloads of checks issued from TRISTAR claim system to CBB
- Same day courier services for check deposits
- ACH capabilities for our clients that allow for electronic transfer of funds at minimal cost compared to "wire transfers".

- Industry only electronic and manual check clearing process

These controls are a key to our compliance with SSAE 16 (SOC 1) Type II standards and financial audit performance.

TRISTAR requires Positive Pay in order to keep the client's funds secure and in compliance with SSAE 16 (SOC I) Type II standards. In addition to CBB, TRISTAR has positive pay interfaces with a number of banks including Wells Fargo, Bank of America, California Bank and Trust, U.S. Bank, Union Bank of California, Bank of the West, Prosperity Bank and JPM Chase and others. TRISTAR will work with a bank that is authorized to conduct business in Florida.

F. **Annual Reconciliation Report:** An annual reconciliation report detailing all activity associated with the contract period will be provided to the Entity.

1. Report due 60 days after the end of each contract period
2. Report will include
 - Total number of claims by line of coverage for the contract period
 - An itemized accounting of any other charges for the contract period
 - Amount of reimbursement or refund required
 - All supporting documentation for the above-referenced items

Agreed, TRISTAR will provide the annual reconciliation report described above.

G. **Loss Triangle Report:** A loss triangle report will be provided by October 31st of each year. Report will show claims greater than \$20,000.00 for the reporting period.

Agreed, TRISTAR will provide the annual loss triangle report for all claims greater than \$20,000 for the reporting period.

5. Supporting Documentation

Supporting documents each proposal should include:

- a) Sample Risk Management information System (RMIS) report format(s).

Please find sample RMIS reports enclosed as **Exhibit C**.

- b) A statement of the firm's equal opportunity policy and practices.

Please find TRISTAR's Equal Opportunity Policy enclosed as **Exhibit D**.

- c) A completed and signed Drug Free Workplace Form (included in this RFP).

Please find the City's Drug Free Workplace Form signed and enclosed as **Exhibit E**.

- d) A copy of the firm's current Florida Professional Registration Certificate.

Please find TRISTAR's Florida Professional Registration Certificate enclosed as **Exhibit F**.

- e) A copy of the firm's Business tax receipt and Zoning Compliance Permit if local preference is requested.

Not applicable, TRISTAR has not requested local preference.

- f) Proof of insurance as outlined in Section V(B)(5) - "Insurance."

Please find TRISTAR's Evidence of Insurance enclosed as **Exhibit G**.

6. Price Proposal

The price proposal is a presentation of the proposer's total offering price including the estimated cost for providing each component of the required goods or services, including any alternate proposals requested from or offered by the Proposer. All fees should be included in the price proposal.

Proposers should indicate the dollar amount which will be attributed to each sub-contractor, if any.

Proposers should complete and sign the Price Proposal Form provided in Section VII below, and submit the form with their proposal.

TRISTAR Scenario 1: The pricing described in Scenario 1 is in full compliance with the Personnel Requirements described in Exhibit F; including two (2) workers' compensation adjusters who are at least 75% dedicated to the City of Gainesville; and two (2) liability adjusters who are at least 75% dedicated to the City of Gainesville. The proposed pricing contemplates Life of File/Handle to Conclusion claims management. Based upon the loss information provided, and TRISTAR's Best Practices, we are confident that we can effectively manage the City's claims at significantly lower rates based upon TRISTAR's typical staffing model. We have offered that alternative as Scenario 2, following.

TRISTAR Scenario 2: The pricing described in Scenario 2 contemplated Life of File/Handle to Conclusion rates, based upon TRISTAR's Best Practices case load/staffing models, and our understanding of the City's loss history. We commit to consolidating claims with as few adjusters as possible to maximize the volume of City cases that each adjuster manages, and to assure thorough understanding of the City's instructions, processes and procedures.

SECTION VII – PRICE PROPOSAL

CLAIM AND RISK MANAGEMENT SERVICES

PROPOSAL FORM

CITY OF GAINESVILLE

Proposer:

Name: TRISTAR Risk Enterprise Management, Inc.

Service Address: 1140 Hammond Drive, Suite J-20175
Atlanta, GA 30328

Claims Manager: Alan Rauch

Telephone: (770)325-5000 x4531

If your company has a policy of converting any claims to time and expense please complete the following:

- 1) Period of time after which a claim becomes time and expense:
Not applicable.
- 2) Any classification of claims that are considered time and expense from their onset:
Not applicable.
- 3) Cost component of time and expense claims:
\$ Not applicable.

In the event that claims/files convert to time and expense after a specified period of time then the company will be required to provide the client a report three (3) months prior to the end of such period of any claims.

TRISTAR Scenario 1: Full compliance with City staffing requirements as described in the RFP; Life of File/Handle to Conclusion rates.

A) Workers' Compensation

1) Claims Service:

Estimated Annual Cost Per Entity: \$191,250/newly reported claims

Medical Only

Rate \$250 per claim (exposure unit)

Indemnity

Rate \$2,125 per claim (exposure unit)

- 2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:
 Estimated Annual Cost Per Entity: _____
 Rate \$500 per user (exposure unit)
- 3) Option to take over Open Claims at inception
 Medical Only
 Rate \$155 per claim (exposure unit)
 Indemnity
 Rate \$1,090 per claim (exposure unit)

B) General Liability

- 1) Claims Service:
 Estimated Annual Cost Per Entity: \$83,700
 Rate \$1,350 per claimant/coverage (exposure unit)
- 2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:
 Estimated Annual Cost Per Entity: _____
 Rate \$500 per user (exposure unit)
- 3) Option to take over Open Claims at inception
 Rate \$1,080 per claimant/coverage (exposure unit)

C) Automobile Liability

- 1) Claims Service:
 Estimated Annual Cost Per Entity: \$65,575
 Rate \$1,525 per claimant/coverage (exposure unit)
- 2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:
 Estimated Annual Cost Per Entity: _____
 Rate \$500 per user (exposure unit)
- 3) Option to take over Open Claims at inception
 Rate \$1,220 per claimant/coverage (exposure unit)

TRISTAR Scenario 2: TRISTAR Best Practices staffing model/caseloads; Life of File/Handle to Conclusion rates.

A) Workers' Compensation

1) Claims Service:

Estimated Annual Cost Per Entity: \$111,450/newly reported claims

Medical Only

Rate \$155 per claim (exposure unit)

Indemnity

Rate \$1,175 per claim (exposure unit)

2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:

Estimated Annual Cost Per Entity: _____

Rate \$500 per user (exposure unit)

3) Option to take over Open Claims at inception

Medical Only

Rate \$155 per claim (exposure unit)

Indemnity

Rate \$1,090 per claim (exposure unit)

B) General Liability

1) Claims Service:

Estimated Annual Cost Per Entity: \$50,530

Rate \$815 per claimant/coverage (exposure unit)

2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:

Estimated Annual Cost Per Entity: _____

Rate \$500 per user (exposure unit)

3) Option to take over Open Claims at inception

Rate \$690 per claimant/coverage (exposure unit)

C) Automobile Liability

1) Claims Service:

Estimated Annual Cost Per Entity: \$39,345

Rate \$915 per claimant/coverage (exposure unit)

2) Loss Reporting – Risk Management Information Systems (RMIS) Cost:

Estimated Annual Cost Per Entity: _____

Rate \$500 per user (exposure unit)

3) Option to take over Open Claims at inception

Rate \$750 per claimant/coverage (exposure unit)

D) **Additional Pricing**

Please indicate pricing for the two optional successive one-year renewals.

TRISTAR will limit annual increases to 2.5% for the two optional successive one-year renewals.

E) Hourly rate for any consulting services by job title.

Should any consulting services be required, the following hourly rates will apply:

Senior Vice President	\$160
Vice President	\$140
Manager	\$125
Supervisor	\$105
Sr. Adjuster	\$95
Jr. Adjuster	\$89
Clerical	\$55

F) Pricing for any “Other Services”

Preferred Provider Specialty Services

Fees listed are for Preferred Provider Specialty Services. These fees are paid as Allocated Loss Adjustment Expenses or, where required by state law, as loss.

Services

Fees

Medical Bill Review:

Provider/Ancillary Bill Review \$8.50 per bill

Hospital Bill Review (in and outpatient) 12% of savings

Plus

Implantable Device Review 27% of Savings

PPO/Specialty/Pharmacy/DME 27% of Savings (all savings is post fee schedule or

	U&C
e-billing	\$1.00 per bill
Duplicate Bills Duplicate Line Items Monthly Savings Reporting Reconsiderations	} No Charge
<i>Utilization Review:</i>	
In-Patient	\$125 per pre-certification plus \$105 per hour for length of stay reviews and discharge planning, if any.
Out-patient (flat fee)	\$125.00 per precertification
Concurrent Review Hourly	\$105 per hour. Review as treatment progresses to ensure duration and type of treatment meet appropriate guidelines
<i>Peer Review:</i>	
Level 1	\$200 flat rate for peer review of episodes of care identified on medical bill review. (includes review of medical records and communication of decision in writing to all parties)
Level 2	\$250 flat rate when assigned by a nurse case manager following case manager file review, or receipt of a referral by adjuster for review. (includes review of medical records, discussion with treating physician and communication of decision in writing to all parties)
<i>Medical Case Management:</i>	
Enhanced FNOI – First Notice- injured employee with/without supervisor calls, speaks with medical assistant that helps with PPO direction, questions and referrals	\$20.00 per intake call (waived if call moves to triage)
Early Intervention (Nurse Triage) – Nurse aids injured worker in self-treatment or sets up appointment with appropriate provider utilizing medical triage guidelines/follow up calls	\$120 per intake call
Telephonic Case Management Duration Based	\$105.00 per hour OR
• First 30 days	\$360 per claim
• Second 30 days	\$265 per claim
• Each 30 days until closure	\$185 per claim
Field Case Management	\$105 AOS or \$125 CA/AK/HI/NY - per hour plus Mileage at IRS mileage rate
Field Case Management Task pricing	One time visit to provider \$475 plus mileage Two visits to provider \$750 plus mileage

Medical record retrieval \$135 plus mileage
 Job Analysis \$475 plus mileage

Catastrophic Case Management - high level of RN interaction with immediate response to significant injury e.g. severe head injury, severe burns, gunshot. These are typically claims that require immediate reporting to carrier or excess carrier \$130 per hour plus mileage

Pharmacy Benefit Management (PBM):

Medication costs:	AWP – 11% + dispense fee of \$3.00
Retail: Brand	AWP – 25% + dispense fee of \$3.00
Generic	AWP – 19% + dispense fee of \$3.00
Mail: Brand	AWP – 42% + dispense fee of \$3.00
Generic	

Point of sale utilization review \$105.00 per hour

Complex Pharmacy management – weaning protocols – nursing intervention \$125.00 per hour. Available for any claim, including takeover claims in which opioids have been prescribe for > 60 days with no evidence that physician will end treatment pattern.

Complex Pharmacy management – physician intervention \$125.00 per hour nursing intervention **plus** pass through of actual physician fees. Utilized in instances of numerous drug interactions of opioids, hypnotics and anti-depressants requiring a physician to physician review of treatment pattern and weaning options. Follow up calls made by nurse case manager.

Other

Special Investigations	Outsourced
Central Index Bureau	\$8.95 per report
Claim Reporting: Telephonic	\$20 per report
Claim Reporting: Fax or Internet	\$10 per report
MMSEA Reporting	\$8.20 per claim
Mileage	IRS allowance rate

Definition of Allocated Loss Adjustment Expense(s): Allocated Loss Adjustment Expenses includes any fee or expense which is chargeable or attributable to the investigation, coverage analysis, adjustment, negotiation, settlement, defense or general handling of any Claim or action related thereto, or to the protection and/or perfection of the Customer and/or Carrier's right of subrogation, contribution or indemnification, all as reasonably determined by TRISTAR. They include, but are not limited to:

- Attorney's fees and disbursements
- Fees and expenses incurred for handling any legal actions, including trials or appeals including deposition fees; cost of appeal bonds; court reporter or stenographic services, filing fees, and other court costs, fees and expenses; transcript or printing services and all discovery expenses; service of process; witnesses' testimony and corresponding travel expenses, opinions, or attendance at hearings or trial;
- Statutory fines or penalties

- Pre- and post-judgment interest paid as a result of litigation, unless regulatory or reporting requirements define such interest as loss or indemnity payments;
- Subcontractors' fees and travel expenses, including independent adjusters, automobile and property appraisers.
- Experts' fees and expenses, for advice, opinions, or testimony concerning claims under investigation or in litigation and costs of appraisals
- Fees and expenses for surveillance, undercover operative and detective services or any other investigations
- Costs of legal transcripts of testimony taken at coroner's inquests, criminal proceedings, or civil proceedings;*
- Fees and expenses for medical examinations, or autopsies, including diagnostic services, and related transportation services; durable medical equipment; and medical reports and rehabilitation evaluations, unless regulatory or reporting requirements define such fees and expenses as loss or indemnity payments
- Fees and expenses for any public records, medical records, credit bureau reports, index bureau reports
- Costs of photographs and photocopy services
- Medical or vocational rehabilitation fees and expenses, and all other medical cost containment services, including, but not limited to utilization review and management, pre-audit admission authorization, hospital bill audit or adjudication, provider bill audit or adjudication, Preferred Provider Organization, and medical case management, if applicable, unless regulatory or reporting requirements define such expenses as loss or indemnity payments
- Costs of independent medical examinations and/or evaluations for rehabilitation and/or to determine the extent of the Customer's liability
- State mandated electronic data interchange (EDI) costs, if applicable
- Federal query/reporting fees for Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007, and Medicare Set-Asides
- Telephonic First Notice of Loss Intake
- Extraordinary travel and related fees and expenses incurred by TRISTAR at the express request of Customer, which are not otherwise payable under this Agreement.

Deviations from Model Program

Please indicate whether your proposal will or will not comply with the Request for Proposals with respect to the term, endorsement, or condition listed below. The absence of any notation will be presumed to indicate full compliance:

	<u>Will</u>	<u>Will Not</u>
Obligations Not Terminated by Contract	X	
Access to Claim Files	X	
Ownership of Claim Files	X	
Liaison with Agency	X	
Workers' Compensation/Employer's Liability	X	
General Liability/Automobile Liability	X	
Compliance with Division Rules	X	
Administration Services	X	
Claims Services	X	
Loss Prevention Services		X*
Individual Claim Details	X	
Report Format	X	
Frequency of Reports	X	
Subrogation Report	X	

7. Qualifications

Section III (B) below lists the minimum qualification requirements prescribed for the RFP. Proposers must provide documentation which demonstrates their ability to satisfy all of the minimum qualification requirements. Proposers who do not meet the minimum qualification requirements or who fail to provide supporting documentation will not be considered for award. If a prescribed format, or required documentation for the response to minimum qualification requirements is stated below, proposers must use said format and supply said documentation.

A copy of your Business tax receipt and Zoning Compliance Permit should be submitted with the proposal if a local preference is requested.

B. QUALIFICATIONS/STATEMENT OF QUALIFICATIONS

1. A minimum of five (5) years' experience working with self-insured government agencies.

TRISTAR has 29 years of experience working with self-insured government agencies, since our inception in 1987.

2. A list of similar type projects (at least four) of comparable size for whom you provide or have provided services. The following should be provided for each project listed using the supplied **Reference Form** (see **Attachment A**):
 - a) Name, title, address and phone number of the individual within the organization who can be contacted in regards to this proposal.
 - b) The proposal team member who worked for the organization or the type of work performed.

TRISTAR has provided the supplied Reference Form as **Exhibit H**. TRISTAR's public entity clients include, but are not limited to:

- | | |
|---|---|
| Atlanta University Consortium | Dallas Independent School District |
| Beaverton School District | Dallas Independent School District |
| Bexar County | Eagle Pass Independent School District |
| Bossier Sheriff Department | Edcouch Elsa ISD |
| Brownsville Independent School District | Edinburg Consolidated Independent School District |
| Campbell Union School District | Elk Grove Unified School District |
| Chula Vista Elementary School District | Fort Worth Independent School District |
| City of Ashland | Fresno County Office of Education |
| City of Beaverton | Glendale Elementary School District |
| City of Bountiful | Granite School District |
| City of Campbell | Harlandale ISD |
| City of Carmel | Hastings College of Law |
| City of Chula Vista | Hidalgo County |
| City of Colton | Hidalgo County-LIABILITY |
| City of Coronado | Hidalgo County-WC |
| City of Dallas | Irving Independent School District |
| City of Del Mar | Jefferson County |

City of Edinburg	Jordan School District - JOR/WCF
City of Encinitas	Jordan School District - JSD
City of Grand Junction	Judson Independent School District
City of Hillsboro	La Mesa Independent School District
City of Houston	Lake Elsinore Unified School District
	Lamar Consolidated Independent School District
City of Imperial Beach	Larimer County
City of Irving	Livingston Independent School District
City of Lemon Grove	Long Beach Unified School District
City of Long Beach	Maricopa Community College
City of Longview	Matagorda County
City of Los Altos	Mesa County
City of Los Angeles	Mesa County Valley School District 51
City of Los Angeles Police Department	
City of Los Angeles Police Protective League	Mesa Unified School District #4
City of Merced	North Clackamas School District
	Northern Colorado School Districts (NOCO)
City of National City	Park School District R-3
City of Oceanside	Pflugerville Independent School District
City of Ogden	Pima County
City of Ontario	Portland Public Schools
City of Orem	Richardson Independent School District
City of Peoria	Robstown Independent School District
City of Richardson	Rockwall Independent School District
City of Roseville	Salt Lake School District
City of San Antonio	San Antonio Independent School District
	San Joaquin County
City of San Diego	San Jose Unified School District
City of Santee	Santa Clara County Office of Education
City of Solana Beach	Sharyland Independent School District
	St. Vrain Valley School District RE1J
City of South San Francisco	The Texas A&M University
City of Tucson	University of Colorado
City of Vista	University of Idaho
City of West Valley City	University of Wyoming
City of Yuma	Victoria Independent School District
Collin County	
Colorado Special Districts Pool	Washington County, OR
County of Alameda	Washington Elementary School District
County of Fresno - Case Management	Weslaco Independent School District
County of Los Angeles	
County of Los Angeles, Healthcare	

County of Marin
County of Mariposa
Dallas County Community College
District

West Texas Rural Counties Association
Windsor School District RE-4
Yuma County Detention Center

3. Identification of personnel to be assigned to this project and location where work will be performed. The firm should also indicate as specified in **Exhibit F** (“Claim And Risk Management Services – General”), Section I, Item F:
 - a) The one individual account executive designated to act as primary liaison between the proposer and the each Entity. In addition, an alternate should also be designated to act in the temporary absence of the principal liaison.
 - b) Resumes of the individuals who would be assigned to handle the project should be designated in this section. Those resumes should contain:
 - Years of experience within the area of specialty
 - Length of service with the firm
 - Knowledge of local government
 - c) If any services are to be subcontracted, then those firms must be identified and the qualifications of the subcontractor and resumes of individuals assigned to the projects must also be furnished as part of the proposal

TRISTAR currently has resident adjusting staff located in Florida, although we do not have a “brick and mortar” office in the state. Florida staff reports to our Atlanta, GA office, which functions as TRISTAR’s hub office overseeing all southeast jurisdictions for workers’ compensation, and a national casualty program.

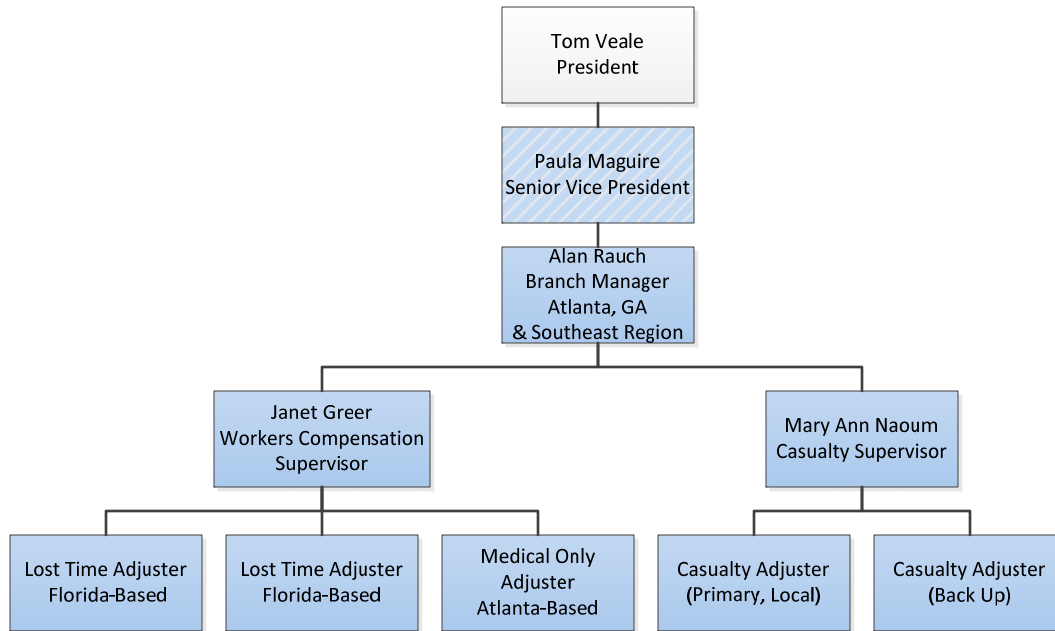
Based upon the City’s needs and claim volume described in the RFP, TRISTAR anticipates hiring additional Florida-based workers’ compensation and casualty adjusters to serve the City. As required by the City, liability adjusters will be locally located. TRISTAR will provide a streamlined and efficient staffing model, and if desired, will endeavor to hire any personnel employed by the current provider who may be displaced by award of contract to TRISTAR.

All of our claim personnel will have industry related capabilities as well as a designated backup, with the appropriate jurisdictional experience and licenses, and, if necessary, our offices providing services in offices across the United States can provide adjusting services for employees or claimants who may be out of state.

We propose serving the City by assigning a claims unit as described in the organizational chart on the following page. The team members highlighted in blue will serve as the City’s core team. However, as demonstrated by our organizational chart, TRISTAR’s flat management structure assures that the City will have easy access to the highest levels of TRISTAR’s management team, including the regional Senior Vice President of Claims Operations, and our President.

Alan Rauch, Branch Manager, will serve as the account executive on the City’s behalf, and primary liaison between the City and TRISTAR. As Branch Manager, he is empowered to resolve any service questions or concerns as may arise. Paula Maguire, Senior Vice President, will serve as back up Account Executive in the event of Mr. Rauch’s absence.

Proposed Service Team & Organization:



**PAULA MAGUIRE: SENIOR VICE PRESIDENT, CLAIMS OPERATIONS – EASTERN REGION
 CRANBURY, NJ**

Ms. Maguire has more than 30 years of Claims and Risk Management related experience. Ms. Maguire's primary responsibilities include national field claims operations and claim service delivery, management and oversight of service network to adhere to budget requirements, and to ensure compliance with best practices, carrier, and regulatory requirements. Other responsibilities include policy development, executive account management, and senior management strategic planning.

Prior to her current position, she served as Vice President of Client Account Services with GAB Robins. While at GAB Robins, she also served as Eastern Regional Vice President of Field Operations for Risk Management Services, and held other senior management positions. A graduate of Brown University, Ms. Maguire has a Bachelor of Science in Applied Mathematics and Economics, and has held senior management positions in the industry for more than 30 years.

**ALAN W. RAUCH, CPCU: BRANCH MANAGER, ATLANTA, GA & SOUTHEAST TERRITORY
 PRIMARY ACCOUNT EXECUTIVE
 ATLANTA, GA**

Mr. Rauch has more than 25 years of claims administration experience. His current responsibilities include day-to-day operations for a multi-state workers' compensation region and national liability programs. He supervises adjusters handling both workers' compensation and liability claims and is responsible for ensuring his operations meet contractual obligations and performance expectations. His primary responsibilities include supervision of claims administration for local and multi-jurisdiction accounts; review and manage new account claims and large exposure cases; ensure quality and uniformity of work product, including bill payment processes; conduct supervisory

reviews and evaluation of claim files with particular emphasis on reserves, claim activity, and closing ratios; and overseeing monthly financial reporting functions.

Mr. Rauch began his career at Ryder Systems, a national logistics service provider in Florida, handling commercial auto, motor truck cargo, bailee legal liability, property damage and general liability claims. He continued his career working for several commercial market niche carriers. While in Atlanta, Mr. Rauch assumed a position as an AVP-Property and Inland Marine Claims for a provider of commercial property and casualty insurance and reinsurance. Prior to joining TRISTAR, Mr. Rauch was an AVP of Property, Material Damage and Subrogation claims for a mutual insurance company.

Mr. Rauch has extensive litigation management experience and other claims involving significant loss exposures and complex coverage issues, internal audit responsibilities as well as responsibility for corporate controls. Mr. Rauch is a graduate of the University of Massachusetts with a degree in Business Administration and also holds several AICPCU designations, including Chartered Property Casualty Underwriter (CPCU), Associate in Marine Insurance Management (AMIM), Associate in Reinsurance (ARe), Associate in Risk Management (ARM) and Associate in Claims (AIC).

**JANET GREER: WORKERS COMPENSATION SUPERVISOR, SOUTHEAST TERRITORY
ATLANTA, GA**

Ms. Greer has more than 20 years of claim handling and supervision of workers' compensation, automobile, general and professional liability, product liability and pharmaceutical claims administration experience for self-administered organizations, carriers, and third party administrators, local, regional and national accounts. She works directly with the Branch / Account Manager and the Director, Sales and Client Solutions as the technical advisor to the clients and assigned staff. She directly supervises adjusters and clerical staff; monitors job performance and performs evaluations and disciplinary actions.

In her current position since 2005, Ms. Greer is responsible for supervisor review of claims for compensability determination, reserve adequacy, periodic activity reviews, delays, and denials, compliance with policies and laws, and client service instructions. She responds to claimant and vendor inquiry. Ms. Greer oversees client account and reporting and facilitates internal and external audits and assist with in-house and client educational sessions, and will attend claim reviews, and may handle a few high exposure or politically sensitive claims. She ensures all staff, including property and liability adjusters, maintains CEU credits to ensure licensure compliance.

Ms. Greer worked in risk management for large corporations including National Tea Company and K & B Drug Stores after beginning her career with the Georgia Casualty & Surety Company. She has held multiple claims supervisory positions for several organizations and different industries including Home Depot, GAB Robins, Sedgwick, Cunningham Lindsey and Georgia Casualty. Mr. Geer has supervised claims in most of the Southeastern States including AL, AR, GA, FL, KY, MS, NC, SC, and TX in addition to LA, TN and VA (non-licensed required jurisdictions) claims. She serves on the Georgia Chairman's Advisory Counsel for the State Board of Workers' Compensation and she is on the Medical Committee and the Education Committee for the Council. In addition

to her Certified Workers' Compensation Professional designation, Ms. Greer graduated Cum Laude with a Bachelor degree from Millsaps College in Jackson, MS.

MARY ANN NAOUM: CLAIM SUPERVISOR, CASUALTY ATLANTA, GA

Ms. Naoum has nearly 30 years of industry experience. She began her career at Chicago Insurance Company handling general liability claims. In 1989 she joined The London Agency (now ACE American), handling excess, umbrella and primary claims on a multiple lines of coverage including nursing homes, commercial trucking, business auto, railroad, New York Labor Law, mining, and construction defect. After 23 years at ACE, Ms. Naoum joined Builders Insurance Group handling construction defect claims along with general liability claim matters. Ms. Naoum also has experience associated with claims involving cranes, commercial trucking, the exterminating industry, and property damage. Mary Ann has extensive litigation management experience and other claims involving complex coverage issues.

At TRISTAR, Ms. Naoum is responsible for supervising a casualty claims unit including senior casualty adjusters based in Atlanta, Milwaukee and Houston. She works directly with the Branch Manager, TRISTAR's Client Services team, and TRISTAR's clients as technical expert and advisor. She is responsible for ensuring compliance with Best Practices, Customized Handling Instructions, and regulatory requirements. As claims supervisor, she does not carry a personal caseload, but is responsible to guide and mentor her team, oversee performance, quality of work, team workflow, and conduct quality reviews.

WORKERS' COMPENSATION ADJUSTER – FLORIDA BASED

- **Duties:** Effectively manage workers' compensation claims, including complex cases with exposures up to \$100,000, with minimal supervision. Comply with TRISTAR Best Practices and The Client's Customized Handling Instructions to promptly and aggressively investigate and manage claims in accordance with statutory and regulatory requirements. Scope of work includes but is not limited to conducting thorough investigation, including assigning field investigation and recorded statements as needed, compensability determinations, coordinating with specialists, administer benefits, set reserves to ultimate probable outcomes, coordinate return to work, attend hearings as requested or necessary,
- **Education/Training:** BA/BS preferred. Minimum five to seven years workers' compensation claims management experience, state certifications and/or licensures as required.
- **Skills:** Extensive knowledge of statutory and regulatory requirements, exceptional interpersonal skills including verbal and written communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, ability to effectively coordinate with multiple parties

LIABILITY ADJUSTER – LOCAL ADJUSTER

- **Duties:** Effectively manage general, auto and property liability claims, including complex cases with exposures in excess of \$100,000, with minimal supervision. Responsibilities include loss investigation, financial reserve analysis, litigation

management, coverage question analysis, reservation of rights, contract analysis, claim and lawsuit resolution.

- **Education/Training:** BA/BS preferred. Minimum five to seven years multi-line liability and property claims management experience, state certifications and/or licensures as required.
- **Skills:** Extensive knowledge of industry, legislative and judicial trends, exceptional interpersonal skills including verbal and written communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, ability to effectively coordinate with multiple parties

The proposer shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, including those applicable to conflict of interest and collusion. Proposers are presumed to be familiar with all Federal, State and local laws, ordinances, codes and regulations that may in any way affect the services offered.

TRISTAR complies with all laws, ordinances and regulations applicable to the services contemplated herein, including those applicable to conflict of interest and collusion. TRISTAR is familiar with all Federal, State and local laws, ordinances, codes and regulations governing our business.

Exhibit A

Proposal Response Signature Page, Signed Addenda 1 & 2

PROPOSAL RESPONSE FORM – SIGNATURE PAGE

(Submit this form with your proposal)

TO: City of Gainesville, Florida
200 East University Avenue
Gainesville, Florida 32601

PROJECT: Third Party Claims Adjusting Services

RFP/RFQ#: RMDX-160031-DD

RFP/RFQ DUE DATE: July 7, 2016 @ 3:00 P.M.

Proposer's Legal Name: TRISTAR Risk Enterprise Management, Inc.

Proposer's Alias/DBA: _____

Proposer's Address: Headquarters: 100 Oceangate, Suite 700
Long Beach, CA 90802

PROPOSER'S REPRESENTATIVE (to be contacted for additional information on this proposal)

Name: Rodney Schnadelbach Telephone Number 901-497-3463

Date: June 17, 2016 Fax Number 609-495-0252

Email address rodney.schnadelbach@tristargroup.net

ADDENDA

The Proposer hereby acknowledges receipt of Addenda No.'s 1, 2, _____, to these Specifications.

TAXES

The Proposer agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

LOCAL PREFERENCE (check one)

Local Preference requested: YES NO

A copy of your Business tax receipt and Zoning Compliance Permit should be submitted with your bid if a local preference is requested.

QUALIFIED LOCAL SMALL BUSINESS STATUS (check one)

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions) YES NO

SERVICE-DISABLED VETERANS' BUSINESS (check one)

Is your business certified as a service-disabled veterans' business? YES NO

LIVING WAGE COMPLIANCE

See Living Wage Decision Tree (Exhibit C hereto)

Check One:

- Living Wage Ordinance does not apply (check all that apply)
 - Not a covered service
 - Contract does not exceed \$100,000
 - Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
 - Located within the City of Gainesville enterprise zone.
- Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

SIGNATURE ACKNOWLEDGES THAT: (check one)

- Proposal is in full compliance with the Specifications.
- Proposal is in full compliance with specifications except as specifically stated and attached hereto.

Signature also acknowledges that Proposer has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this RFP.

(CORPORATE SEAL)

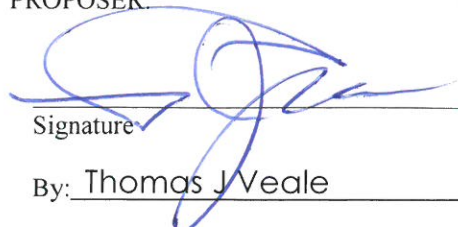
ATTEST:

Signature

By: _____

Title: _____

PROPOSER:



Signature

By: Thomas J Veale

Title: President

ACKNOWLEDGMENT

State of California
County of Los Angeles)

On June 26, 2016 before me, Nancy J. Henderson, Notary Public
(insert name and title of the officer)

personally appeared Thomas J Veale,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Nancy J Henderson*

(Seal)



ADDENDUM NO. 1

Date: June 9, 2016

RFP Due Date: July 7, 2016
at 3:00 P.M. (Local Time)

RFP Name: Third Party Claims Adjusting Services

RFP No.: RMDX-160031-DD

NOTE: This Addendum has been issued to those holders on record of Request for Proposal No. RMDX-160031-DD, distributed May 21, 2016.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. Interested parties are reminded that all inquiries must be submitted **in writing** to the City of Gainesville Purchasing Division no later than 12:00 p.m. (local time), June 22, 2016. Inquiries may be submitted as follows:

Email: drymonjd@cityofgainesville.org

or

Faxed (352) 334-3163

Attention: Doug Drymon, Senior Buyer

2. Please find attached:
 - a) Copy of the black out period definitions (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters).
 - b) Spreadsheet showing 5-year loss runs for the fiscal years 2010 through 2015.

Following are responses to inquiries which have been received as of this date from prospective proposers:

3. Question: May companies from outside the USA (example: Canada or India) submit a proposal?
Answer: No. Companies must be licensed in the state of Florida and have a liability Adjuster located in Gainesville. (Note: The City can provide a work station for the Adjuster to use in the Risk Management Office.)
4. Question: Will the vendor selected to provide TPA services be required to attend meetings in Gainesville?
Answer: Yes. This would include (but is not limited to) attending hearings, depositions and other proceedings where appropriate or desirable from the City's standpoint.
5. Question: Can the tasks stipulated in the RFP be performed from outside the USA (such as from Canada or India)?
Answer: No. Many of the requested services are expected to be performed on-site by a company representative. Please refer to Items I (F) and III (B) (1) of Exhibit F in the RFP document by way of example.

6. Question: May proposals be submitted by email?
Answer: No. Proposals must be submitted in paper form to the address indicated in the RFP document by the stated deadline. Please refer to Section I (C) – “Proposal Submission” - of the RFP document for specific details regarding proposal submission.
7. Question: Is it possible to request a copy of current TPA’s contract?
Answer: There is no reason to review the current expiring contract, as the evaluation of proposals and final award will be undertaken using the requirements and specifications outlined within the advertised RFP.
8. Question: What is the current annual fee paid by the City for TPA services?
Answer: The current fee that the City pays for TPA services is of no importance insofar as this RFP is concerned. Proposers are encouraged to submit their most competitive fee based on providing the level and quality of services that the City is seeking to obtain through this RFP.
9. Question: Why has the city issued this RFP at this time?
Answer: The current contract for TPA services is expiring on October 1, 2016. Past practice has been to issue an RFP at the end of the contract term and any extensions which the City has exercised.
10. Question: Does the current TPA’s contract with the city expire in 2016?
Answer: Yes. Please refer to the answer given to Question 9.
11. Question: Are there any service issues with the current TPA?
Answer: There are no issues with the current TPA.
12. Question: Please provide loss runs for the past 5 years.
Answer: Loss runs for Fiscal Years 2010 through 2015 are provided as a separate document to this Addendum.
13. Question: How many open claims (by type) are there before the 2010-2011 periods which are not on the loss history exhibit?
Answer: Please refer to the RFP.
14. Question: Please provide a breakdown of the total number of currently open workers’ compensation claims (by claims type – indemnity and medical only).
Answer: Please refer to the RFP.
15. Question: Is the city through this RFP requesting that the TPA provide medical managed services, such as medical bill review, PPO network access and savings, and case management services (telephonic or field)? Who provides these services to the city currently?
Answer: Please refer to the RFP (especially Exhibit F) to see the services the City is requesting.
16. Question: What fees are paid by the city for these various medical management services?
Answer: Please refer to the response provided to Question 8.
17. Question: How many medical bills have been processed and paid each year for the past 3 full years?
Answer: The City does not compile and store this information in a manner that makes it readily accessible to comply with this request.

- 18. Question: Please clarify the city's preferred type of TPA fee- per claim or annual?
 Answer: Please review Section VII ("Price Proposal") of the RFP document to understand the format in which fees are to be presented.

- 19. Question: For staffing, the RFP requires one local liability adjuster. Would a liability adjuster based in the Orlando area, who can respond to the claims as needed, be acceptable to the city to meet the local requirement, or does the adjuster need to be based in Gainesville?
 Answer: The City desires the adjuster to be based in Gainesville, and has previously provided a work station within the Risk Management Office for the adjuster's use.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and a copy of this Addendum signature page is to be returned with your proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: TRISTAR Risk Enterprise Management Inc

BY: Rodney Schnadelbach Rodney Schnadelbach

DATE: 6/13/16

CITY OF _____ FINANCIAL SERVICES
GAINESVILLE PROCEDURES MANUAL

41-424 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the black out period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

ADDENDUM NO. 2

Date: June 20, 2016

RFP Due Date: July 7, 2016
at 3:00 P.M. (Local Time)

RFP Name: Third Party Claims Adjusting Services

RFP No.: RMDX-160031-DD

NOTE: This Addendum has been issued only to the holders of record of the specifications and to the attendees of the non-mandatory pre-proposal conference held on June 16, 2016.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. All questions must be submitted **in writing** to the City of Gainesville Purchasing Division by 12:00 p.m. (local time), June 22, 2016. Questions may be submitted as follows:
 Email: drymonjd@cityofgainesville.org
 or
 Faxed (352) 334-3163
 Attention: Doug Drymon, Senior Buyer
2. Please find attached:
 - a) Copy of the black out period definitions (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters) distributed during the non-mandatory pre-proposal conference.
 - b) Copy of the June 16, 2016 Pre-Proposal Conference sign-in sheet showing attendees.
3. Doug Drymon, Senior Buyer with the City of Gainesville Purchasing Division, discussed the RFP requirements with the attendees. Mr. Drymon began the discussion by introducing David Jarvis, Workers' Compensation and Loss Control Manager with the City of Gainesville Risk Management Department, and Doug Prentiss, Safety Specialist, to those who were in attendance.
 - a. Sign-in Sheet was circulated on which all attendees were asked to indicate their attendance.
 - i. Name on submitted Proposal to match business name as signed in at pre-proposal conference.
 - b. Proposals are to be received by the Purchasing office no later than 3:00 p.m. on July 7, 2016. Any proposals received after 3:00 p.m. on that date will not be accepted.
 - c. Send questions in writing to Doug Drymon, Senior Buyer, via email or fax.
 - i. All communication through Doug Drymon only. Do not communicate with other City staff.
 - ii. Deadline for receiving questions or requests for additional information or clarification is June 22, 2016 @ 12:00 P.M. (Noon). All inquiries must be submitted in writing.
 - d. Discussed Proposal due date, time and delivery location.
 - i. Deliver (or have delivered) to Purchasing by 3:00 p.m. on July 7, 2016.
 - ii. Clearly mark outside of delivery package containing proposal with RFP number & name, Proposer's name, and proposal due date.

- e. Various forms (i.e. Drug Free Workplace, Living Wage, etc.) are to be completed and returned with your proposal.
 - i. Any form in the Request for Proposal document which does not apply should be marked "N/A" or with a similar notation, then signed, dated and returned with your proposal.
 - ii. Sign, date and return all Addenda signature pages. Also acknowledge Addenda where indicated on page 32 of RFP Document.

Following are answers/clarifications to questions received at the non-mandatory pre-proposal conference or which have been submitted to the Purchasing Office since Addendum No. 1 was issued:

4. Question: Who is the current broker for the City's insurance business?
Answer: Marsh USA, Inc.
5. Question: Regarding the on-site Adjuster – is this person expected to perform any out-of-the-office investigations?
Answer: Yes, although not always for vehicle-related accidents. Sewer back-ups are one of the most common types of occurrences which the Adjuster is called upon to respond to with a personal visit.
6. Question: Have there been any issues from the City's standpoint with the current TPA services provider?
Answer: No.
7. Question: How does the City handle the assignment of medical providers (Physicians), medical facilities (such as MRI's), legal counsel (Attorneys) and the like?
Answer: The City determines which outside parties (such as physicians, attorneys, medical facilities and investigation services) may be selected to handle claims cases. For example, the City is currently using Alliance for private investigative services, and is very satisfied with their service.
8. Question: How long has the City been with its current TPA services provider?
Answer: About 10 years continuously.
9. Question: How does the City handle managed care?
Answer: The City has opted out of managed care.
10. Question: How many employees does the City presently have?
Answer: Approximately 2,400 and growing.
11. Question: What is the length of the current expiring TPA term?
Answer: The present term covers three (3) years plus two additional extensions.
12. Question: Will the City be using the services of an outside consultant to undertake the evaluation of the proposals that are received in response to the RFP for Third Party Claims Adjusting Services?
Answer: No.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and a copy of this Addendum signature page is to be returned with your proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER:

TRISTAR Risk Enterprise Management Inc.

BY:

Rodney Schnadelbach Rodney Schnadelbach

DATE:

6/24/16

CITY OF _____
GAINESVILLE

FINANCIAL SERVICES
PROCEDURES MANUAL

41-424 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the black out period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

Exhibit B

Risk Management Information System: Common Data Elements



Common Data Elements

ACCEPTED_DATE	FROM_DATE	ORG3_CODE
ACTION_TYPE	FULL_DAY_LOST	ORG3_DESC
ADD_DATE	FULL_PAY_ON_LAST_DAY	ORG4_CODE
ADD_USER	FUNDING_DELAYED_DATE	ORG5_CODE
ADDRESS1	FUTURE_ISSUE	ORG6_CODE
ADDRESS2	HIRE_DATE	ORM_INDICATOR
ADJUSTING_LOC_RECEIVED_DATE	HOME_PHONE	ORM_TERMINATION_DATE
AFFECTS_RESERVE	HOSPITALIZED	OSHA_CASE_NUMBER
AMOUNT	ICD9_CODE1	OSHA_DESC
AMOUNT_ALLOWED	ICD9_CODE2	OSHA_LOSS_DAYS
AMOUNT_BILLED	ICD9_CODE3	OSHA_RESTRICTED_DAYS
AMOUNT_RECOMMENDED	ICD9_CODE4	OTH_AVAIL_RESERVES
ASSIGNED_TO_DEFENSE_DATE	ICD9_CODE5	OTH_PAID
AVERAGE_WEEKLY_WAGE	ICD9_CODE6	OTH_RECOVERIES
AWARD_DATE	ICD9_CODE7	OTHER_INCOME
BATCH_ID	ICD9_CODE8	OTHER_WAGE_FREQ
BENEFIT_TYPE_DESC	ICD9_CODE9	OTHER_WORKER_INJURED
BILL_REVIEW_REASON_KEY	ICD9_CODE10	OVERVIEW
BILLED_CODE	INCIDENT_DATE	PAYEE_ADDR1
BIRTH_DATE	INCIDENT_DESC	PAYEE_ADDR2
BODY	INCIDENT_LOCATION_ADD1	PAYEE_CITY
BODY_PART_CODE	INCIDENT_LOCATION_ADDR2	PAYEE_ID
BODY_PART_CODE	INCIDENT_LOCATION_CITY	PAYEE_NAME
BODY_PART_DESC	INCIDENT_LOCATION_DESC	PAYEE_STATE
BODY_PART_GROUP_DESC	INCIDENT_LOCATION_ZIP_CODE	PAYEE_TAX_ID
CAUSE_OF_INJURY	INCIDENT_REPORTED_DATE	PAYEE_ZIP_CODE
CHECK_DATE	INCIDENT_STATE	PAYMENT_DETAIL_FROM_DATE
CHECK_NUMBER	INCIDENT_TYPE_CODE	PAYMENT_DETAIL_ID
CITY	INCIDENT_TYPE_CODE	PAYMENT_DETAIL_THROUGH_DATE
CITY	INCIDENT_TYPE_DESC	PAYMENT_ID
CLAIM_CAUSE_CODE	INCIDENT_TYPE_GROUP_DESC	PAYMENT_METHOD_CODE
CLAIM_CAUSE_CODE	IND_AVAIL_RESERVES	PAYMENT_METHOD_CODE
CLAIM_CAUSE_DESC	IND_PAID	PAYMENT_METHOD_DESC
CLAIM_CAUSE_GROUP_DESC	IND_RECOVERIES	PAYMENT_TRANSACTION_CODE
CLAIM_ID	INDUSTRY_DATE_OF_INCIDENT	PAYMENT_TRANSACTION_DESC
CLAIM_ID	INITIAL_HOSPITAL	PERMANENT_DISABILITY_RATING
CLAIM_NUMBER	INITIAL_PHYSICIAN	PERMANENT_STATIONARY_DATE
CLAIM_NUMBER	INITIAL_PHYSICIAN_PHONE	PHONE
CLAIMANT_ACTIVITY	INITIAL_TREATMENT_DESC	PHYSICAL_RESTRICTIONS
CLAIMANT_ATTORNEY_DATA	INJURED_PARTY_DOB	PLAN_INSURANCE_TYPE
CLAIMANT_DEATH_DATE	INJURED_PARTY_FIRST_NAME	POLICY_EFFECTIVE_DATE
CLAIMANT_ID	INJURED_PARTY_GENDER	POLICY_EXPIRATION_DATE



Common Data Elements

CLAIMANT_NAME	INJURED_PARTY_HICN	POLICY_HOLDER_FIRST_NAME
CLAIMANT_REOPEN_REASON_CODE	INJURED_PARTY_LAST_NAME	POLICY_HOLDER_LAST_NAME
CLAIMANT_REOPEN_REASON_DESC	INJURED_PARTY_MIDDLE_INIT	POLICY_ID
CLAIMANT_STATUS	INJURED_PARTY_SSN	POLICY_NUMBER
CLAIMANT_STATUS_CODE	INJURY_CODE	POLICY_NUMBER
CLAIMANT_STATUS_DESC	INJURY_DATE_BEGIN_TIME	PROCESSED_DATE
CLAIMANT_TYPE_CODE	INJURY_DEPARTMENT_DESC	PRODUCT_ALLEGED_HARM
CLAIMANT_TYPE_DESC	INJURY_DESC	PRODUCT_BRAND_NAME
CLASS_CODE	INJURY_EQUIPMENT	PRODUCT_GENERIC_NAME
CLASS_CODE_DESC	INJURY_ILLNESS_DESC	PRODUCT_LIABILITY_INDICATOR
CLEARED_DATE	INSURANCE_TYPE	PRODUCT_MANUFACTURER
CLOSED_DATE	INSURANCE_TYPE	REASON_CODE1
CMS_DATE_OF_INCIDENT	INSURED_ID	REASON_CODE2
COMPENSATION_TYPE_RATE1	INSURED_ID	REHABILITATION_PROGRAM
COMPENSATION_TYPE_RATE2	INSURED_NAME1	REOPENED_DATE
COMPENSATION_TYPE_RATE3	INSURED_REPORTED_DATE	REPRESENTATION_NOTICE_DATE
COMPENSATION_TYPE_RATE4	INSURER_NUMBER	REPRESENTED
COMPENSATION_TYPE_RATE5	INVOICE_DATE	RESERVE_TRANSACTION_CODE
COMPENSATION_TYPE_RATE6	INVOICE_NUMBER	RESERVE_TRANSACTION_CODE
COMPENSATION_TYPE_RATE7	INVOICE_RECEIVED_DATE	RESERVE_TRANSACTION_DESC
CONTINUOUS_TRAUMA_BEGIN_DATE	JOINT_COVERAGE	RETURN_TO_WORK_PROGRAM
CONTINUOUS_TRAUMA_END_DATE	JURISDICTION_CLAIM_NUMBER	RETURNED_TO_SAME_EMPLOYER
CORRECTION_COMMENT	JURISDICTION_CODE	REVIEWED_CODE
CORRESPOND_ID	JURISDICTION_CODE	REVIEWED_DESC
DATE_GENERATED	JURISDICTION_DESC	RHB_AVAIL_RESERVES
DAYS_LOST	LANGUAGE_CODE	RHB_PAID
DAYS_PER_WEEK	LAST_DAY_WORKED	RHB_RECOVERIES
DBA_NAME	LAST_NAME	RRE_GROUP_NUMBER
DEATH_DATE	LC132A	RRE_ID
DEATH_RESULT_OF_INJURY_DESC	LEG_AVAIL_RESERVES	SELF_INSURED_INDICATOR
DELAYED	LEG_PAID	SELF_INSURED_TYPE
DELAYED_DECISION_DATE	LEG_RECOVERIES	SERIOUS_WILLFUL
DENIED	LEGAL_NAME	SETTLEMENT_AMOUNT
DENIED_DATE	LINE_NUMBER	SETTLEMENT_CODE
DEPENDENT_FIRST_NAME	LITIGATED	SETTLEMENT_DATE
DEPENDENT_LAST_NAME	LITIGATION_ID	SETTLEMENT_DESC
DEPENDENT_RELATION_DESC	LITIGATION_STATUS_DESC	SETTLEMENT_TERMS
DEPENDENT1_ADDRESS1	LITIGATION_TYPE_DESC	SEVERE_REPORTABLE
DEPENDENT1_ADDRESS2	LITIGATION_VENDOR_COMMENT	SEX_CODE
DEPENDENT1_CITY	LITIGATION_VENDOR_NAME	SEX_DESC
DEPENDENT1_FIRST_NAME	LITIGATION_VENDOR_TYPE_DESC	SSN
DEPENDENT1_LAST_NAME	LOG_ID	STATE_CODE



Common Data Elements

DEPENDENT1_PHONE	LOSS_COVERAGE_CODE	STATE_OF_VENUE
DEPENDENT1_RELATIONSHIP	LOSS_COVERAGE_DESC	STILL_OFF_WORK
DEPENDENT1_STATE	MARITAL_STATUS_CODE	SUBROGATED
DEPENDENT1_TIN	MARITAL_STATUS_CODE	SUPERVISOR_FIRST_NAME
DEPENDENT1_ZIP	MARITAL_STATUS_DESC	SUPERVISOR_LAST_NAME
DESCRIPTION_OF_INJURY	MED_AVAIL_RESERVES	TAX_ID
DISCOUNT_AMOUNT	MED_PAID	TERMINATION_DATE
DISPOSITION_CODE	MED_RECOVERIES	THROUGH_DATE
DOCUMENT_NUMBER	MEDICAL_MANAGEMENT	TIN
DWC1_PROVIDED_DATE	MIDDLE_NAME	TOTAL_AVAIL_RESERVES
DWC1_RECEIVED_DATE	NATURE_OF_INJURY_CODE	TOTAL_HOURS_PER_WEEK
EDIT_DATE	NATURE_OF_INJURY_CODE	TOTAL_INCURRED
EDIT_USER	NATURE_OF_INJURY_DESC	TOTAL_PAID
EMERGENCY_ROOM_TREATMENT	NATURE_OF_INJURY_GROUP_DESC	TPOC_AMOUNT1
EMPLOYEE_NUMBER	NO_FAULT_EXHAUST_DATE	TPOC_AMOUNT2
EMPLOYEE_STATUS_CODE	NO_FAULT_INSURANCE_LIMIT	TPOC_DATE1
EMPLOYEE_STATUS_DESC	NOTEPAD_DESC	TPOC_DATE2
EMPLOYMENT_TYPE_CODE	NOTEPAD_ID	UNITS
EMPLOYMENT_TYPE_CODE	NOTEPAD_TYPE_CODE	VENDOR_ADDR1
EMPLOYMENT_TYPE_DESC	NUMBER_OF_DEPENDENTS	VENDOR_ADDR2
ESTIMATED_RETURN_TO_WORK	OCCUPATION_CODE	VENDOR_CITY
EXCESS_REPORTABLE	OCCUPATION_DESC	VENDOR_ID
FAX_PHONE	OCCUPATION_DESC_MANUAL_ENTRY	VENDOR_STATE
FILE_LOCATION_BOX_NUMBER	OFFICE_CODE	VENDOR_TAX_ID
FILE_TRANSFER_LOG_ID	ON_INSURED_PREMISES	VENDOR_ZIP_CODE
FILED_DATE	OPENED_DATE	WAGE
FIRM_NAME1	ORG_GROUP_CODE	WAGE_CONTINUED
FIRST_DAY_LOST	ORG_GROUP_DESC	WAGE_FREQ_DESC
FIRST_NAME	ORG1_CODE	WCAB_CASE_NUMBER
FMLA	ORG1_DESC	WEEKLY_WAGE
FRAUD_CODE	ORG2_CODE	WORK_PHONE
FRAUD_DESC	ORG2_DESC	ZIP_CODE

Exhibit C

Risk Management Information System: Common Report Samples & Client Portal Screen Prints



TRISTARSM

RISK MANAGEMENT

SAMPLE REPORTS



Below is a list of reports that are included, but not limited to, the standard reports provided in our claims system. TRISTAR continues to update and customize reports according to our clients' needs. We would be happy to provide

STANDARD REPORTS LIST

Actuarial:

- CIPRA - CIPRA report with one row per claimant containing totals for each reserve category
- CIPRA Incident - CIPRA report with one row per incident containing totals for each reserve category.
- CIPRA Workers' Compensations - Generate report that can be exported in Workers' Compensation Claims Reporting Format for CIPRA
- Export EIA GL (1) EIA export report for general liability for loss in reserve category 1
- Export EIA GL (2) EIA export report for general liability for loss in reserve categories 1 and 2
- Export EIA WC EIA export report for worker's compensation

Frequency Severity:

- Claims by Body Part - Frequency of claims by body part
- Claims by Body Part Group - Frequency of claims by Body Part Group
- Claims by Cause - Frequency of claims by claim cause
- Claims by Cause Group - Frequency of claims by cause group
- Claims by Claimant Type - Frequency of Claims by Claimant Type Group
- Claims by Day of Week
- Claims by Incident Type - Frequency of claims by incident type.....
- Claims by Incident Type Group - Frequency of claims by incident type group
- Claims by Nature of Injury - Frequency of claims by nature of injury.....
- Claims by Nature of Injury Group - Frequency of claims by nature of injury group.
- Claims by Occupation - Frequency of claims by occupation.
- Claims by Organization1
- Claims by Time of Day.....
- Sharps Report.....

General:

- Claim Contact - Claim Contact Report
- Claim Contact Model
- Claim Contact Paid - Claim Contact Paid Report
- Claim Contact Summary - Summary Report for Contacts associated with Claims.....
- Claim Summary Report – Professional Liability



- Claim Log - Claim log to be used by all lines of insurance. Examples of usage, examiner loading.....
- Claim Log Deductible Claim log deductible report
- Claim Log Summary - Claim summary with financial totals as of a date.....
- Claim Log Workers' Comp Summary - Claim summary financial report for Workers' Compensation.....
- Claim Management Summary - Management summary including reinsurance reporting
- Claim Activity Report
- Claim Status - Claim status for all lines of insurance
- Claim Summary - Claim summary with financials for a time period
- Contact Total.....
- Face Sheet Print
- Fiscal Year Claim Summary - Fiscal Year Summary by Claim.....
- Litigation Summary - Total legal expenses paid for a claimant
- Notepad Print.....
- Payment Print
- Payment Print Alternate
- Payment Total.....
- Payment Void Total - Report on void and reversal payments.....
- Reserve Total
- Safety Activity - Safety activity report
- SIR Limit - List of Large Claims
- Time Tracking Total.....
- User Diary - List of diaries
- Voucher Total.....
- Claims With No Notepads.....
- Claims With No Diaries
- Diary Cycle.....

Incident:

- Claim Attorney Listing - Attorney listing for the claims.....
- Fiscal Year Incident Summary - Fiscal Year Summary by Incident.....
- Incident Litigation Summary - Show the legal paid and attorneys for an incident
- Incident Log Deductible - Deductible due in period for an incident
- Incident Log Summary - Log Summary Report by Incident
- Incident Management Summary - Management Summary by Incident.....
- Incident Status - Status Report by Incident
- Incident Summary - Summary by incident
- Vehicle Incident Log.....



Loss Control:

- Claim Lag Time - Lag Time Report for claims
- Claim Log Loss days
- Loss Triangle Payment Transactions - Ten-year payment Loss Triangle Report
- Loss Triangle Payments
- Loss Triangle Reserve Transactions - Ten year reserve Loss Triangle Report
- Loss Triangle Reserves
- Work Status Time

Payment Processing:

- AP Export Payments Generic
- Monthly Financial Report
- Vendor Analysis Report
- Bank Account Total - Bank Account Balance
- Check Register - Check register for a specified payment run or time period
- Scheduled Payments
- Unprocessed Payments
- Voucher Print - Print of Vouchers for a specified time frame
- Payment Total Bill Rev

Reference Tables:

- Body Part Listing - Body part listing report for reference.
- Business Rule Listing
- Claim Cause Listing - Claim cause listing report for reference.
- Correspond Master Listing - Correspond listing report for reference.
- Correspond SQL Listing - List of Correspond SQL for data retrieval
- Incident Type Listing - Incident type listing report for reference.
- Interface Definition Listing - Interface definition listing
- Nature of Injury Listing - Nature of Injury listing report for reference
- Organization Listing - Organization structure listing report for reference.
- Organization Listing: Level 1 & 2 - Report of Organization Level 1 items with associated level 2 items.
- Organization Listing: Level 2 & 3 - Report of Organization Level 2 items with associated level 3 items.
- Organization Listing: Level 3 & 4 - Report of Organization Level 3 items with associated level 4 items.
- Participation Listing
- Payment Transaction Listing - Payment transaction listing report for reference.
- Report Field Listing - Listing of all the fields used in the selection criteria of reports



- Report Maintenance - Report showing all the report groups, various reports included under each and selection criteria.
- Reserve Transaction Listing - Reserve transaction listing report for reference.
- State Office Listing - State Office listing report for reference.

Special Investigation Unit:

- SIU Report

State & Federal Regulatory:

- State Employer’s First Report of Injury.....
- FROI Required Fields 1
- FROI Required Fields 2
- OSHA Forms
- SIP List of Open Indemnity Claims Public - SIP List of Open Indemnity Claims. This report is by fiscal year 7/1/xxxx - 6/30/xxxx.....
- SIP List Open Indemnity Claims Private - SIP List of Open Indemnity. This report is by calendar year.
- SIP Summary Report Private - SIP Summary Report. This report is by calendar year.....
- SIP Summary Report Public - SIP Summary Report. This report is for fiscal year 7/1/xxxx - 6/30/xxxx.

Miscellaneous

- PDRP
- ISO Claim Search



Claim Log Summary -

01/01/2016 - 01/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

Claim Number	Claimant Name	Injury	Status	Paid		Incurred		Recovery			
				This Period	This Period	This Period	This Period	Paid	Outstanding	Incurred	Recovery
15604453	Abbott, Glenn	1/28/2015	Open	0	0	0	0	0	12,300.00	12,300.00	0
15605378	Bando, Sal	1/30/2014	Open	0	0	0	0	0	19,070.00	19,070.00	0
15605308	Barba, Raphael	7/5/2015	Open	0	0	0	0	0	19,500.00	19,500.00	0
15605291	Baxter, Josephine	8/23/2014	Open	0	0	0	0	0	35,500.00	35,500.00	0
15605307	Beasley, Pam	5/12/2015	Open	0	0	0	0	0	37,500.00	37,500.00	0
15605258	Benson, Olivia	12/24/2014	Open	0	0	0	0	0	48,500.00	48,500.00	0
15605154	Black, John	10/22/2015	Open	0	0	0	0	0	3,300.00	3,300.00	0
15605141	Blakely, Charlene	11/5/2013	Open	0	0	0	0	0	8,300.00	8,300.00	0
15605152	Bogano, Logano	4/15/2014	Open	0	0	0	2,042.43	30,273.57	32,316.00	0	
15605383	Bourque, Pat	2/1/2014	Open	0	0	0	0	12,170.00	12,170.00	0	
15604790	Boyd, Jefferson	1/1/2015	Open	0	0	0	0	700	700	0	
15605211	Brady, Bo	9/17/2015	Open	0	0	0	0	5,500.00	5,500.00	0	
15605218	Brady, Hope	3/20/2015	Open	0	0	0	3,337.55	22,109.45	25,447.00	0	
15605403	Campaneris, Bert	1/27/2015	Open	0	0	0	0	16,700.00	16,700.00	0	
15605143	Connor, Macauley	5/20/2013	Open	0	0	0	0	8,300.00	8,300.00	0	
15605409	Donaldson, John	2/3/2015	Open	0	0	0	0	900	900	0	
15605281	Dunphy, Phil	8/5/2014	Open	0	0	0	0	48,500.00	48,500.00	0	
15605200	Evans, Marlana	2/25/2015	Closed	0	0	0	0	0	0	0	
15605197	Fosse, Ray	1/31/2013	Open	0	0	0	0	15,800.00	15,800.00	0	
15605311	Garcia, Penelope	9/15/2015	Open	0	0	0	0	4,000.00	4,000.00	0	
15605419	Gamer, Phil	2/2/2015	Open	0	0	0	0	22,900.00	22,900.00	0	
15605428	Green, Richard	1/26/2015	Open	0	0	0	0	900	900	0	
15604684	Hamilton, Dave	1/29/2015	Open	0	0	0	0	13,000.00	13,000.00	0	
15605202	Haney, Larry	1/29/2014	Open	0	0	0	0	15,750.00	15,750.00	0	
15605144	Haven, C. K. Dexter	7/4/2013	Open	0	0	0	0	8,300.00	8,300.00	0	
15605240	Hernandez, Rafe	4/17/2015	Open	0	0	0	212.66	3,087.34	3,300.00	0	
15605474	Holt, Jim	2/3/2015	Open	0	0	0	0	900	900	0	
15604686	Holtzman, Ken	1/30/2015	Open	0	0	0	0	15,200.00	15,200.00	0	
15604966	Hooten, Leon	1/28/2013	Open	0	0	0	0	21,500.00	21,500.00	0	
15605279	Horton, Lucas	4/17/2015	Open	0	0	0	0	3,300.00	3,300.00	0	
15606003	Ibi, Al	1/12/2013	Open	0	0	0	0	700	700	0	
15605310	Jaraeu, Jennifer	7/9/2015	Open	0	0	0	0	25,036.00	25,036.00	0	
15605972	Jones, Donald	1/1/2015	Open	0	0	0	0	1,100.00	1,100.00	0	



Claim Summary - WC

PERIOD : 01/01/2016 - 01/31/2016

160229G
Sample Report

Insurer: Demonstration Client

Claim Number	Claimant Name	Injury Date	Received	Lit / Den		Paid	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner			this Period				
15605291	Baxter, Josephine	8/23/2014	08/24/2014	N N	Indemnity	0.00	0.00	8,000.00	8,000.00	0.00
TD	Open		Examiner, Dem		Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	25,000.00	25,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	2,500.00	2,500.00	0.00
					Total	0.00	0.00	35,500.00	35,500.00	0.00
Injury Age: 45 Service Yrs: 5 Hired: 01/23/2011 Employee #: Occupation: Unassigned Injury Illness: Right shoulder injury Incident Desc: injured right shoulder										
15605307	Beasley, Pam	5/12/2015	05/13/2015	N N	Indemnity	0.00	0.00	10,000.00	10,000.00	0.00
TD	Open		Examiner, Dem		Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	25,000.00	25,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	2,500.00	2,500.00	0.00
					Total	0.00	0.00	37,500.00	37,500.00	0.00
Injury Age: 32 Service Yrs: 10 Hired: 11/20/2005 Employee #: Occupation: Unassigned Injury Illness: left knee Incident Desc: injured left knee										
15605258	Benson, Olivia	12/24/2014	01/02/2015	N N	Indemnity	0.00	0.00	10,000.00	10,000.00	0.00
TD	Open		Examiner, Dem		Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	35,000.00	35,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	3,500.00	3,500.00	0.00
					Total	0.00	0.00	48,500.00	48,500.00	0.00
Injury Age: 46 Service Yrs: 31 Hired: 08/20/1984 Employee #: Occupation: Unassigned Injury Illness: Right shoulder Incident Desc: Injury to the right shoulder										
15605154	Black, John	10/22/2015	10/29/2015	N N	Indemnity	0.00	0.00	0.00	0.00	0.00
Medical Only	Open		Examiner, Dem		Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	3,000.00	3,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	300.00	300.00	0.00
					Total	0.00	0.00	3,300.00	3,300.00	0.00
Injury Age: 39 Service Yrs: 15 Hired: 12/26/2000 Employee #: Occupation: Unassigned Injury Illness: Left Shoulder and Neck Strains Incident Desc: EE was moving racks of chickens and felt a pull in his left shoulder										



Fiscal Year Summary
 Workers Comp (Medical Only /
 01/01/2016 - 01/31/2016

160229G
 Sample Report

Insurer: Demonstration Client
 Insured: Demonstration Client

Insurer: Demonstration Client
Insured: Demonstration Client

Fiscal Year	Claim Type	Open	Closed	Total Claims	Paid	Incurred	Recovery	Paid	Outstanding	Incurred	Recovery	Net Incurred
					this Period	this Period	this Period					
2013	Indem	10	0	10	0	0	0	0	127,200.00	127,200.00	0	127,200.00
	MO	2	0	2	0	0	0	0	1,600.00	1,600.00	0	1,600.00
		12	0	12	0	0	0	0	128,800.00	128,800.00	0	128,800.00
2014	Indem	14	1	15	0	0	0	87,042.43	406,738.57	493,781.00	0	493,781.00
	MO	1	0	1	0	0	0	0	3,300.00	3,300.00	0	3,300.00
		15	1	16	0	0	0	87,042.43	410,038.57	497,081.00	0	497,081.00
2015	Indem	24	0	24	0	0	0	3,337.55	530,640.45	533,978.00	0	533,978.00
	MO	15	1	16	0	0	0	212.66	31,537.34	31,750.00	0	31,750.00
		39	1	40	0	0	0	3,550.21	562,177.79	565,728.00	0	565,728.00

Demonstration Client Insured Total:

Indem Total:	48	1	49	0	0	0	90,379.98	1,064,579.02	1,154,959.00	0	1,154,959.00
MO Total:	18	1	19	0	0	0	212.66	36,437.34	36,650.00	0	36,650.00
Insured Total:	66	2	68	0	0	0	90,592.64	1,101,016.36	1,191,609.00	0	1,191,609.00

Demonstration Client Insurer Total:

Indem Total:	48	1	49	0	0	0	90,379.98	1,064,579.02	1,154,959.00	0	1,154,959.00
MO Total:	18	1	19	0	0	0	212.66	36,437.34	36,650.00	0	36,650.00
Insurer Total:					0	0	90,592.64	1,101,016.36	1,191,609.00	0	1,191,609.00

Grand Total:	66	2	68	0	0	0	90,592.64	1,101,016.36	1,191,609.00	0	1,191,609.00
---------------------	----	---	----	---	---	---	-----------	--------------	--------------	---	--------------

Report Description

This is a Workers Compensation only report. The report provides Fiscal Year totals for Medical Only, Record Only and Indemnity claimants where Indemnity is a grouping of all

Report Fields

- Paid this Period: total paid between the dates listed in the report heading
- Incurred this Period: total incurred between the dates listed in the report heading
- Recovery this Period: total recovery between the dates listed in the report heading
- Paid: total paid inception to ending date listed in the report heading
- Outstanding: total outstanding reserves report remaining
- Incurred: total incurred inception to ending date listed in the report heading
- Recovery: total recovery inception to ending date listed in the report heading
- Net Incurred: total net incurred after applying total recovery inception to ending date listed in the report heading



Payment Total

Insurer: Demonstration Client

Processed	Check Date	Chk/ Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount	
	11/6/2015	11/6/2015	70623962	15605152	Boqano, Logano	4/15/2014	TEMPORARY DISABILITY	Logano Boqano	10/12/2015 11/09/2015	Voucher	2,042.43
	11/17/2015	11/17/2015	70626615	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	04/18/2015 05/15/2015	Voucher	1,532.00
	11/17/2015	11/17/2015	70626616	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	05/16/2015 05/20/2015	Voucher	273.55
	11/17/2015	11/17/2015	70626606	15605174	Von Autobahn, Ion	11/6/2014	COMPROMISE & RELEASE	Ion Von Autobahn	11/06/2015 11/06/2015	Voucher	74,054.90
	11/17/2015	11/17/2015	70626605	15605174	Von Autobahn, Ion	11/6/2014	LEGAL FEES (APPLICANT)	Semmes Bowen & Semmes		Voucher	10,945.10
	11/17/2015	11/17/2015	70626614	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	03/21/2015 04/17/2015	Voucher	1,532.00
	11/17/2015	11/17/2015	70626617	15605240	Hernandez, Rafe	4/17/2015	PHYSICAL THERAPY	PHYSICAL THERAPY & REHAB	06/02/2015 06/02/2015	Voucher	212.66
Demonstration		90,592.64									
Grand Total: 7		90,592.64									

Report Parameters	
Insurer	DEMO
Insured	ALL
Insurance Type	2
Claim Status	
Claimant Type	

Additional Report Parameters	
Additional Parameter	1=1



Claims by Body Part

As of 03/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

<u>Body Part Desc</u>	<u>Frequency</u>	<u>% of Claims</u>	<u>Total Incurred</u>	<u>% of Incurred</u>	<u>Average Incurred</u>
ANKLE, LEFT	2	3%	13,958	1%	6,979
ANKLE, RIGHT	1	1%	16,700	1%	16,700
BACK AREA LOWER: LUMBAR/SACRAL	15	21%	236,425	20%	15,762
BACK: NOC	1	1%	700	0%	700
BRAIN	1	1%	25,036	2%	25,036
BUTTOCKS	1	1%	32,316	3%	32,316
CERVICAL DISC	3	4%	2,901	0%	967
ELBOW, RIGHT	3	4%	78,960	7%	26,320
FINGER(S)	4	6%	27,047	2%	6,762
FOOT, RIGHT	2	3%	25,250	2%	12,625
FOREHEAD	1	1%	4,950	0%	4,950
HAND, LEFT	1	1%	21,500	2%	21,500
HAND, RIGHT	1	1%	26,750	2%	26,750
HIP, LEFT	2	3%	6,000	0%	3,000
HIP, RIGHT	2	3%	42,770	4%	21,385
KNEE, LEFT	3	4%	72,800	6%	24,267
KNEE, RIGHT	4	6%	59,575	5%	14,894
LOWER LEG, LEFT	1	1%	15,750	1%	15,750
MOUTH	1	1%	4,000	0%	4,000
MULTIPLE BODY PARTS	1	1%	3,300	0%	3,300
MUSCULAR SYSTEM	1	1%	13,000	1%	13,000
NECK SOFT TISSUE	1	1%	900	0%	900
SHOULDER, LEFT	1	1%	700	0%	700
SHOULDER, RIGHT	12	17%	429,580	36%	35,798
TOE(S)	2	3%	1,800	0%	900
WRIST & HAND, LEFT	1	1%	16,400	1%	16,400
WRIST, LEFT	3	4%	9,900	1%	3,300
WRIST, RIGHT	1	1%	15,200	1%	15,200



Claims by Body Part

As of 03/31/2016

Demonstration Client Insured Total:	72	1,204,168	16,725
Demonstration Client Insurer Total:	72	1,204,168	16,725
Grand Total:	72	1,204,168	16,725



Claims by Claim Cause

As of 03/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

<u>Claim Cause Desc</u>	<u>Frequency</u>	<u>% of Claims</u>	<u>Total Incurred</u>	<u>% of Incurred</u>	<u>Average Incurred</u>
BODY MOTION	2	3%	44,400	4%	22,200
CARRYING	1	1%	8,300	1%	8,300
CAUGHT IN MACHINE/MACHINERY	2	3%	26,347	2%	13,174
CAUGHT IN/BET OBJECT HANDLED	1	1%	700	0%	700
CLIMBING	1	1%	1,108	0%	1,108
CUMULATIVE (ALL OTHER)	1	1%	0	0%	0
DERM/SKIN	1	1%	32,316	3%	32,316
FALL DIFFERENT LEVEL	1	1%	5,300	0%	5,300
FALL ON SAME LEVEL	5	7%	34,271	3%	6,854
FALL OR TRIP OVER STATIONARY OBJECT	1	1%	700	0%	700
FALL/SLIP	2	3%	28,200	2%	14,100
FALL/SLIP LIQUID/GREASE SPILLS	2	3%	5,650	0%	2,825
FALL/SLIP ON STAIRS/STEPS	1	1%	15,750	1%	15,750
HIT STATIONARY OBJECT	2	3%	1,800	0%	900
JACKHAMMERING	1	1%	900	0%	900
JUMPING	4	6%	48,270	4%	12,068
LIFTED OR HANDLED OBJECT	14	19%	179,850	15%	12,846
LIFTING	1	1%	8,300	1%	8,300
MISCELLANEOUS STRAIN INJURY	1	1%	28,970	2%	28,970
OTHER	1	1%	107,275	9%	107,275
PATIENT ASSIST	1	1%	0	0%	0
PUSHING/PULLING	2	3%	18,840	2%	9,420
SHARP OBJECT/EXPOSURE	1	1%	800	0%	800
SPORTS ACTIVITY	3	4%	56,200	5%	18,733
STRAIN BY WIELDING OR THROWING	1	1%	48,500	4%	48,500
STRAIN OR INJURY BY CARRYING	1	1%	3,300	0%	3,300
STRIKE FALLING/FLYING OBJECT	10	14%	284,471	24%	28,447
STRUCK OBJECT HANDLED BY OTHER	1	1%	12,850	1%	12,850
STRUCK OR INJURED BY MISC	1	1%	26,750	2%	26,750
STRUCK/INJURED BY MOTOR VEHICL	1	1%	48,500	4%	48,500
SUSPECT	1	1%	48,500	4%	48,500



Claims by Claim Cause

As of 03/31/2016

<u>Claim Cause Desc</u>	<u>Frequency</u>	<u>% of Claims</u>	<u>Total Incurred</u>	<u>% of Incurred</u>	<u>Average Incurred</u>
TRIP	1	1%	24,450	2%	24,450
VEHICLE-RAN OFF RDWY	1	1%	35,500	3%	35,500
WALKING	1	1%	700	0%	700
WEIGHT LIFTING	1	1%	16,400	1%	16,400
<hr/>					
Demonstration Client Insured Total:	72		1,204,168		16,725
Demonstration Client Insurer Total:	72		1,204,168		16,725
Grand Total:	72		1,204,168		16,725



Claims by Incident Type

As of 03/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

<u>Incident Type Desc</u>	<u>Frequency</u>	<u>% of Claims</u>	<u>Total Incurred</u>	<u>% of Incurred</u>	<u>Average Incurred</u>
BODILY MOTION	1	4%	19,500	9%	19,500
CARRYING OBJECT	3	12%	2,901	1%	967
CART	2	8%	18,435	8%	9,218
EQUIPMENT	7	28%	73,586	33%	10,512
FALLEN PRODUCT	1	4%	37,500	17%	37,500
FLYING OBJECT	1	4%	4,000	2%	4,000
FOOD	1	4%	3,300	1%	3,300
HEAVY OBJECT	1	4%	880	0%	880
JOB DEMANDS	1	4%	8,950	4%	8,950
LIFTING OBJECT	2	8%	23,800	11%	11,900
PUSH/PULL OBJECT	1	4%	17,960	8%	17,960
WALK/RUN	4	16%	12,158	5%	3,040
<hr/>					
Demonstration Client Insured Total:	25		222,970		8,919
Demonstration Client Insurer Total:	25		222,970		8,919
Grand Total:	25		222,970		8,919



Claim Log Summary - Body Part and Cause

As of 03/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

<u>Claim Number</u>	<u>Injury</u>	<u>Status</u>	<u>Organization 1</u>	<u>Body Part</u>	<u>Claim Cause</u>	<u>Paid</u>	<u>Incurred</u>
15605154	10/22/2015	Open		MULTIPLE BODY PARTS	LIFTED OR HANDLED OBJECT	0.00	3,300.00
16614888	01/25/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	900.00
16614915	01/21/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	2,001.00
16614932	02/04/2016	Open		ANKLE, LEFT	CLIMBING	0.00	1,108.00
16614888	02/02/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	0.00
15604850	10/14/2015	Open		ANKLE, LEFT	STRUCK OBJECT HANDLED BY OTHER	0.00	12,850.00
Examiner, Demonstration Total: 6						0.00	20,159.00
Demo Client Total: 6						0.00	20,159.00
Demonstration Client Insured Total: 6						0.00	20,159.00
Demonstration Client Insurer Total: 6						0.00	20,159.00
Grand Total: 6						0.00	20,159.00



Claim Log Summary - Loss Days

160229G
Sample Report

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Claim Number	Claimant Name	Injury	Status	Received	Hire Date	Occupation	Body Part	Paid	Incurred	Lost Days/ TTD
15605154	Black, John	10/22/2015	Open	10/29/2015	12/26/2000	Unassigned	MULTIPLE BODY PARTS	0.00	3,300.00	0
EE was moving racks of chickens and felt a pull in his left shoulder										
16614886	Burgess, John	01/25/2016	Open			Unassigned	CERVICAL DISC	0.00	900.00	0
16614915	Jones, April	01/21/2016	Open				CERVICAL DISC	0.00	2,001.00	0
16614932	Tober, Tim	02/04/2016	Open				ANKLE, LEFT	0.00	1,108.00	0
16614888	Walker, Jimmie	02/02/2016	Open				CERVICAL DISC	0.00	0.00	0
15604850	Who, Tippy Lou	10/14/2015	Open	10/19/2015	06/22/2012	Unassigned	ANKLE, LEFT	0.00	12,850.00	0
EE was struck in the left leg/ankle by a handcart operated by co-worker										
None Total: 6								0.00	20,159.00	0
Demonstration Client Insured Total: 6								0.00	20,159.00	0
Demonstration Client Insurer Total: 6								0.00	20,159.00	0
Grand Total: 6								0.00	20,159.00	0



Notepad Print

Claimant Name: Who, Tippy Lou **Claim Number:** 15604850 **Insured Name:** Demonstration Client
Add Date: 11/04/2015 **Add User:** Herbert, Elizabeth
Insurance Type: Workers Compensation **Claimant Type:** TD **Claim Status:** Open
Incident Desc.: EE was struck in the left leg/ankle by a handcart operated by co-worker

	Paid	Outstanding	Recovery	Net Incurred
Indemnity	\$0.00	\$3,500.00	\$0.00	\$3,500.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$8,500.00	\$0.00	\$8,500.00
Legal	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$850.00	\$0.00	\$850.00
Total	\$0.00	\$12,850.00	\$0.00	\$12,850.00

Overview SAME DAY CONTACTS
Notepad Desc Investigation
Add Date 11/04/2015
Notepad Body SAME DAY CONTACTS Claim transferred 10/28/15 & I was out that date. Contacts initiated 10/27/15 EE was struck in the left leg/ankle by a handcart operated by co-worker. EMPLOYER CONTACT: 10/27/15 Called Sharon 410 555 8200 ext 5903 & recd v/mail. Msg left req c.b. to discuss details further & it appears I need wages. Local # provided for c.b. 10/28/15 Sharon 410 555 8200 ext 5903 & recd v/mail again @ 8:20AM Msg left req c.b. EE CONTACT: 10/27/15 Called clmnt 443 5558562 & recd v/mail. Msg left req c.b. to confirm info & explain benes. Local # provided for c.b. 10/28/15 Called clmnt 443 5558562 @ 8:25AM & recd v/mail again. 2d msg left req c.b. PROVIDER CONTACT: 10/27/15 Called CMC Corp Billing 443 555 8664 to s/w Brenda. I recd her v/mail. Msg left req c.b. to make sure they have the correct WC billing/claims info. 10/28/15 called Brenda @ CMC Billing 443 555 8664 & recd vmail @ 8:45AM Another msg left req c.b. w/local # provided.

Overview Note from Laura, TCM (forwarded by prior adj)
Notepad Desc Nurse
Add Date 11/04/2015
Notepad Body From: Laura Funky Sent: Tuesday, October 27, 2015 12:55 PM To: Demo Examiner Cc: jrivera@democlient.net Subject: [SPAM] Claimant Name: Tippy Lou Who Claim Number # 15604850 Importance: Low Claimant Name: Rippy Lou Who Claim Number # 15604850 Date of Injury: 10/14/15 DX or body parts involved: Injury to left ankle WS: Joanne at Dr. Walrus office-EE OOW until 12/4/15 when she has follow up. Accommodated by: to be confirmed LOV: 10/23/15 with Dr. Walrus/Ortho NOV: 12/4/15 Dear Demo Examiner: Please accept this email as an update to the above reference claim. EE states that she was seen by Dr. Matthew Penguin at Franklin Suburban Hospital on 10/23/15. He gave her a boot to wear which she states gives her better support. Her pain today is 6/10. She describes it as a throbbing pain and she is still taking Aleve. This doctor wants her to follow up in 6 weeks. She has appointment on 12/4/15. She states PT told her they cannot do anything with her because she wears the boot. Per Roxanne at Clinic PT, they cannot continue with PT until they receive a script from the new doctor. CM has contacted Dr. Walrus' office regarding PT and is awaiting a call back. POA: CM will continue to follow up with EE, ER and PR to ensure treatment is geared towards causally related issues and MMI. CM will update all parties upon receipt of any information.

Overview ER and PROVIDER CONTACT

Run Date: 04/05/2016 10:04:00

TRISTAR - Confidential

Page 1 of 5

This report may contain confidential information and is intended only for the intended recipient. You are hereby notified that disclosing, copying, distributing or taking any action in reliance on the contents of this report is strictly prohibited.



Period Financial Activity and Outstanding Reserves

160229G
Sample Report

03/01/2016 - 03/31/2016

Insurer: **Demonstration Client**

<u>Claim Number</u>	<u>Claimant Name</u>	<u>Injury</u>	<u>Status</u>	<u>Paid This Period</u>	<u>Incurred This Period</u>	<u>Recovery This Period</u>	<u>Outstanding</u>	<u>Outstanding Reserve Change This Period</u>
15605154	Black, John	10/22/2015	Open	0.00	0.00	0.00	3,300.00	0.00
15604850	Who, Tippy Lou	10/14/2015	Open	0.00	0.00	0.00	12,850.00	0.00

Demonstration Client Insurer Total: 2 0.00 0.00 0.00 16,150.00 0.00

Grand Total: 2 0.00 0.00 0.00 16,150.00 0.00

Run Date: 04/05/2016
Run Time: 10:04:08

Policy Year Summary (MO / Ind) Group
Workers Comp (Medical Only / Indemnity Group)
03/01/2016 - 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Policy Year	Claim Type	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
1990/2030	Indem	1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
	MO	1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
		2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
Demonstration Client Insured Total:												
	Indem Total:	1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
	MO Total:	1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
	Insured Total:	2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
Demonstration Client Insurer Total:												
	Indem Total:	1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
	MO Total:	1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
	Insurer Total:					0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
	Grand Total:	2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00



Policy Year Summary by Incident Date

03/01/2016 - 03/31/2016

Insurer: Demonstration Client
 Insured: Demonstration Client

Policy Year	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
1990/2030	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Insured:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Insurer:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Grand:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00



Reserve Total

Insurer: Demonstration Client

Insured: Demonstration Client

Processed Date	Claim Number	Claimant Name	Injury	Transaction Type	Reason	Examiner	Amount
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Medical	Initial reserve for clinic treatment, Rxs	DEMOEXAM	800.00
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	80.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Initial reserve for hosp trtmnt, dx studies, ER Phys charges,	DEMOEXAM	3,800.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	450.00
10/30/2015	15604465	Smarty, Tahoe	07/03/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604841	Von Coopie, Zoopie	07/08/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604844	Pants, Einie	09/28/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Indemnity	12 wks LT @ \$291.00 per week	DEMOEXAM	3,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Medical	Initial reserve for hosp trtmnt & all charges assoc w/same, ortho f/u, anticipated P.T. & Rxs	DEMOEXAM	8,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Other	medical bill review charges & indexing	DEMOEXAM	850.00
11/06/2015	15605154	Black, John	10/22/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605154	Black, John	10/22/2015	Medical	Clinic trtmnt & Rxs	DEMOEXAM	2,300.00
11/06/2015	15605154	Black, John	10/22/2015	Other	Medical bill review charges	DEMOEXAM	300.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Medical	clinci trtmnt, MRIs, ortho f/u	DEMOEXAM	4,300.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Other	medical bill review charges	DEMOEXAM	500.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Medical	clinic trtmnt, MRI, P.T.	DEMOEXAM	2,300.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Other	bill review charges	DEMOEXAM	300.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Medical	Hosp trtmnt, ER Phys charges, radiology charges, MRI, clinic f/u	DEMOEXAM	2,300.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Other	medical bill review charges	DEMOEXAM	300.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Indemnity	TTD	DEMOEXAM	9,000.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Medical	Meds	DEMOEXAM	15,000.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Other	Expense	DEMOEXAM	1,500.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Indemnity	TTD	DEMOEXAM	10,000.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Medical	Meds	DEMOEXAM	25,000.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Other	Expense	DEMOEXAM	2,500.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Indemnity	TTD	DEMOEXAM	5,000.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Medical	Meds	DEMOEXAM	12,500.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Other	Exp	DEMOEXAM	2,000.00
11/06/2015	15605309	Reid, Spencer	08/08/2015	Indemnity	TTD	DEMOEXAM	3,785.00
11/06/2015	15605309	Reid, Spencer	08/08/2015	Medical	Meds	DEMOEXAM	11,700.00
11/06/2015	15605309	Reid, Spencer	08/08/2015	Other	Expense	DEMOEXAM	2,250.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Indemnity	TTD	DEMOEXAM	9,452.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Medical	Meds	DEMOEXAM	13,584.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Other	Expense	DEMOEXAM	2,000.00

Run Date: 04/05/2016 10:04:06

TRISTAR - Confidential

Page 1 of 3

This report may contain confidential information and is intended only for the intended recipient. You are hereby notified that disclosing, copying, distributing or taking any action in reliance on the contents of this report is strictly prohibited.



Client Portal Print Screen Samples including:

- Dashboard**
- Claim App**
- Reports**

transforming risk into opportunity



What is Client Portal?

The Client Portal is TRISTAR's client Risk Management Information System ("RMIS") that provides our clients with access to information about the claims that we manage for you. It has three main features:

- ▶ The **Dashboard** contains interactive graphs to allow clients to quickly analyze their data
- ▶ Use our **Claim App** to view individual claims. This inquiry feature contains detail information about the claim including financials, claims notes and imaged file documents.
- ▶ The reports icon contains easy to run template with our **Fixed Reports** and the ability create ad-hoc reports from scratch using the **Dynamic Reports** feature

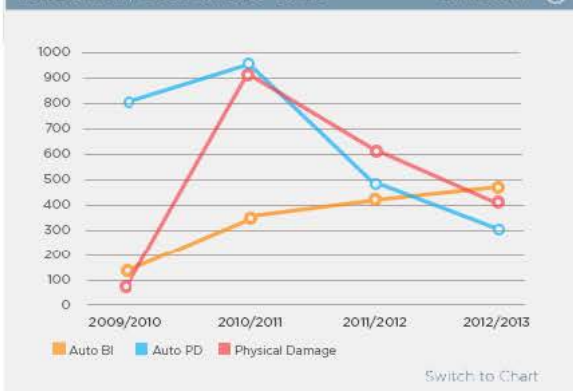
Client: Demo Client

Service Type: Workers' Compensation

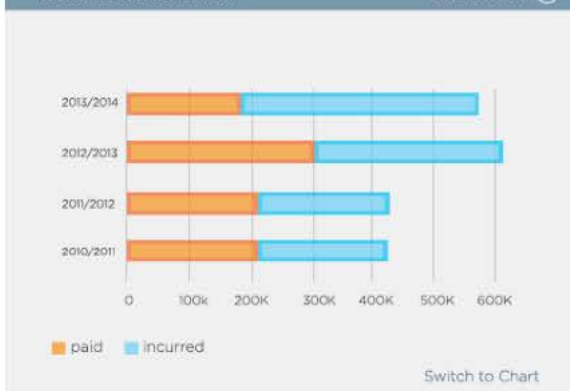
FINANCIALS CLAIMS LOSS CONTROL

Edit Dashboard More

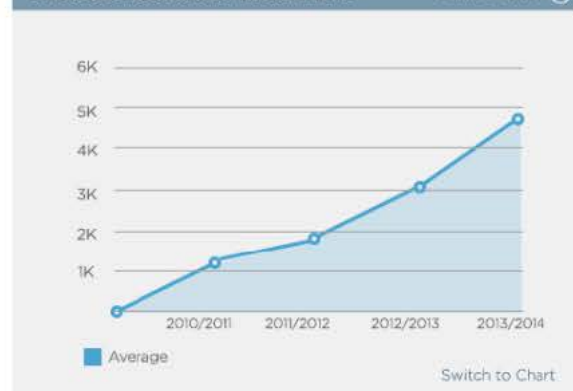
FREQUENCY / COST CHARTS - AUTO Drill Down



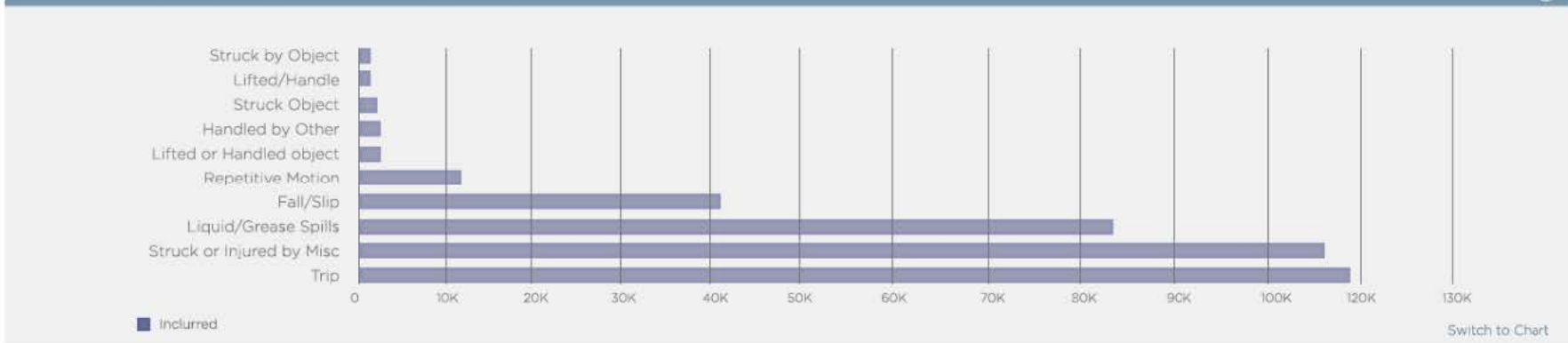
FISCAL YEAR SUMMARY Drill Down



AVERAGE INCURRED BY FISCAL YEAR Drill Down



CURRENT FISCAL YEAR INCURRED BY CLAIM CAUSE DESCRIPTION Drill Down



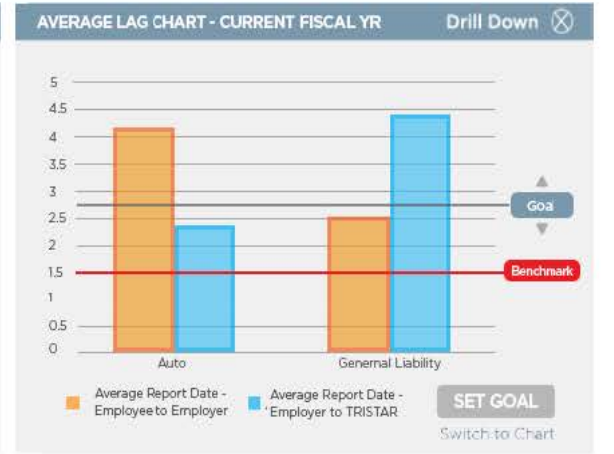
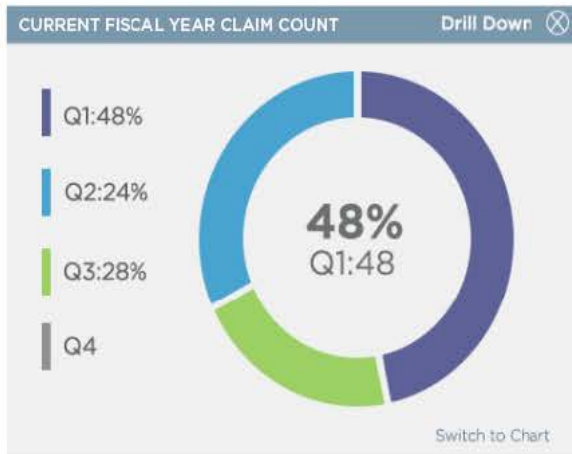
Financials – Analyze Trends – Access Specific Claim or Payment

Client Demo Client

Service Type Workers' Compensation

FINANCIALS CLAIMS LOSS CONTROL

Edit Dashboard More



TOP FIVE INJURIES' TREND

Drill Down

INJURY TYPE	COST	INCIDENT COUNT	TREND
Fall / Slip	\$5,392	5440	+ 45%
Bodily Motion	\$6,173	6120	+120%
Struck	\$3,179	3750	+300%
Lifting	\$4,256	4100	+250%
Trip	\$1,114	1007	-50%

1D 1W 1M 3M 6M 1Y 2Y

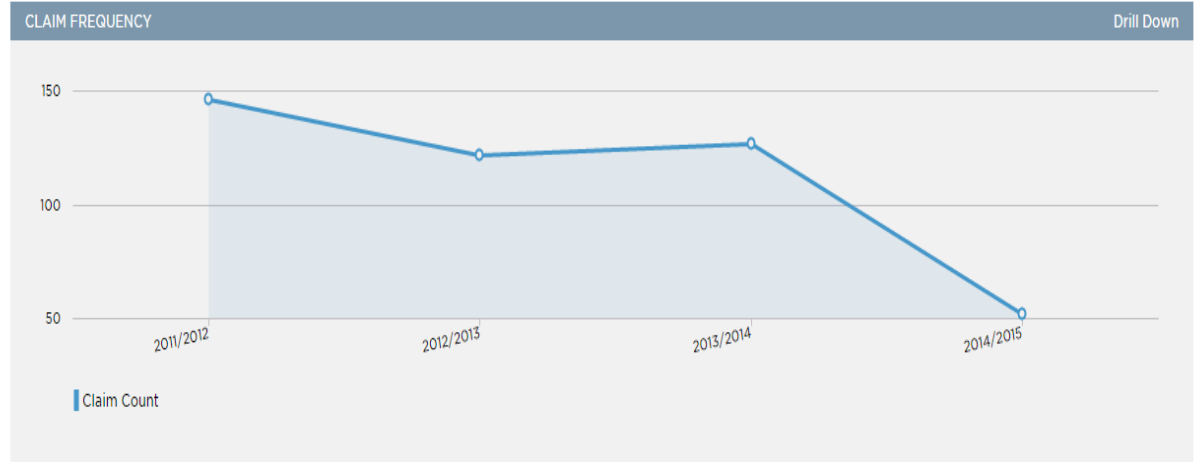
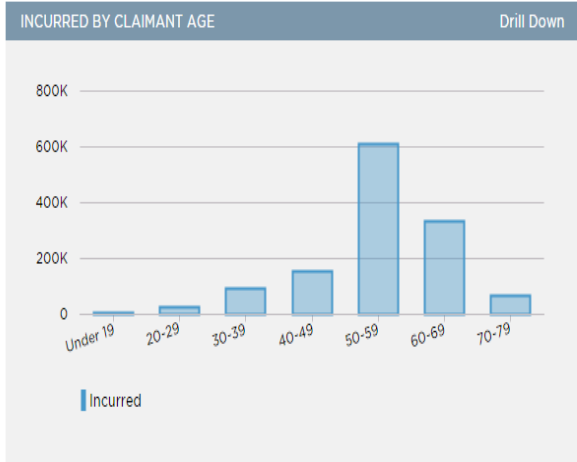
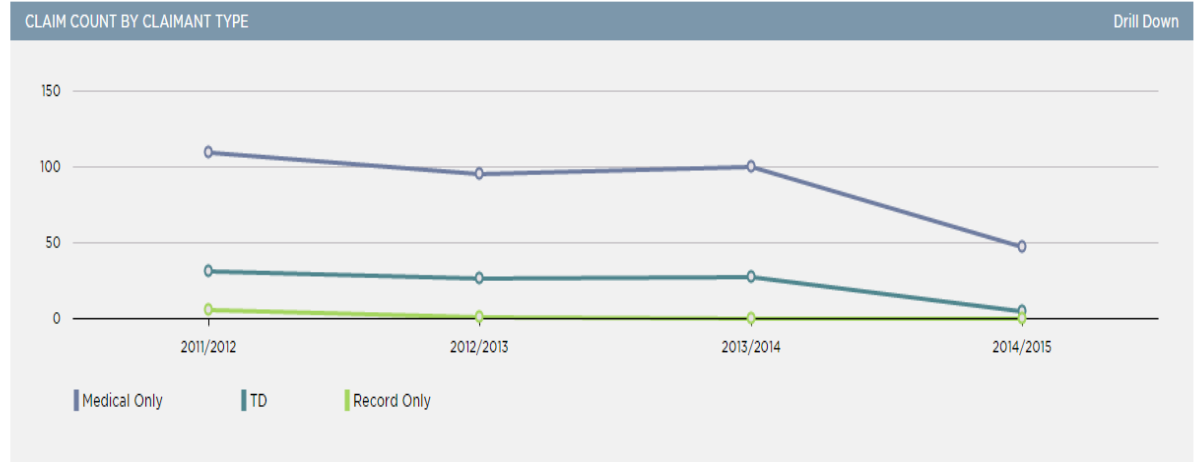
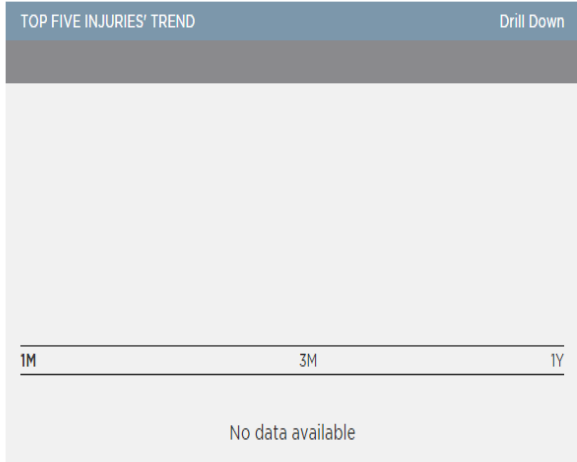
CLAIM ACTIVITY – TRIAL OR HEARING SCHEDULE

Client: **Demonstration Client**

Service Type: **Worker's Compensation**

FINANCIAL CLAIM **LOSS CONTROL**

More ▾



LOSS CONTROL – INJURY TRENDS AND FREQUENCY

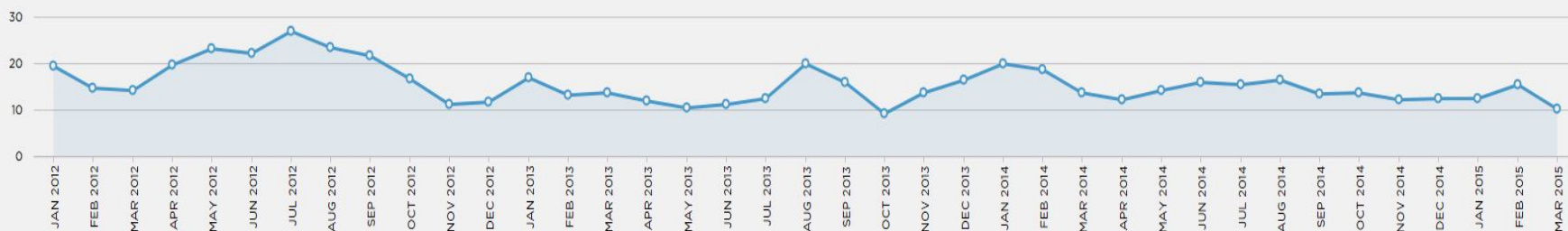
Client DEMO INSURED WC

Service Type Bill Review

MY CHARTS - SAVINGS MY CHARTS - BILLS

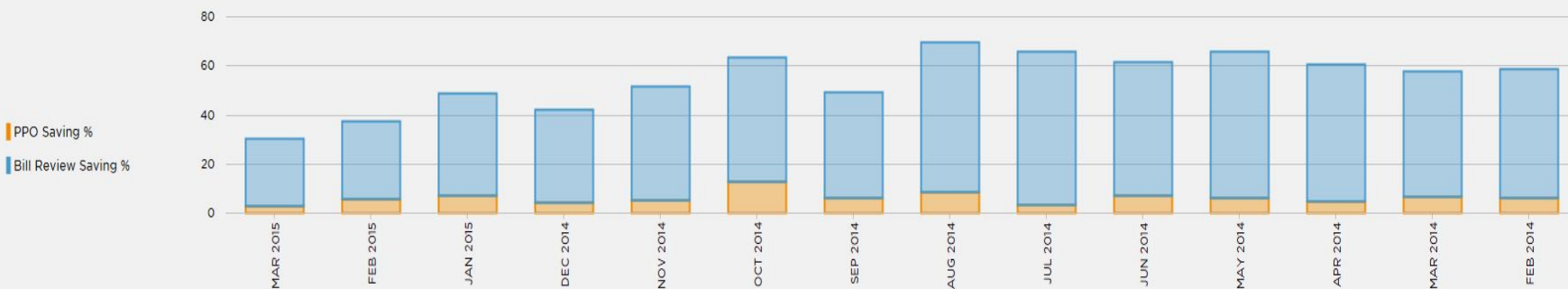
More

AVERAGE TURNAROUND TIME CHART Drill Down



Average Turnaround Time

AVERAGE BILL SAVING CHART Drill Down



BILL REVIEW – AVERAGE TURNAROUND - SAVINGS



The Claim App icon provides up the minute detail on individual claims.

- ▶ Search for claims by a number of different or combined data elements.
- ▶ Search for individual claims or groups of claims by adding additional search criteria, or search for a claim by claim number.
- ▶ See claimant financials, reserves, payments, notepads, correspondence, work status, litigation and legal information, documents and reports
- ▶ Down load data into excel

Claimant Name: Claim Number: From Incident Date:

SSN: Employee Number: To Incident Date:

Examiner: Affiliate Claim Number: Insurance Type:

Insured: DEMO INSURED WC Status: Claimant Type:

Organization1: Organization2:

Search Reset Download

Claim	Claimant	Incident Dat	SSN	Type	Status	Insured	Insurer	Examiner	Accepted	Denied	Adj Office	Closed	Employee #	Jurisdic	Body Part	Org1	Org2
13513381	TEST CLA...	07/08/20...	xxx732756	TD	Open	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach		23719	ExT...	MULTIPL...	Middle	Vanston ...
13502992	TEST CLA...	04/04/20...	xxx670435	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	05/06/20...	7788	ExT...	MULTIPL...	Middle	Terry Mid...
11301765	TEST CLA...	01/25/20...	xxx747605	TD	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	04/18/20...	14748	ExT...	MULTIPL...	Support ...	Service C...
09249310	TEST CLA...	04/20/20...	xxx189768	Indemnit...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	07/02/20...	600352	ExT...	MULTIPL...	Support ...	Transpor...
08238688	TEST CLA...	12/10/20...	xxx682468	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	02/24/20...	13507	ExT...	MULTIPL...	Elementary	Beasley ...
06031304	TEST CLA...	01/18/20...	xxx916275	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	06/28/20...		ExT...	MULTIPL...	Middle	Agnew M...
MIS00399	TEST CLA...	09/24/19...	xxx064713	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	12/08/19...		ExT...	MULTIPL...	High	Poteet Hi...
MIS00073	TEST CLA...	12/05/19...	xxx237367	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	05/13/19...		ExT...	MULTIPL...	High	West Me...
06032823	TEST CLA...	10/27/20...	xxx519910	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	05/17/20...		ExT...	MULTIPL...	Elementary	Shands E...
08224154	TEST CLA...	06/23/20...	xxx302084	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...		Yes	Long Beach	08/26/20...	3702	ExT...	MULTIPL...	Support ...	Service C...
08213466	TEST CLA...	02/19/20...	xxx915753	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	06/18/20...	21613	ExT...	MULTIPL...	Middle	Agnew M...
13517466	TEST CLA...	08/22/20...	xxx877536	Medical ...	Open	DEMO IN...	DEMO IN...	Ex-Trista...			Long Beach		27152	ExT...	SKULL	High	West Me...
13515860	TEST CLA...	08/06/20...	xxx894457	TD	Open	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach		15477	ExT...	SKULL	Elementary	Tisinger ...
13505706	TEST CLA...	04/29/20...	xxx718717	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	06/17/20...	16707	ExT...	SKULL	Middle	Berry Mid...
13497015	TEST CLA...	02/05/20...	xxx793100	TD	Closed	DEMO IN...	DEMO IN...	Ex-Trista...			Long Beach	03/05/20...	20107	ExT...	SKULL	Elementary	Moss Ele...
13496423	TEST CLA...	01/31/20...	xxx975399	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	04/14/20...	600640	ExT...	SKULL	High	Mesquite...
13495190	TEST CLA...	01/17/20...	xxx573087	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	04/04/20...	13354	ExT...	SKULL	Elementary	Range El...
13495029	TEST CLA...	01/17/20...	xxx022115	TD	Closed	DEMO IN...	DEMO IN...	Ex-Trista...			Long Beach	03/05/20...	5397	ExT...	SKULL	Elementary	Porter El...
12486849	TEST CLA...	10/19/20...	xxx701633	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	04/14/20...	21115	ExT...	SKULL	Elementary	Seabour...
11321361	TEST CLA...	10/10/20...	xxx570340	Medical ...	Closed	DEMO IN...	DEMO IN...	Ex-Trista...	Yes		Long Beach	03/15/20...	4603	ExT...	SKULL	Middle	A. C. Ne...

SEARCH FOR A CLAIM

Claimant Name: Tom Jerry
 Client: Demo
 Incident Date: 08/13/1964 12:08 AM
 Claimant Type: PTD
 Status: Open

Alternate Claim Numbers
 Affiliate Claim Number:
 Jurisdiction Claim Number:

Claimant Details

*Last Name: <input type="text" value="Tom"/>	*First Name: <input type="text" value="Jerry"/>	Middle Name: <input type="text"/>	DOB: <input type="text" value="02/15/4656"/>
Address: <input type="text" value="777 s"/>	City: <input type="text" value="Plano"/>	State: <input type="text" value="TX"/>	Zip: <input type="text" value="75074-7008"/>
Country: <input type="text" value="United States"/>	Email: <input type="text"/>	Gender: <input type="text" value="Female"/>	Marital Status: <input type="text" value="Married"/>

Work Phone: <input type="text"/>	Home Phone: <input type="text"/>	Cell Phone: <input type="text"/>	Employee ID: <input type="text"/>
*SSN: <input type="text" value="545-14-6844"/>	Hire Date: <input type="text" value="01/01/1900"/>	Term Date: <input type="text"/>	No of Dependents: <input type="text" value="0"/>
Age at Injury: <input type="text" value="29"/>	Today's Age: <input type="text" value="78"/>	Today's Life Expectancy: <input type="text" value="10.50"/>	EE Release Med Record: <input type="text"/>
EE Release SSN: <input type="text"/>	EE Last Name Suffix: <input type="text"/>		

Employee Information/Job Details

Employee Information
 Organization1:
 Organization2:
 Organization3:
 Organization4:
 Organization5:
 Organization6:

Job Details
 Jurisdiction:
 NAICS Code:
 Supervisor:
 Class Code:
 Occupation:
 Union:
 Supervisor Phone:
 Job Title:

Wage And Compensation

Full/PartTime: <input type="text" value="F/T Permanent"/>	Days/Week: <input type="text" value="5"/>	Hrs/Week: <input type="text" value="40"/>	Employment Status: <input type="text"/>
Salary: <input type="text"/>	Pay Basis: <input type="text"/>	Benefit: <input type="text"/>	Attorney Withhold %: <input type="text"/>
Other Income: <input type="text" value="0.00"/>	Pay Basis: <input type="text"/>	PD Rating: <input type="text" value="0"/> %	Average Weekly Wage: <input type="text" value="99.00"/>
First Pay Due: <input type="text"/>	PD Award Weeks: <input type="text" value="0"/>	Amount: <input type="text" value="0.00"/>	Award Amount (PV): <input type="text"/> at: <input type="text"/> %

TTD Rate: <input type="text" value="66.00"/>	PPD Rate: <input type="text" value="0.00"/>	PTD Rate: <input type="text" value="0.00"/>
--	---	---

Work Days
 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

- Home
- My Queue
- Claim(7704821)
- Claimant Details
- Financials
- Communication
- Legal
- Supplemental Info
- Claimant
- Initial Dates/Work Status
- Injury/Illness/Incident
- Medical Management
- Status/Assignment

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Initial Date/Work Status

*Employers Knowledge Date: 08/13/1964 Disability Begin Date: DWC1 Provided: Begin Work Time:
 Adjusting Location Received: 08/13/1964 Last Day Worked: DWC1 Received: Decision Date: 11/10/1964
 Continuous Trauma Begin: Return to Work Date: P&S / MMI Date:
 Continuous Trauma End: Death Date: Death Result Of Injury:

Work Status

Still Off Work: Salary Continued: Full Day Lost: Full Pay on Last Day:
 Rehab Program: Return to Work Program: Physical Restrictions: Return to Same Employer:
 Rehab Status: Return to Work Offer: Return to Work Type:

Work Status Entry

*Work Status Type:
 Begin Date: End Date: Release Date: Days: Next Appointment Date:
 Comments:

Work Status Type	Begin Date	End Date	Release Date	Next Appointment	Days	Add Date	Add User	Edit Date	Edit User
No Records...									

Page 1 of 1 Displaying 1 - 1 of 1

Home My Queue Claim(7704821) Claimant Details Financials Communication Legal Supplemental Info

Claimant Initial Dates/Work Status Injury/Illness/Incident Medical Management Status/Assignment

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:08 AM Claimant Type: PTD Status: Open

Incident Location

Location Description: UNKNOWN	Address: Unknown
City: Unknown	State: IL
Zip: 62700-	Country:

Injury/Illness/Incident Information

Group	Description
*Body Part: MULTIPLE BODY PARTS	UNKNOWN
*Nature of Injury: MULTIPLE INJURIES	UNKNOWN
*Cause: MISC CAUSES	UNKNOWN
*Incident Type: ENVIRONMENT	UNKNOWN/OTHER

Injury / Illness Description: UNKNOWN

Claimant Activity:

How Incident Occurred: UNKNOWN

Equipment Used:

DESCRIPTION OF INJURY – DATA COLLECTION

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:08 AM Claimant Type: PTD Status: Open

Financial Summary

	Total Incurred	Payments	Outstanding	Recovery	Net Incurred
Indemnity	83775.00	70000.00	13775.00	0.00	83775.00
Rehab	0.00	0.00	0.00	0.00	0.00
Medical	121609.58	119109.58	2500.00	0.00	121609.58
Legal	0.00	0.00	0.00	0.00	0.00
Other	625.00	525.00	100.00	0.00	625.00
Totals	206009.58	189634.58	16375.00	0.00	206009.58

CLAIMANT FINANCIAL SUMMARY

Home My Queue Claim(7704821)

Claimant Details Financials Communication Legal Supplemental Info

Financial Summary Reserve Payment

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Download

Reserves Entry

* Reserve Transaction Type: * Amount: * Approval Status:

* Reason for Change:

SIP Reserves

Reserve Transactions

Reserve Transactions

Reserve ID	Process Date	Reserve Trans Type	Amount	Add User	Add Date	Edit User	Edit Date	Reason
11355695	04/19/1991	Medical	25.80	VOSCONV	04/19/1991	VOSCONV	04/19/1991	Balancing transaction resulting fro...
11355715	05/21/1991	Medical	606.80	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355714	05/21/1991	Medical	584.40	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355713	05/21/1991	Medical	587.40	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355712	05/21/1991	Medical	587.40	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355711	05/21/1991	Medical	1176.30	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355710	05/21/1991	Medical	1174.80	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...
11355709	05/21/1991	Medical	593.45	VOSCONV	05/21/1991	VOSCONV	05/21/1991	Balancing transaction resulting fro...

RESERVE TRANSACTIONS

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Download

*Payee: *Transaction Type: *Payment Method:

Payee Details/Payment Frequency

Payee Details: Name, Address, City, State, Zip, Phone

Payment Frequency: *From Date, *Thru date, *Due Date, Days, One Time, Recurring, *Recurrences, Frequency

Payment Details

*Approval Status, Invoice Received Date, Invoice Date, Invoice Number, Delivery, For, Account, Document, Billed Amount, Discount, Payment Amount

Loss Days: OSHA300, Includes Waiting Period

Correction Comment:

Payments

Table with 14 columns: Payment Id, Processed Date, Trans Type, Payee, From, Through, Method, Payment Amount, Check Date, Check Number, Reserve Trans, Cleared, Stop, Void, From Schedule. Contains 2 rows of payment data.

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Download

Note Type: Confidential Summary:

Rich text editor toolbar with icons for undo, redo, bold, italic, underline, font color, background color, bulleted list, numbered list, link, unlink, and other editing tools.

Note Type	Summary	Body	Add Date	Add User	Edit Date	Edit User	Confident
SCHIP Reporting Update	CMS Not Reportable	This claim has not been identified as CMS reportable.	10/11/2013	VOS	10/11/2013	VOS	No
SCHIP Reporting Update	SCHIP Query	SCHIP query to CMS has been made.	10/01/2013	VOS	10/01/2013	VOS	No
Payment Comments	Entered Oct-Dec 2013 pension...	From/Thru Dates: 10/1/13-10/31/13; 11/1/13-11/30/1...	09/25/2013	CBERGER	09/25/2013	CBERGER	No
SCHIP Reporting Update	CMS Not Reportable	This claim has not been identified as CMS reportable.	09/16/2013	VOS	09/16/2013	VOS	No
File Note	** Notarized Affidavit Received...		09/05/2013	CBERGER	09/05/2013	CBERGER	No

COMMUNICATIONS - NOTEPADS

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Task Entry

Due Date: Days: Diary Count: Recipient:

Task Type: Confidential: Task Priority: Sender:

Completed:

Message:

Existing Task Details

Claimant Name	Due Date	Task Recipient	Type	Confidential	Description	Priority	Sender	Completed By	Completed
Test	11/25/2...	Test	Plan of Action	Yes	POA due		Test		No
Test	12/06/2...	Test	Payment Comments	Yes	Pension benefit check due	High	Test		No
Test	07/23/2...	Test	Claim status - gene...	Yes	* Mail affidavit out **	Medium	Test		No

Page 1 of 1 | Displaying 1 - 3 of 3

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:08 AM Claimant Type: PTD Status: Open

Litigation Information

Litigation Type: Case Name: Litigation Status: Plaintiff Name: Litigation Cause: Result: Venue City: State: Dock Number: Litigation Budget:

Litigation Dates / Amounts

Notice of Representation: Filed Date: Conference: Mediation Date: 90-Day Letter Date: Served Date: Dismissed Date: Appeal Date: Assigned to Defense: Demand: Demand Amount: Appeal Result: Statutory Demand Date: Arbitration Date: Arbitration Amount: Statutory Demand Amount: Trial Date: Trial Result:

Settlement

Settlement 1 Code: Settlement 1 Date: Settlement 1 Amount: Settlement 1 Terms: Settlement 2 Code: Settlement 2 Date: Settlement 2 Amount: Settlement 2 Terms: Settlement 3 Code: Settlement 3 Date: Settlement 3 Amount:

Litigation Attorney Information

* Attorney Type: Firm Name: * First Name: Middle Name: Last Name: Address: City: State: Zip: Email: Phone: Fax:

Table with columns: Attorney Type, Firm Name, First Name, Last Name, Add Date, Add User, Edit Date, Edit User. No Records... Page 1 of 1

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:08 AM Claimant Type: PTD Status: Open

Subrogation Details

Subrogation Information

Subrogation Type:

Subrogation Status:

Case Name:

Subro Jurisdiction Type:

Result:

Docket Number:

Subrogation Dates

Counsel Assigned Date: Filed Date:

Served Date: Statute Date:

90-Day Letter Date:

Subrogation Settlement

Settlement Date: Settlement Amount:

Settlement Terms:

Subrogation Attorney Information

* Attorney Type: Firm Name:

* First Name: Middle Name: Last Name: Address:

City: State: Zip: Email:

Phone: Fax:

Attorney Type	Last Name	First Name	Firm Name	Add Date	Add User	Edit Date	Edit User
---------------	-----------	------------	-----------	----------	----------	-----------	-----------

No Records....

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Contact Information

*First Name: Middle Name:

*Last Name: Address:

City: State: Zip:

Phone: Email:

Contact Details

*Contact Type:

Contact Specialty:

Contact Staff Type:

Contact Type	Contact Staff Type	Contact Specialty	First Name	Last Name	Add Date	Add User	Edit Date	Edit User
No Records....								

Page 1 of 1 No data to display

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:00 AM Claimant Type: PTD Status: Open

Dependent Information

*First Name: Middle Name:

*Last Name: *SSN:

Address:

City: State: Zip:

Phone: Email:

Dependent Details

*Relationship: Birth Date:

*Dependency Type: Age:

Guardian:

Weekly Compensation Rate:

Last Name	First Name	SSN	Relationship	Dependency Type	Add Date	Add user	Edit Date	Edit user
No Records....								

Page 1 of 1 No data to display

Dependent Attorney Information

First Name: Middle Name: Last Name: Firm Name:

Address: City: State: Zip: Email:

Phone: Fax:

Claimant Name: Tom Jerry Client: Demo Incident Date: 08/13/1964 12:08 AM Claimant Type: PTD Status: Open

State Office Information

WCAB:	<input type="text"/>	WCAB Number:	<input type="text"/>	WCAB Closing Date:	<input type="text"/>
WCAB Closing Action:	<input type="text"/>				
Rehabilitation:	<input type="text"/>	Rehab Case No:	<input type="text"/>		
I + A:	<input type="text"/>	DEU:	<input type="text"/>		

STATE SPECIFIC INFORMATION

Exhibit D

Equal Employment Opportunity Policy

EQUAL EMPLOYMENT OPPORTUNITYSECTION 4
PAGE 1

It is the continuing policy of TRISTAR to recognize and grant equal employment, training, and promotional opportunity to all qualified persons without regard to race, religion, color, national origin, ancestry, physical or mental disability, medical condition, marital status, sex, age, or sexual orientation. This policy is standing practice and fulfills the requirements of federal and state legislation and related regulations referring to Equal Employment Opportunity.

Exhibit E

Drug Free Workplace Form

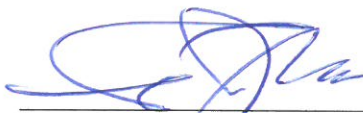
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

TRISTAR Risk Enterprise Management, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



 Bidder's Signature

 6/26/16
 Date

Exhibit F

Florida Registration Certificate



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

March 2, 2016

Ms. Susan Walker
TRISTAR Risk Enterprises Management, Inc.
Suite 400
2711 Centerville Road
Wilmington, DE 19808

Re: Qualified Servicing Entity Annual Report

Dear Ms. Walker:


The Qualified Servicing Entity Annual Report Form for your company has been received. I have reviewed this report and your company is in compliance with Rule 69L-5.230(11) F.A.C. (Retaining Authorization as a Qualified Servicing Entity). This letter will confirm that your company has been recertified for the period **March 1, 2016 through February 28, 2017**.

Attached is a copy of Form DFS-F2-SI-23 (Qualified Servicing Entity Annual Report Form), to be used for future filing as we no longer mail the form prior to the due date. Also attached is a copy of Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), this form is to be completed thirty (30) days of entering into a contract for servicing.

Your next annual report is due in our office no later than **March 1, 2017**.

Should you have any questions or need further assistance, please contact me at (850) 413-1784.

Sincerely,


Dwayne Manning
Insurance Administrator

Attachments

State of Florida

Department of State

I certify from the records of this office that TRISTAR RISK ENTERPRISE MANAGEMENT, INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on July 12, 1995.

The document number of this corporation is F95000003330.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 28, 2016, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of June, 2016*



Ken DeFoner
Secretary of State

Tracking Number: CU2000667345

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

State of Florida

Department of State

I certify from the records of this office that TRISTAR MANAGED CARE, INC. is a California corporation authorized to transact business in the State of Florida, qualified on February 8, 2011.

The document number of this corporation is F11000000554.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 28, 2016, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of June, 2016*



Ken DeFoner
Secretary of State

Tracking Number: CU3166297495

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Florida Department of Labor and Employment Security
 Division of Workers' Compensation
 Operations Support Unit

Lawton Chiles
 Governor

Doug Jamerson
 Secretary

MEMORANDUM

DATE: October 9, 1996

TO: Jimmy Glisson, Director of Workers' Compensation

FROM: Lee F. Weaver, Unit Coordinator, Operations Support Unit

SUBJECT: SERVICE COMPANY APPLICATION
 RISK ENTERPRISE MANAGEMENT LIMITED (REM)

The captioned company has applied to become a service company in the State of Florida. The associates in the Operations Support Unit, Self-Insurance Section have reviewed their application and find that they meet all requirements.

Therefore, I recommend that Risk Enterprise Management Limited be approved to act as a service company in the State of Florida.

RECOMMEND:

Lee F. Weaver
 Lee F. Weaver
 Acting Unit Coordinator
 Operations Support Unit

APPROVED:

Jimmy Glisson
 Jimmy Glisson
 Director Division of
 Workers' Compensation

DATE: 10/9/96

DATE: 10/9/96

/pps

attachment



Company Directory: Search Results



*This information is current as of
5/31/2016*

TRISTAR RISK ENTERPRISE MANAGEMENT INC.

FEIN	13-3832689
Florida Company Code	45184
NAIC Company Code	
Company Type	THIRD PARTY ADMINISTRATOR
Home State	DE
Web Site	
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	05/03/2000

Addresses

Type	Address	Phone
HOME	2540 ROUTE 130, SUITE 109, CRANBURY NJ 08512 UNITED STATES	(609) 495-0001 
LOCATION OF RECORDS	2540 ROUTE 130, SUITE 109,	(609) 495-0001 

	CRANBURY NJ 08512 UNITED STATES	
FLORIDA OFFICE LOCATION	800 TRAFALGAR COURT, SUITE 350, MAITLAND FL 32751 UNITED STATES	
ADMINISTRATIVE	2540 ROUTE 130, SUITE 109, CRANBURY NJ 08512 UNITED STATES	(609) 495-0001 
MAILING	2540 ROUTE 130, SUITE 109, CRANBURY NJ 08512 UNITED STATES	(609) 495-0001 

Authorized Lines of Business

Line of Business	Type
THIRD PARTY ADMINISTRATORS	D

[New Search](#)

DISCLAIMER

The Florida Office of Insurance Regulation (“Office”) provides access to company and other information on this Web site as a public service. Although reasonable efforts have been made to ensure that all electronic information made available is current, complete and accurate, the Office does not warrant or represent that this information is current, complete and accurate. All information is subject to change on a regular basis, without notice.

The Office assumes no responsibility for any errors in the information provided, nor assumes any liability for any damages incurred as a consequence, directly or indirectly, of the use and application of any of the contents of the Office Web site. Unless otherwise noted on an individual document, file, webpage or other Web site item, the Office grants users permission to reproduce and distribute all information available on this website for non-commercial purposes and usage, as long as the contents remain unaltered and as long as it is noted that the contents have been made available by the Florida Office of Insurance Regulation.

Any electronic information or inquiries that the Office receives from a Web site user shall not be considered as, or treated as, confidential.

The inclusion of, or linking to, other web site URLs does not imply our endorsement of, nor responsibility for, those web sites, but has been done as a convenience to our Web site visitors.

EXAMPLES

The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Exhibit G

Schedule & Evidence

Of Insurance

TRISTAR Insurance Group
Insurance Program In Effect as of March 1, 2016

WLR C48593343 (AOS)

Coverage	Broker	Carrier	Policy Number	Limit			Policy Period	
				Occurrence	Aggregate	Deductible	From	To
Workers Comp.	Keystone	ACE American Insurance Company	WLR C48593343 (AOS), WLR C48593367 (TN), SCF C48593355 (WI)	Statutory	Statutory	\$350,000	December 31, 2015	December 31, 2016
Employer's Liab.				\$1,000,000	\$1,000,000	\$350,000	December 31, 2015	December 31, 2016
Auto	AJ Gallagher	American Zurich Insurance Company	CPO 5543602-03	\$1,000,000		\$500	January 1, 2016	January 1, 2017
General Liability	AJ Gallagher	American Zurich Insurance Company	CPO 5543602-03	\$1,000,000	\$2,000,000		January 1, 2016	January 1, 2017
Umbrella	AJ Gallagher	American Guarantee and Liability Insurance Company	AUC 5543479-03	\$7,000,000			January 1, 2016	January 1, 2017
Property	AJ Gallagher	American Zurich Insurance Company	CPO 5543602-03	\$27,648,361		\$5,000	January 1, 2016	January 1, 2017
Cyber Liability	AJ Gallagher	National Union Fire Insurance Company of Pittsburgh	09-766-69-27	\$5,000,000		\$100,000	January 31, 2016	January 31, 2017
Fidelity Blanket Bond	AJ Gallagher	Westchester Fire Insurance Co. (ACE)	DON G23670410 004	\$5,000,000	\$10,000,000	\$200,000	January 31, 2016	January 31, 2017
D&O	AJ Gallagher	AIG	09-766-69-23	\$5,000,000		\$100,000	January 31, 2016	January 31, 2017
Employment Practices Liability	AJ Gallagher	AIG	09-766-69-23	\$5,000,000		\$175,000	January 31, 2016	January 31, 2017
Fiduciary Liability	AJ Gallagher	AIG	09-766-69-23	\$5,000,000	\$5,000,000	\$5,000	January 31, 2016	January 31, 2017
Employed Lawyers	AJ Gallagher	AIG	09-766-69-23	\$1,000,000		\$50,000	January 31, 2016	January 31, 2017
E & O Primary	AJ Gallagher	Great American E&S Insurance Company	TER 317-74-31	\$10,000,000	\$10,000,000	\$350,000	February 10, 2016	January 31, 2017
E & O Excess	AJ Gallagher	Indian Harbor Insurance Company	MPE 9033201	\$5,000,000			February 10, 2016	January 31, 2017
E & O Managed care	AJ Gallagher	Great American E&S Insurance Company	TER 317-74-32	\$1,000,000	\$1,000,000	\$50,000	February 10, 2016	January 31, 2017



CERTIFICATE OF LIABILITY INSURANCE

10/29/09
 DATE (MM/DD/YYYY)
 12/21/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER LIC #63238 Keystone Risk Partners, LLC 604 E. Baltimore Pike Media, PA 19063 1-610-941-7751	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Tristar Insurance Group 100 Oceangate Suite 700 Long Beach, CA 90802	INSURER A: Ace American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 45658359** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A		WLR C48593343 (AOS)	12/31/15	12/31/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	WC-Agri General Insurance WC-ACE Fire Underwriters		WLR C48593367 SCF C48593355	12/31/15 12/31/15	12/31/16 12/31/16	Tennessee Wisconsin

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 EVIDENCE OF INSURANCE

CERTIFICATE HOLDER Tristar Insurance Group 100 Oceangate #700 Long Beach, CA 90802 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

160229G
 DATE (MM/DD/YYYY)
 1/6/2016

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. License #0726293 505 N. Brand Boulevard, Suite 600 Glendale CA 91203		PHONE (A/C. No. Ext): 818-539-1225	COMPANY NAME AND ADDRESS Zurich American Insurance Company 1400 American Lane Schaumburg IL		NAIC NO: 16535
FAX (A/C. No.): 818-539-1586		E-MAIL ADDRESS: corbee_simoneau@ajg.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		POLICY TYPE	
NAMED INSURED AND ADDRESS TRISTAR Insurance Group, Inc. 100 Oceangate Avenue, Suite 700 Long Beach, CA 90802		LOAN NUMBER		POLICY NUMBER CPO5543602-03	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 01/01/2016		EXPIRATION DATE 01/01/2017	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION
 Blanket Limit Listed Below Includes: Building, Contents, Computers & Printers

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 9,834,000		DED: \$ 5,000	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	If YES, LIMIT: 2,730,593 Actual Loss Sustained; # of months:	
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>		
REPLACEMENT COST	<input checked="" type="checkbox"/>		
AGREED VALUE	<input checked="" type="checkbox"/>		
COINSURANCE	<input checked="" type="checkbox"/>	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
- Demolition Costs	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>		

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Tristar		AUTHORIZED REPRESENTATIVE 

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE Limit : \$ 37,825,933
BUSINESS INCOME Limit : \$ 7,668,791



CERTIFICATE OF LIABILITY INSURANCE

160229G
 DATE (MM/DD/YYYY)
 2/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. License #0726293 505 N. Brand Boulevard, Suite 600 Glendale CA 91203	CONTACT NAME: Corbee Simoneau PHONE (A/C. No. Ext): 818-539-1225 E-MAIL ADDRESS: corbee_simoneau@ajg.com	FAX (A/C. No.): 818-539-1525	
	INSURER(S) AFFORDING COVERAGE		
INSURED TRISTAR Insurance Group, Inc. 100 Oceangate Avenue, Suite 700 Long Beach, CA 90802	INSURER A: American Guarantee and Liability In		NAIC # 26247
	INSURER B: Zurich American Insurance Company		16535
	INSURER C: Great American E&S Insurance Compan		37532
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 741438208** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPO5543602-03	1/1/2016	1/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPO5543602-03	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp. & Coll Ded. \$500
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC5543479-03	1/1/2016	1/1/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Errors & Omissions			TER 317-74-31	2/10/2016	1/31/2017	Aggregate Limit of Liability \$ 10,000,000 \$ 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance only

CERTIFICATE HOLDER

CANCELLATION

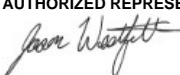
Tristar Insurance Group 100 Oceangate Avenue, #700 Long Beach CA 90802 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

Exhibit H

Reference Form

Reference Form

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

Number of year's your company has been doing this type of work. 29 Years

TRISTAR Risk Enterprise Management, Inc.

Below are the requested Florida and government agency account references. All of our public entity references will attest to our unique and customized programs within our public entity niche.

List at least four references of similar services performed over the past two years.

1) Job Location: National, Including Florida Date(s) work performed: 2005 - Present
 Project Name: American Contractors Insurance Group (ACIG)
 Project Address: 2600 N Central Expy, Suite 800, Richardson, TX 75080
 Contact Name: Susie Ferguson
 Contact Title: Vice President, Claims
 Contact Phone Number: 972-687-9465 Fax Number: 972-687-0602

Proposal Team Member who worked for the organization or the type of work performed: Paula Maguire, Senior Vice President overseeing Eastern region; Alan Rauch, Branch Manager overseeing Southeast region (WC & AL/GL), Janet Greer, Workers' Compensation Supervisor overseeing Southeast region, including Florida.

2) Job Location: Florida Date(s) work performed: 2010 - Present
 Project Name: Morse Operations, Inc. d/b/a Ed Morse Automotive Group
 Project Address: 2850 S. Federal Highway, Delray Beach, FL 33483
 Contact Name: Kerry Caffarelli
 Contact Title: Directory of Tax & Risk Management
 Contact Phone Number: 561-455-1111 Fax Number: 561-330-7296

Proposal Team Member who worked for the organization or the type of work performed: Paula Maguire, Senior Vice President overseeing Eastern region; Alan Rauch, Branch Manager overseeing Southeast region (WC & AL/GL), Janet Greer, Workers' Compensation Supervisor overseeing Southeast region, including Florida.

3) Job Location: California Date(s) work performed: 1990-Present
 Project Name: City of Campbell
 Project Address: 70 North First Street, Campbell, CA 95008
 Contact Name: Jill Lopez
 Contact Title: Human Resources Manager
 Contact Phone Number: (408) 866-2123 Fax Number: _____

Proposal Team Member who worked for the organization or the type of work performed: _____

4) Job Location: Texas Date(s) work performed: 2005-2011, 2012-Present
Project Name: City of Dallas
Project Address: 1500 Marilla St, Suite 6AS
Contact Name: Doris Bridges
Contact Title: Workers' Compensation Manager
Contact Phone Number: 214-670-4696 Fax Number: _____

Proposal Team Member who worked for the organization or the type of work performed: The local Florida and Atlanta team does not serve this client, however, the above two clients are two long-term clients with similar exposures to the City of Gainesville and demonstrate TRISTAR's experience and excellence serving Public Entity clients.