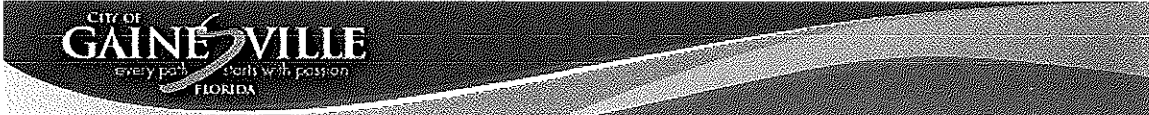




## THIRD PARTY ADMINISTRATOR SERVICES

RMDX-160031-DD




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### TABLE OF CONTENTS

TAB 1:	LETTER OF INTEREST.....	1
TAB 2:	SUMMARY / INTRODUCTION / OPERATIONAL PLAN.....	2
TAB 3:	TECHNICAL PROPOSAL.....	5
	PROJECT APPROACH.....	19
	SPECIALIZED KNOWLEDGE.....	20
TAB 4:	SUPPORTING DOCUMENTATION	
	SAMPLE RMIS REPORTS	
	EQUAL OPPROTUNITY POLICY & PRACTICES	
	DRUG FREE WORKPLACE FORM	
	FLORIDA PROFESSIONAL REGISTRATION CERTIFICATE	
	REQUIRED FORMS/ATTACHMENTS	
TAB 5:	PRICE PROPOSAL .....	22
TAB 6:	QUALIFICATIONS	
	SIMILAR PROJECTS.....	27
	REFERENCES (ATTACHMENT A).....	28
	SCOPE OF SERVICES.....	29
	RESUMES	



## LETTER OF INTEREST

We appreciate the opportunity to present our proposal for Third Party Claims Adjusting Services to the City of Gainesville. In terms of US&C's ability to meet the City's needs in the administration of the program, our firm will offer some of the most talented and experienced claims staff in the state. All adjusters have extensive experience handling claims for Public Entities, and all adjusters have current Florida licenses and attend Continuing Education classes regularly as well as Florida Case Law Update seminars, and workers' compensation conferences. We believe that our experience will exceed all your expectations, and our service will allow the City to continue to realize an overall savings to your Claims Administration Program.

US&C currently administers self-insured programs for more than 500 Public Entities employers throughout the Southeast. As the TPA for the City since October 2006, we fully understand your needs associated with your claims program, and we have responded to these needs in a most professional manner. We have and will continue to introduce new cost containment and cost saving measures to your program.

The combination of our staff's experience and the technological resources we have available creates a powerful service team that is always ready to help the City maintain control and reduce the costs associated with your Risk Management program.

Thank you again for this opportunity.

Joseph J. Zichettella  
Account Executive

## SUMMARY / INTRODUCTION / OPERATIONAL PLAN

Underwriters Safety & Claims was founded in 1941 for the expressed purpose of managing self-insured claims. We began as a regional company with offices near our clients. Since then, we've expanded into 48 states and added nurse case management, medical bill review, physician networks, pharmacy benefit management, loss control, captive management, and insurance brokerage services. US&C is approved by a list of insurance carriers to provide claims administration under deductible and self insured plans.



Our firm serves as claims administrator for individual self-insured employers, employer groups, and major insurance companies. US&C has 300+ employees, handles over 14,000 claims, and we have 95 active TPA clients. Our Public Entities include County Association of Kentucky, Georgia School Boards Association, Alachua County, FL, and a number of City and County governments throughout the Southeast. We have a complete understanding in handling claims for the Public Sector, and through experience, our adjusters are very well trained in this area. We are a member and fully support the Public Risk Management Association.

US&C adjusters have extensive experience handling multi-lines claims. We've developed relationships with physicians and attorneys and are available for meetings. Working with a variety of industries, governmental entities, and associations, we've established a reputation of providing excellent service.

US&C's claims organization is regularly audited by clients, independent audit firms hired by clients, and claims supervisors audit the handling of 1 - 2 claims per month, per adjuster, utilizing US&C's on-line auditing system. 88% or more is considered passing within our internal audits. Also, monthly exceptions reports to check for potential duplicate claim payments, missing claim data, and reserving are reviewed by management and distributed to adjusters to resolve. We also have a SSAE 16 Type II report prepared annually.

US&C hires experienced adjusters, who are provided with training regarding procedures, client instructions, and our "Riskmaster" computer system. Adjusters also attend state and attorney sponsored seminars, as well as medical forums. US&C sponsors teleconferences and an annual meeting in Louisville, wherein management and adjusters spend several days discussing procedures, handling instructions, meetings, medical procedures, vendors, and computer system enhancements.

In the Tallahassee, FL office where the City's claims are/will be handled, we have a full adjusting and support staff to meet all the requirements in this RFP as well as meet the expectations outlined. We monitor caseloads on a monthly basis so that the work is manageable at all times.

US&C designates Joe Zichettella, Account Executive in the Savannah, GA office as the account representative to City of Gainesville, in charge of all program and claim-related issues. Joe has held this position with US&C since 1993 and has extensive experience in implementing claims programs for new clients, as well as providing ongoing client service throughout Florida and Georgia. Joe has very extensive knowledge of our claim system and claim handling procedures of adjusters that helps identify any weaknesses of a program earlier than others in this capacity.

Scott O'Brien will be the alternate account representative to the City. Scott is Atlanta/Regional Claims Manager located in our Lawrenceville, Ga office.

Jane Clevenger, Supervisor Tallahassee Branch will supervise claims adjusting team. Two adjusters will be assigned to the City to handle the workers' compensation claims, and one adjuster with two back-ups will be assigned to you to handle the liability claims. Curtis Luster will be the primary adjuster assigned to these claims and will be housed at the City offices. The back-up Property & Liability adjusters will be located in our Louisville, KY and Lawrenceville, GA offices. Melissa Franklin will be your Claims Customer Service Representative and will also handle Medical Only claims.

Our workers' compensation adjuster claim load is approximately 150 - 175 active Indemnity claims. Our accepted liability adjuster case load is 120 to 140 open claims. This workload ensures that our adjusters will provide effective claim management, thereby controlling costs and maximizing the savings to our Client. Our primary goal is to deliver the highest quality of service to our Clients, exceeding Client expectations, working in partnership in the administration of a cost effective, cost efficient Claims Administration Program.

In addition to the services outlined in this response, we will also offer additional cost effective services in the area of medical management. They are as follows with further description of services attached:

**PPO Network / Bill Review:** US&C will provide enhanced cost savings by virtue of BHN (Bluegrass Health Network), and our partnership with Coventry/First Health Corporation. By partnering, BHN and Coventry/First Health have created an electronic interface established to provide prompt, efficient medical bill re-pricing and application. Once medical bills are received in our office, BHN processes these bills utilizing the Florida Fee Schedule, usual and customary reviews, and any PPO savings which may be applicable. Through this arrangement, US&C has demonstrated *an approximate 10% net savings below the Florida Fee Schedule* for our clients.

**Pharmacy Management:** Our Pharmacy Management Program is administered by Preferred Medical Network, and includes the major pharmacy chains in their network. This is provided to you at no additional cost and can generate a potential savings on pharmaceuticals between 20% - 40%.

**Telephonic Case Management:** This service will be assigned to all Lost Time Claims that will have ongoing medical treatment. We have found the coordination of medical management between the Nurse and Adjuster generates an average net savings of \$1,200 per lost time claim. Fee for this service is \$250 per claim for the life of the claim and is included in our Price Proposal.

In summary, we believe a US&C/City of Gainesville partnership in the administration of your Workers' Compensation, General Liability and Automobile claims will deliver the best results for a cost effective program.

- **Our Mission to Excel in Service.** US&C is committed to providing consistent, value added services to our customers and their claimants. Our organization from top to bottom is committed to assuring high quality services while being innovative and responsive.
- **Our Target Market.** Demonstrated within our references in, US&C has focused on large, local employers, many of whom are Public Entities. Our retention of clients and experience with large employers is another instance of US&C's expertise.
- **Our Professional Staff.** US&C claims staff consists of fully qualified, licensed adjusters in the field of Property, Liability, and Workers' Compensation. We believe our qualifications exceed the requirements contained in your RFP. In addition to the staff who will be assigned to your account, our company has staff in offices throughout the Southeast that provides additional resources for your claims administration. This added experience enhances the quality and level of service we will provide.
- **Innovative Technology Solutions.** US&C understands the importance of using technology as a tool for our staff and customers. We have invested in a *claim system* that thoroughly documents a claim, provides system and manual "to do" reminders, strong accounting controls and audit trail, and a fully electronic claim file since hardcopy documents can be scanned in the claim system. This system provides up-to-date information on your demand. US&C claims service exceeds the City requirements in all aspects of computer technology. One of our most important strengths in this area is our extensively trained, in-house IT staff consisting of 6 computer professionals. Our staff is available to you at all times to assist you in obtaining meaningful data to administer your program as efficiently as possible.



## DESCRIPTION OF SERVICES

Underwriters Safety & Claims proposes complete claims administration. Our proposal includes Full Workers' Compensation Claims Administration Services, Claim reporting/tracking and payment issuance of general liability, automobile, and Comprehensive Risk Management Information System Services. Claim Team will be supervised by management in the Tallahassee, FL office and management in the Lawrenceville, GA office.

### Workers' Compensation

US&C will provide a claims team with extensive Florida workers' compensation experience. Our team will have the technical support to provide The City with high quality claims management.

### Medical Only Claims

The vast majority of claims are medical only, so US&C designed a specific way of handling which is efficient and cost effective in bringing these claims to resolution. US&C recognizes the varying complexities of medical only claims and we use the following protocols to assign such claims:

#### Medical Only Claims Handling (less than \$2,500)

US&C assigns simple medical only claims to medical only claims adjusters. These adjusters have numerous years of experience with workers' compensation claims. They investigate new claims and review requests for treatment and bills on ongoing claims. Our system checks prognosis, diagnosis, appropriate billing, and performs re-pricing. The medical only adjuster is encouraged to discuss any concerns about claims with a more experienced lost time claims adjuster when necessary. Once a claim incurs more than \$2,500 paid, it is automatically assigned to a lost time claims adjuster.

#### Lost Time Claims Handling

- **Claim Setup.** An event is reported to The City, which is immediately relayed to US&C via phone, email or fax. The first report is entered into US&C's claim system and maintained for future reference. An EDI of the claim data is transmitted to the state as required.



- **Assignment.** The adjuster reviews the claim and determines general protocol and client specific handling procedures. The system notifies the adjuster that a new claim has been received. Investigation and medical management begin immediately.
- **Three-Point Contacts.** Contacts with the employer, employee and physician will take place within 24 hours of receipt of claim report. Contacts are made by telephone. If after several attempts we are unsuccessful in reaching a party, we send a fax or letter.
  - **Employer** – The adjuster makes immediate contact with the employer to determine the circumstances of the injury, employee history, medical providers, course of treatment, and to identify potential transitional work opportunities.
  - **Employee** – The adjuster calls the employee to obtain information about the accident, injury, to explain workers' compensation benefits, gain the employee's understanding of the treatment, to set expectations for return-to-work, to explain our role, and to discuss the need for a release of medical information. During the course of this conversation, the adjuster will evaluate the information and the motivation of the injured employee.
  - **Medical Provider** – The adjuster will contact the treating providers to obtain information about the injury and identify restrictions for return to work. The adjuster gathers medical information and provides feedback on expected lost time durations in accordance with Milliman & Robertson Guidelines and Medical Disability Advisor standards.
- **Witnesses.** The adjuster will contact any known witnesses. This is completed within five days or less of receiving the claim assignment.
- **Investigate other related claims.** US&C will report claims to ISO Index Bureau to determine whether any related injuries would have bearing on the claim in question. This is completed within ten days of claim receipt.
- **Subrogation.** The adjuster will begin to explore subrogation potential. This assessment will be completed within fourteen days of claim receipt and is updated as new information becomes available.
- **Send Letters.** The adjuster will send a letter to the claimant confirming that US&C received the claim and will enclose a medical authorization form for signature and return. This letter is mailed within two days of claim receipt.



- **File First Report.** US&C will submit the First Report of Injury via EDI to the state. The Medicare eligibility database will also be queried and eligible claimants will be reported to assure compliance with Section 111 of the MMSEA.
- **Reserves.** Reserves will be established to best reflect the prognosis of the claim. Medical only claims will be reserved at \$750 until additional information is obtained which reflects a change in status or increase in medical cost. These claims will be closed within sixty days of receipt unless there is continuing medical activity. If there is continuing activity in excess of \$2,500, these claims will be reviewed by the nurse and/or adjuster for future handling.

After gathering the information listed above, the adjuster will decide whether to accept or deny the claim and develop an “action plan”. US&C strives to make these decisions within five working days of claim receipt.

***Accepted Claims -***

The adjuster sends a notice to the state (EDI) and begins temporary total benefits, if applicable.

***Claims management -***

Our team then proceeds with claim management, monitoring medical, communicating with the claimant, maintaining action plans and completing action items. Reserves are adjusted when needed based on new developments.

***Denied Claims -***

If Client so desires, the adjuster will contact Client representative to discuss the claim and provide notice of planned denials. Upon concurrence, the adjuster sends a letter explaining the reason for the denial certified mail return receipt to the claimant.

**CPS – Centralized Performance System**

Underwriters, Safety & Claims has been in EDI –Release 3 since October 2008. We currently utilize an EDI Trading Partner, EBIX to electronically file all Notice of Injuries and all required subsequent forms (SROI’s) on behalf of our clients. The EDI filings are completed daily by the claims adjusters. On the 5th of each month each adjuster reviews their accounts EDI filings to review for any potential penalties or fines incurred in the prior months EDI transmissions. Each batch is investigated,





reviewed and verified to either dispute or concur if any assessments are due or owing. If a penalty or fine occurs the adjuster completes the workbench task in CPS and then requests a check from the Home Office. The checks are then submitted under separate cover to the State of Florida, Department of Financial Services

### **Supervision**

- **Initial Supervisory Review.** The supervisor will review each file assigned to an adjuster within two days of the initial report. This will ensure that the initial investigation, contacts, and appropriate reserving are taking place.
- **Periodic Supervisor Review.** After the initial review, the supervisor reviews lost time and complex medical only claims every sixty days. The supervisor reviews any high dollar claim (exceeding \$25,000 paid) every thirty days as long as the file remains open or can be moved back to every sixty days based on the status (return to work, litigation, etc.).
- **Electronic Notes.** All notes by the supervisor are contained within the electronic claim file and the notes are available for online viewing through our web-based system. This ensures that Client representatives can review adjuster notes and supervisor comments. This also ensures that all parties are working together to resolve the claim as effectively as possible.

### **Litigated Claims**

Assignments to counsel recommended by the City will contain specific instructions as well as a complete recap of the case. The adjuster retains responsibility for the claim and does not abdicate handling to the attorney. Rather, the attorney will provide analysis and review of the claim and resolution suggestions. Mediation or arbitration will be considered when thought to be effective. US&C wants The City to receive the maximum return on their legal expense. All documentation will be available in our imaging system. The following will take place whenever a claim involves litigation:

- ❑ Legal counsel furnishes budgets on all claims and overages are adequately justified or not approved. This ensures that a review of the monetary advantages and disadvantages to defending the claim are reviewed on a periodic basis.
- ❑ An initial defense plan is prepared within thirty (30) days of counsel receiving the case. This plan is updated periodically as circumstances change.
- ❑ Timely communication with the appropriate State personnel.
- ❑ All work assignments are reviewed to eliminate duplication of efforts.
- ❑ Legal billing will be reviewed to ensure charges are appropriate and in conformity with our understandings of the work performed and budget.



- ❑ The case is assigned to one attorney who handles all aspects of the case to conclusion (the case is not passed among members of the firm).
- ❑ The attorney performs only value-added legal work and does not perform any adjusting. This ensures that the fees for litigating the claim are held in check.
- ❑ US&C follows up on each litigated file on a regular basis to ensure timely reporting.
- ❑ Legal fee schedules can be utilized or State bid for negotiated rates.

US&C ensures that counsel is apprised of all developments on the file, discussions are held between counsel, adjuster and client, regarding settlement opportunities, discovery issues, and potential conflicts which may arise. The client is kept apprised of any developments and thoughts regarding settlement and resolution of the claim.

**Subrogation:** US&C adjusters are aware of the importance of subrogation to our clients' budgets. Adjusters evaluate every claim for potential subrogation. When a subrogation opportunity is identified, the adjuster documents it in the claim and actively pursues, either by submitting the requests to other insurance carriers, contacting other third parties, or when necessary, engaging counsel to pursue in a more aggressive form. The adjuster diaries for follow up and includes subrogation in their action plans. Since the adjuster manages claims from beginning to end, they actively pursue subrogation with or without attorney involvement. The adjuster will involve The City's representatives in any decision to abandon subrogation activities or pursue litigation against third parties.

**Security Procedures:** We designed our system and processes with appropriate security controls and redundancies. Some examples include:

- ❑ Clear, well documented claim procedures
- ❑ Comprehensive hardware and software controls, including appropriate firewalls, passwords and other virus protection capabilities
- ❑ Hierarchy of access controls which protect against unauthorized access to client data
- ❑ Payment security functions are separated to assure appropriate payments

US&C has a disaster plan which preserves our information systems, data lines, telephones, and personnel. We have a diesel generator that provides electricity to ensure that voice and data systems remain intact within five seconds of power failure. We have also contracted for off-site workspace, power and data systems in the event of a catastrophe which prohibits us from accessing our building. Backups of all claims are completed each night for each client. These backups are protected on-site in a fireproof safe as well as off-site.



## **Nurse Case Management**

US&C believes Case Management and its coordination to be one of the most important tools in early return to work results. Nurse case manager will be assigned after discussing with Client on the most appropriate cases, usually based on type and severity of injury. Case management goals include facilitating recommended treatment plans to ensure appropriate medical care, assessing alternative medical services as medically appropriate and cost-effective, and assisting timely return to work with consideration of medical restrictions or limitations. Our adjusters work very closely with case managers, communicating with injured employee, all health care providers, employer, and any other parties involved to coordinate care and achieve a cost effective outcome. Client will have the ultimate authorization to assign FCM, and we will use the vendor of your choice.

**Telephonic Case Management** will be assigned to Indemnity claims that will require on-going treatment and/or meets certain criteria as listed below. The City may provide input into setting these criteria.

- Lost time in excess of a set number of days.
- Extended periods of modified duty.
- Multiple traumas to body.
- Fractures
- Back injury
- Certain joint injuries.
- Extended treatment plan
- Excessive physical therapy
- Attorney involvement

US&C telephonic early intervention program is with our sister managed care company, BHN. The program promotes optimal medical treatment at the ONSET OF INJURY. Our goal is to coordinate an expedient and safe RETURN TO WORK, decreasing medical, disability and litigation costs. Use of this EARLY INTERVENTION program has resulted in safe return to work within 60 DAYS in 85% of cases.

Telephonic Case Management includes the following:

- Telephonic case management by RN at onset of injury
- Immediate interaction by nurse with providers and adjuster
- Nurse coordination of medical services
- Pre-authorization of outpatient diagnostic testing
- Assist in return to work



The nurse handling the medical treatment portion of the claim monitors and reviews the claim for potential assignment to on-site case management. They would notify the Claims Adjuster of the potential criteria being met for approval to refer the claim for on-site case management. Client provides input into establishing the criteria when on-site case management is required. These criteria would likely include:

- Catastrophic injuries, burns, amputation, crush injuries, head/spinal cord injuries, multiple fractures/trauma, cumulative trauma, peculiar diseases, or disorder.
- Lost time over a set threshold (60+ days), extended period of modified duty, history of work related injuries.
- Re-injury upon returning to work.
- Non-compliance issues with treatment unsuccessfully addressed by telephone.
- Multiple providers or frequent changes in treating physician.
- Social or behavioral issues, which would more appropriately be evaluated face-to-face.
- Potential employer or client education may be needed along with job-site evaluation.
- Telephonic case management over thirty to sixty (30 - 60) days with no return to work date within a reasonable timeframe.
- Non-cooperative physician – ongoing treatment with no discharge date.
- Attorney involvement.

**The field case management services objectives include:**

- Ensuring treatment plans are appropriate for the injured employee.
- Consider alternative treatment or medical services based on medical criteria
- Ensure the injured employee follows the treatment plan and attends scheduled appointments for medical and rehab.
- Plans for return to work or alternate duty.

Case managers understand the importance of following treatment plans, early returns to work and vocational services. Limited assignments can be made to on-site case managers to acquire medical information/visit employees as well as physicians, to better document and process the claim. Severe injuries would require the nurses to be more actively involved in the case for a longer period of time. These cases would be monitored not only by the Nurse but also by the Claims Adjuster.



**MMSEA Section 111 (For Both Workers' Compensation and Liability Reporting Requirements)**

Underwriters Safety & Claims will accomplish MMSEA - Medicare eligibility queries and claim input reporting of eligible claimants on behalf of our clients, to assure compliance with the federal reporting mandate. Our RiskMaster claims system is able to query and report claim data directly to CMS without the involvement of third party vendors. In addition, we offer knowledgeable and responsive Account Management to register your company as a Responsible Reporting Entity, respond to CMS as needed, complete data testing on your behalf, and begin transmitting queries and file reporting in the near future. Existing claims may require file review and retro-loading of claim data in order to bring files up to reporting standards. US&C is able to assist your company with this process, to comply with the time lines imposed by this complex law which carries significant exposure for non-compliance.



## COST CONTAINMENT SERVICES

### PREFERRED PROVIDER NETWORK

Payments of vendor bills, of course, are dependent upon being provided appropriate information by the vendors. We do not pay medical bills unless information confirming diagnosis, treatment, and prognosis are given at the time of the billing. Upon receipt of this information, bills are processed for payment within five days and payments are made within eighteen days.

Our PPO network is through Coventry, the largest Workers' Compensation PPO in the United States. We access this system directly with our staff inputting and processing claims. This actually gives us access to four PPO Networks, Beach Street, Aetna, Focus and First Health. Bills are reviewed and the network with the best discount is utilized in the process.

If any questions arise regarding payments, a registered nurse is available for review. All chiropractic bills, diagnostic testing, and bills in excess of \$1,500 are reviewed by the nurse. The computer system reviews each bill for appropriate services, fees, and adjudicates claims to fee schedule or less, dependent upon bill review, PPO, or negotiated savings. Each day, US&C receives a data feed from Coventry to update our claim files, print checks, and distribute the checks to appropriate vendors.

Below is savings for the bills we processed through Coventry for City of Gainesville from October 1, 2011 through May 31, 2016:

Net Charges	\$7,208,995	
Total Allowed	\$3,421,876	
Savings	\$3,787,119	52.5 %
Savings Below Fee Schedule	\$ 617,597	8.5 %



## **PHARMACY BENEFIT MANAGEMENT**

US&C partners with Preferred Medical for prescription management. As a claim is reported, a letter explaining the benefits to the employee is forwarded as well as a prescription card. This card is recognized by all major pharmacies throughout the State and provides prescriptions by mail. On a national basis, savings from this program are approximately 34% below the billed charges. For City of Gainesville utilizing this program since October 1, 2011, billed Rx charges have been \$1,550,777, of this, \$1,248,916 was paid, for a savings of \$301,861. We currently provide the City with quarterly savings reports of this program.

With Preferred Medical we have experienced an increase in the number of prescriptions filled with generics, which saves additional money and contains the cost of the pharmacy management. Preferred Medical is minority owned.

Below are the benefits of this program:

- Instant Rx Cards — Provided immediately after injuries to ensure PBM benefits from the onset.
- Direct Billing — eliminates out-of-pocket expenses.
- Discounts — below AWP
- Formulary — approves typically dispensed WC Rx (Can be customized to client needs)
- High Utilization Pattern Reports — flags profiles for review Emailed to adjusters weekly.
- Clinical Review — by certified pharmacists who confirm causation and levels of Rx prescribed.
- Help Desk 24/7.

### **ADDED VALUE**

Since all Indemnity claims with on-going treatment will be assigned a Telephonic Nurse, we will be providing an additional service at no extra cost. A Nurse Rx review will also be part of the pharmacy management program, and will be performed by our BHN nurse.



BHN Nurse will review claims for appropriate documentation and one of the following results:

1. Rx will be approved if confirmed appropriate for WC injuries.
2. If more information is needed, BHN e-mails a reply to PMN of “pending” and cc’s the adjuster. BHN will contact the prescriber to obtain office notes, copy of prescription or other information needed to confirm that the Rx is appropriate.
3. If the medication is inappropriate, recommendations are sent to the adjuster, and adjuster authorization is obtained for further action (UR, FCM assignment, Rx override approval).





### General Liability/Automobile Claims Administration

The following outlines Underwriters Safety & Claims' property and casualty claims handling procedures.

#### **Coverage**

Verify and document that the loss is covered under the current policy.

#### **Client Contact**

Call client within 24 hours of assignment to verify the details of the claim. Investigations should include:

#### **AUTOMOBILE**

- A detailed interview regarding accident facts, including fault analysis.
- Nature and extent of injuries and property damage.
- Location and condition of vehicle? Incurring storage fees? Is a rental required (covered under the policy)? Where will the vehicle be repaired? Estimates?
- Witness names and addresses.
- Medical treatment – names and addresses of physicians and hospitals.
- Medical history (any related pre-existing conditions).
- Send PIP applications, if applicable
- Request police report.
- Assign appraiser.
- Complete scene investigation if necessary.
- Follow total loss procedures if totaled.

#### **GENERAL LIABILITY**

- A detailed interview regarding accident facts, including fault analysis.
- Were photos taken at the time of the incident?
- If injury caused by property defect, was defect known by client prior to the incident?
- Nature and extent of injuries or property damage.
- Was an ambulance called? Transport required?
- Witness names and addresses.
- Last known employee in the area prior to the incident?
- Medical treatment – names and addresses of physicians and hospitals.
- Complete scene investigation if necessary.



## **Claimant Contact**

Call or meet with Claimant within 24 hours of assignment to verify the details of the claim. Investigations should include:

### **AUTOMOBILE**

- A detailed interview regarding accident facts, including fault analysis.
- Nature and extent of injuries or property damage.
- Identify their carrier.
- Location and condition of vehicle. Is it incurring storage fees, is a rental required, (are rental expenses covered under the policy)? Where will the vehicle be repaired? Have estimates been obtained / amounts?
- Follow total loss procedures if totaled.
- Witness names and addresses.
- Medical treatment – names and addresses of physicians and hospitals.
- Medical history - any related pre-existing conditions?
- Send Medical / Wage authorizations.
- Request police report.
- Assign appraiser.
- Approve rental if required.

### **GENERAL LIABILITY**

- A detailed statement regarding accident facts, including fault analysis.
- Nature and extent of injuries or property damage.
- Witness names and addresses.
- Medical treatment – names and addresses of physicians and hospitals.
- Medical history - any related pre-existing conditions?
- Send Medical / Wage authorizations.

## **Physician Contacts**

- Verify medical history, nature and the extent of injury and causal relationship.
- Determine recommended treatment plan
- Extent of disability, projected RTW.
- Prior medical history and treatment?
- Request medical records.

**Witness Contacts**

Call or meet with witnesses within 5 days of assignment to verify the accident, facts, and extent of damages and injuries.

**Subrogation**

- Consider responsible third party involvement within 14 days of assignment. Determine if any potential recovery from third parties exists. Document claim file.

**Medical Authorization**

- Request medical authorizations within 14 days of assignment.

**Index Bureau (ISO)**

- Complete ISO requests within 5 days of assignment and annually thereafter when required by client.

**Plan of Action**

- Outline future activity to bring this claim to a resolution.

**Claim Payments/Resolution**

- Document and authorize payment request within 48 hours of settlement.



## PROJECT APPROACH

We view the City of Gainesville as a premier account handled by our Tallahassee, FL office. As noted in the response to Personnel requirements for workers' compensation claim services, we are assigning very talented and experienced people to service the needs of the City. Two adjusters are being assigned to you to handle the workers' compensation claims, Jane Clevenger, who has been handling claims in Florida for over 25 years, and Melissa Franklin with 20 years experience.

For your Liability Program, we recognize the importance of a local liability adjuster and will continue to have that adjuster located in Gainesville. We view Curtis Luster as a great asset to the program. His continued presence at the City offices will allow for continued aggressive claim investigation and faster claim resolution, reducing the cost of claims and maximizing cost saving efforts by all parties.

In addition, we are assigning Joe Zichettella as primary liaison between the City and US&C, Scott O'Brien will be the alternate if needed. Scott is Regional Claims Manager in the Lawrenceville, GA office and has been with US&C since 2003. Vicki Garland will be your Claims Customer Service Representative.

As defined in the RFP, we are proposing a 24 month contract. Absent written notification by either party at least 30 days prior to October 1 of each fiscal year, the term of the contract shall automatically be extended an additional 12 months. Our fees quoted are Annual Flat, non-adjustable for first 24 months of contract. We have also provided fees for an additional 24 month term should the contract continue.

We feel very strongly that we have assembled the most talented team to service the City's claims program. By combining this team of management, adjusters, and support staff, the City will realize cost savings brought about by the consistent and aggressive claim management that will be available to you.



**SPECIALIZED CLAIM HANDLING KNOWLEDGE**

**FOR**

**PUBLIC ENTITIES**

All the adjusters in the Underwriter's Safety & Claims Florida Branch have extensive experience in handling workers' compensation claims for governmental entities. Combined, the three licensed adjusters have over 40 years experience handling and investigating claims on behalf of city and county governments, such as Brevard County, Bay County, Alachua County, City of Gainesville, Escambia County and Gadsden County. The experience includes handling claims from firefighters, police officers/sheriffs deputies, correctional officers, Emergency Medical Technicians, utility workers, transit operators and office employees.

While handling claims for Brevard County, City of Gainesville, Bay County and Escambia County, knowledge of the Heart Lung statutes was utilized on a daily basis related to investigation and day to day claims handling. Once a condition (tuberculosis, heart disease or hypertension) is reported by an employee as work related, an immediate investigation occurs in order to determine if the condition would be covered under Heart & Lung statutes. As part of the investigation, we would determine if the claimant's occupation is included as a covered occupation in this provision. We would then obtain the pre-employment physical, any prior medical records, statement of the claimant, and confirm any possible disability that resulted from the reported condition. With this information, a determination of compensability can be rendered. We will also work closely with City's Defense Attorney if case is assigned for defense.

To keep current, the adjusters regularly attend continuing education classes regarding law changes and case law updates including the Heart & Lung statutes. All Adjusters also attend the annual Florida Workers' Compensation Conference and other related conferences throughout the year.



## CLAIMS ADMINISTRATION MANAGEMENT STRUCTURE

**Gary Gilmour**  
Senior Vice President  
Louisville, KY



**CITY OF GAINESVILLE  
TPA SERVICE TEAM**

**Joe Zichettella**  
Account Executive/Liaison  
Savannah, GA



**Jane Clevenger**  
Claims Supervisor/LT Adjuster  
Tallahassee Branch



**Melissa Franklin**  
Med. Only Adjuster, CSR  
Tallahassee, FL

**Curtis Luster**  
Liability Adjuster  
Gainesville, FL

### ALTERNATES:

**Alternate Liaison:**  
**Scott O'Brien**  
Atlanta/Regional Claim Manager  
Lawrenceville, GA

**Alternate WC/MO:**  
**Emily Lay**  
Senior Adjuster  
Savannah, GA

**Alternate Liability Adjuster:**  
**Patrick Goode**  
Lawrenceville Branch

**Alternate Liability Adjuster:**  
**Laurie Barczykowski**  
Lawrenceville Branch



# FREQUENCY & SEVERITY - EXCEL

Client Name - Client	B	C	D	E	F	G	H	I	J	K
Body Part	Open Claims	Open Paid Period	Open Paid Total	Open Reserve Period	Open Reserve Total	Open Reserve Total	Open Recovery Period	Open Recovery Total	Open Incurred Period	Open Incurred
2 DIVISION	14.00	\$0.00	\$6,552,891	\$60,500.00	\$0.00	\$134,844.11	\$0.00	\$0.00	\$60,500.00	\$0.00
3 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6 Client Name	1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 Client Name	2.00	\$2,021.23	\$5,087.81	-\$1,521.23	\$897.47	\$897.47	\$0.00	\$0.00	\$500.00	\$0.00
8 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12 Client Name	1.00	\$2,045.79	\$12,766.47	-\$2,045.79	\$13,745.53	\$13,745.53	\$0.00	\$0.00	\$0.00	\$0.00
13 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15 Client Name	1.00	\$118.40	\$2,105.01	-\$118.40	\$2,393.89	\$2,393.89	\$0.00	\$0.00	\$0.00	\$0.00
16 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19 Client Name	1.00	\$407.17	\$553.50	\$446.50	\$446.50	\$446.50	\$0.00	\$0.00	\$853.67	\$0.00
20 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21 Client Name	2.00	\$728.40	\$1,254.52	-\$728.40	\$2,245.48	\$2,245.48	\$0.00	\$0.00	\$0.00	\$0.00
22 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24 Client Name	1.00	\$3,573.08	\$4,235.86	\$8,082.72	\$9,819.94	\$9,819.94	\$0.00	\$0.00	\$11,855.80	\$0.00
25 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26 Client Name	1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28 Client Name	2.00	\$800.00	\$4,085.51	\$10,150.00	\$16,944.49	\$16,944.49	\$0.00	\$0.00	\$10,950.00	\$0.00
29 Client Name	1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31 Client Name	1.00	\$2,013.23	\$3,816.80	-\$2,013.23	\$181,577.02	\$181,577.02	\$0.00	\$0.00	\$0.00	\$0.00
32 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34 Client Name	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35 Client Name	1.00	\$136.80	\$25,576.44	-\$136.80	\$22,000.96	\$22,000.96	\$0.00	\$0.00	\$0.00	\$0.00
36 Client Name	1.00	\$3.00	\$3.00	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00
37										



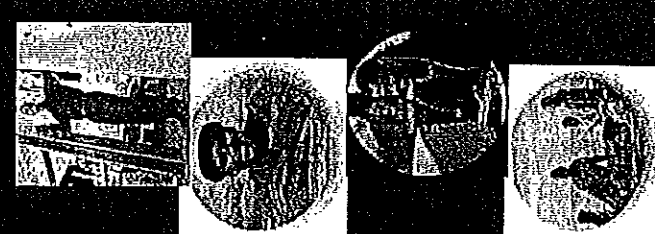
# TPA GENERATED CHECK REGISTER PDF VERSION



CLIENT NAME  
Check Register

Financial Period: 05/01/2008 - 05/31/2008  
Claim Period: 07/01/2008 - 05/31/2008

Check Number	Payee	Check Class	Check Date	Accident Date	Claim Number	Claimant Name	Accident Type	Relayse Type	Void	Amount
762270	BLUEGRASS HEALTH NETWORK, INC	05/01/2008	05/01/2008	04/03/2008	WC000552974 04/05/2008 - 04/03/2008	Keane, Kenneth	Sprain/Strain	M	No	\$0.04
765200	PIKEVILLE MEDICAL CENTER	05/01/2008	05/01/2008	02/25/2008	WC00055293001 02/25/2008 - 02/25/2008	Bentley Jr., Marvin	Vehicle Accident	M	No	\$0.94
766300	PIKEVILLE MEDICAL CENTER	05/01/2008	05/01/2008	02/25/2008	WC00055293001 02/25/2008 - 02/25/2008	Bentley Jr., Marvin	Vehicle Accident	M	No	\$257.00
768308	PIKEVILLE MEDICAL CENTER	05/01/2008	05/01/2008	02/25/2008	WC00055293001 02/25/2008 - 02/25/2008	Bentley Jr., Marvin	Vehicle Accident	M	No	\$173.96
768309	PIKEVILLE MEDICAL CENTER	05/01/2008	05/01/2008	02/25/2008	WC00055293001 02/25/2008 - 02/25/2008	Bentley Jr., Marvin	Vehicle Accident	M	No	\$154.46
768310	PIKEVILLE MEDICAL CENTER	05/01/2008	05/01/2008	02/25/2008	WC00055293001 02/25/2008 - 02/25/2008	Bentley Jr., Marvin	Vehicle Accident	M	No	\$146.10
768315	RONNIE PARKER	05/01/2008	05/01/2008	04/03/2008	WC000552974 04/03/2008 - 04/03/2008	Keane, Kenneth	Sprain/Strain	M	No	\$728.40
769609	U-SAVE AUTO RENTAL	05/02/2008	05/02/2008	03/21/2008	WC000552900 04/17/2008 - 04/17/2008	Herrington, Tommi	Vehicle Accident	E	No	\$59.99
767128	BLUEGRASS HEALTH NETWORK, INC	05/03/2008	05/03/2008	11/28/2003	WC000552075 03/03/2008 - 03/03/2008	Becher, Lori	Struck by Fairly Object	M	No	\$20.59
767160	PREFERRED MEDICAL NETWORK L	05/03/2008	05/03/2008	13/28/2006	WC0005520875 04/25/2008 - 04/25/2008	Datson, James	Sprain/Strain	M	No	\$20.00
767160	PREFERRED MEDICAL NETWORK L	05/03/2008	05/03/2008	12/26/2005	WC0005520875 04/25/2008 - 04/25/2008	Datson, James	Sprain/Strain	M	No	\$53.57
767175	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	12/16/2005	WC0005520831 04/02/2008 - 05/02/2008	Pine Ct Physical Court,	Vehicle Accident	COLL	No	\$20.00
767220	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$500.00
767230	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$16.36
767230	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$32.70
767230	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$32.70
767230	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$50.23
767230	PIKE CITY PHYSICAL THERAPY CLN	05/03/2008	05/03/2008	11/28/2005	WC0005520705 03/02/2008 - 03/02/2008	Becher, Lori	Struck by Fairly Object	M	No	\$16.36



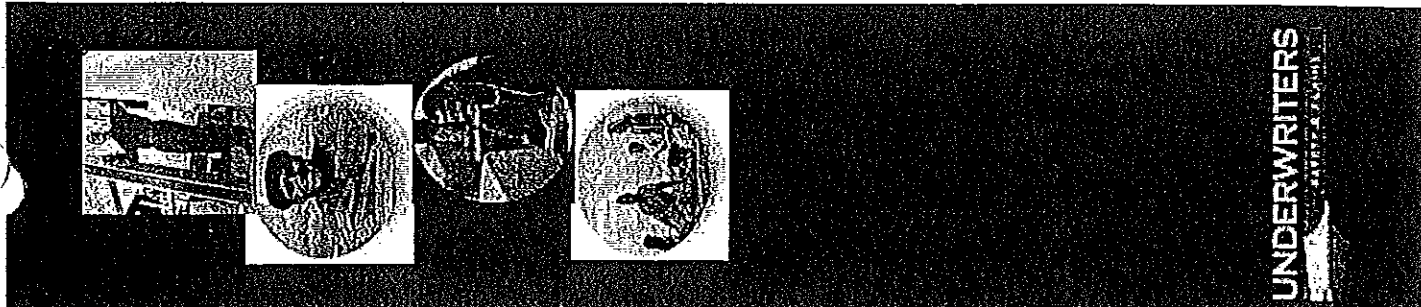
# TPA GENERATED EXCESS REPORT PDF VERSION



Valuation Date: 05/31/2009

### Claims in Excess

Claim Number LOB	Claim Type Claim Status	Claimant Name Policy Number	SIF Event Date	Total Paid	Total Outstanding	Total Incurred	Client C/L	Excess Reserve	Paid in Excess	Excess C/L
<b>Policy Period: 06/01/1975 - 06/30/1976</b>										
5000000776001	WC	CLOSED-PRIOR FORMAT 72-XXXX0413	08/31/1975	\$75,001.35	\$0.00	\$75,001.35	\$0.00	\$51.35	\$51.35	\$0.00
		Event Totals: EV0606091975		\$75,001.35	\$0.00	\$75,001.35	\$0.00	\$51.35	\$51.35	\$0.00
		Policy Period Totals: 06/01/1975 - 06/30/1976		\$75,001.35	\$0.00	\$75,001.35	\$0.00	\$51.35	\$51.35	\$0.00
<b>Policy Period: 07/01/1977 - 06/30/1978</b>										
7700000100001	WC	CLOSED-PRIOR FORMAT 77-CP1978	06/30/1977	\$171,420.40	\$0.00	\$171,420.40	\$0.00	\$21,420.40	\$21,420.40	\$0.00
		Event Totals: EV7700001978		\$171,420.40	\$0.00	\$171,420.40	\$0.00	\$21,420.40	\$21,420.40	\$0.00
		Policy Period Totals: 07/01/1977 - 06/30/1978		\$171,420.40	\$0.00	\$171,420.40	\$0.00	\$21,420.40	\$21,420.40	\$0.00
<b>Policy Period: 07/01/1981 - 06/30/1982</b>										
8100000100001	WC	CLOSED-PRIOR FORMAT 81-CP1982	06/30/1981	\$244,552.81	\$0.00	\$244,552.81	\$0.00	\$44,552.81	\$44,552.81	\$0.00
		Event Totals: EV8100001982		\$244,552.81	\$0.00	\$244,552.81	\$0.00	\$44,552.81	\$44,552.81	\$0.00
		Policy Period Totals: 07/01/1981 - 06/30/1982		\$244,552.81	\$0.00	\$244,552.81	\$0.00	\$44,552.81	\$44,552.81	\$0.00
<b>Policy Period: 07/01/1984 - 06/30/1986</b>										
0001000002001	WC	SHELBY, KERMIT W. 54-ACCT1072-4	11/13/1985	\$255,907.82	\$0.00	\$255,907.82	\$0.00	\$55,907.82	\$55,907.82	\$0.00
		Event Totals: EV000102-0283		\$255,907.82	\$0.00	\$255,907.82	\$0.00	\$55,907.82	\$55,907.82	\$0.00
		Policy Period Totals: 07/01/1984 - 06/30/1986		\$255,907.82	\$0.00	\$255,907.82	\$0.00	\$55,907.82	\$55,907.82	\$0.00
<b>Policy Period: 07/01/1986 - 06/30/1987</b>										
0001000003001	WC	SMELL, MURRAY 86-ACCT1073-4	06/30/1986	\$300,607.18	\$0.00	\$300,607.18	\$0.00	\$50,607.18	\$50,607.18	\$0.00
		Event Totals: EV00010283-16		\$300,607.18	\$0.00	\$300,607.18	\$0.00	\$50,607.18	\$50,607.18	\$0.00
		Policy Period Totals: 07/01/1986 - 06/30/1987		\$300,607.18	\$0.00	\$300,607.18	\$0.00	\$50,607.18	\$50,607.18	\$0.00
		LOB Totals: WC		\$1,056,594.36	\$0.00	\$1,056,594.36	\$0.00	\$181,594.36	\$181,594.36	\$0.00
		Client Totals: ELECTRIC ENERGY, INC.		\$1,056,594.36	\$0.00	\$1,056,594.36	\$0.00	\$181,594.36	\$181,594.36	\$0.00



# TPA GENERATED FREQUENCY & SEVERITY PDF VERSION

Financial Period: 06/30/2006 - 05/31/2006  
 Claim Period: 07/01/2005 - 05/31/2006  
 Valuation Date: 06/30/2006



## Frequency and Severity

Type of Injured	Number of Claims	Payments		Reserves		Recoveries		Total Incurred	Percent Paid	Percent Incurred	Avg Paid	Avg Work Incurred
		Current Period	Paid to Date	Current Period	Balance to Date	Current Period	Collected to Date					
<b>Type of Injured: AMBLYOPI</b>												
Open	14	\$0.00	\$0,552.00	\$0,000.00	\$124,044.11	\$0.00	\$0.00	\$141,200.00	44.92%	40.12%	\$2,051.05	\$4,353.26
Closed	40	\$7,721.00	\$104,783.77	\$0,007.61	\$0.00	\$1,413.05	\$1,076.36	\$104,793.77	44.92%	40.12%	\$2,051.05	\$4,353.26
Totals	54	\$7,721.00	\$111,029.08	\$31,442.39	\$124,044.11	\$1,413.05	\$1,076.36	\$205,993.77	44.92%	40.12%	\$2,051.05	\$4,353.26
<b>Type of Injured: BIL</b>												
Open	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Closed	1	\$0.00	\$414.87	\$0.00	\$0.00	\$0.00	\$0.00	\$414.87	0.00%	0.07%	\$414.87	\$414.87
Totals	1	\$0.00	\$414.87	\$0.00	\$0.00	\$0.00	\$0.00	\$414.87	0.00%	0.07%	\$414.87	\$414.87
<b>Type of Injured: BRUISE</b>												
Open	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Closed	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Totals	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
<b>Type of Injured: BRUISE</b>												
Open	2	\$0.00	\$3,205.51	\$0.00	\$3,794.49	\$0.00	\$0.00	\$10,000.00	1.77%	1.92%	\$4,950.00	\$1,241.00
Closed	7	\$0.00	\$1,092.25	\$0.00	\$0.00	\$0.00	\$0.00	\$1,600.25	1.77%	1.92%	\$2,285.00	\$544.00
Totals	9	\$0.00	\$4,297.76	\$0.00	\$3,794.49	\$0.00	\$0.00	\$11,600.25	1.77%	1.92%	\$4,665.00	\$1,785.00
<b>Type of Injured: BURN-1ST DEGREE</b>												
Open	1	\$0.00	\$0.00	\$800.00	\$900.00	\$0.00	\$0.00	\$200.00	0.00%	0.00%	\$200.00	\$200.00
Closed	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Totals	1	\$0.00	\$0.00	\$800.00	\$900.00	\$0.00	\$0.00	\$200.00	0.00%	0.00%	\$200.00	\$200.00
<b>Type of Injured: SCALDS/BILL</b>												
Open	5	\$5,679.40	\$20,232.55	\$7,271.57	\$152,973.46	\$0.00	\$0.00	\$227,211.62	35.24%	45.60%	\$33,535.26	\$21,410.16
Closed	6	\$447.00	\$21,121.00	\$21,175	\$0.00	\$0.00	\$0.00	\$21,121.00	35.24%	45.60%	\$3,520.17	\$3,520.17
Totals	11	\$6,126.40	\$41,353.55	\$28,446.57	\$152,973.46	\$0.00	\$0.00	\$248,332.62	35.24%	45.60%	\$37,055.43	\$24,930.33
<b>Type of Injured: FRACTURE</b>												
Open	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Closed	3	\$0.00	\$1,092.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,092.00	0.00%	0.00%	\$364.00	\$364.00
Totals	4	\$0.00	\$1,092.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,092.00	0.00%	0.00%	\$364.00	\$364.00
<b>Type of Injured: FROST</b>												
Open	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0.00%	\$0.00	\$0.00
Closed	1	\$0.00	\$109.05	\$0.00	\$0.00	\$0.00	\$0.00	\$109.05	0.00%	0.05%	\$109.05	\$109.05
Totals	1	\$0.00	\$109.05	\$0.00	\$0.00	\$0.00	\$0.00	\$109.05	0.00%	0.05%	\$109.05	\$109.05



# TPA GENERATED CHECK REGISTER PDF VERSION FOR SPECIFIC PAYMENT TYPES - TTD/TPD



Financial Period: 05/01/2006 - 05/31/2006  
Claim Period: 07/01/2005 - 05/31/2006

CLIENT NAME  
Check Register

Check Number	Payee	Check Date	Account Date	Claim Number	Claimant Name	Account Type	Reserve Type	Void	Amount
63002085	James Hevey	05/04/2006	01/10/2006	WV2005024987	Hevey, James	SPRINT/STAIN	1	NO	\$1,176.00
76775	Lori Baehar	05/09/2006	11/28/2005	WV2005020705	SONNET, LORI	STRIDE/TPD FAULTY OBJECTS	1	NO	\$378.40
76511	Grant Coleman	05/09/2006	09/20/2005	WV2005050911	COLEMAN, GRANT	STRIDE/TPD FAULTY OBJECTS	1	NO	\$365.40
772191	Lori Baehar	05/23/2006	11/28/2005	WV2005020705	BAEHAR, LORI	STRIDE/TPD FAULTY OBJECTS	1	NO	\$378.40
772154	Grant Coleman	05/23/2006	09/20/2005	WV2005050911	COLEMAN, GRANT	STRIDE/TPD FAULTY OBJECTS	1	NO	\$200.40
772180	James Hevey	05/23/2006	01/10/2006	WV2005024987	Hevey, James	SPRINT/STAIN	1	NO	\$664.30
772531	Anthony Charles	05/24/2006	05/15/2006	WV2005020705	CHARLES, ANTHONY	STRIDE/TPD	1	NO	\$400.00
774144	Anthony Charles	05/31/2006	05/03/2006	WV2005020705	CHARLES, ANTHONY	STRIDE/TPD	1	NO	\$400.00
Total Checks: \$									54,176.02

**PAYMENT TOTALS:**  
DIVISION TOTALS \$0.00  
VOID TOTALS \$0.00  
PAID - VOID TOTALS \$0,176.02  
PAID - VOID TOTALS \$0,176.02  
PAID - VOID TOTALS \$0,176.02

Claims not listed above did not meet criteria for the given criteria.





Loss Triangulation Report

Fund Year	June 95	June 96	June 97	June 98	June 99	June 00	June 01	June 02	June 03	June 04	June 05	June 06	June 07	June 08	June 09	June 10	June 11	June 12	June 13	June 14	June 15	TOTALS	
0	241,808	222,583	239,898	240,844	0	232,776	232,776	232,776	234,427	233,685	233,195	233,239	233,239	233,239	233,239	233,239	233,239	233,239	233,239	233,239	233,239	233,239	233,239
1	0	282,590	394,330	431,195	455,390	483,284	483,284	483,284	487,464	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284	483,284
2	0	0	370,975	421,599	382,433	380,126	353,620	376,988	397,190	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988	376,988
3	0	0	0	313,131	292,976	337,274	319,550	326,695	331,062	341,343	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931	339,931
4	0	0	0	0	349,676	386,276	397,645	382,244	389,248	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244	382,244
5	0	0	0	0	324,484	343,150	348,612	386,153	386,975	361,668	442,889	439,889	357,889	357,889	357,889	357,889	357,889	357,889	357,889	357,889	357,889	357,889	357,889
6	0	0	0	0	0	349,462	415,898	489,851	479,082	486,059	503,709	495,809	495,809	495,809	495,809	495,809	495,809	495,809	495,809	495,809	495,809	495,809	
7	0	0	0	0	0	0	371,195	367,039	389,252	400,928	396,696	396,696	396,696	396,696	396,696	396,696	396,696	396,696	396,696	396,696	396,696	396,696	
8	0	0	0	0	0	0	0	340,766	453,541	544,593	561,941	565,048	565,048	565,048	565,048	565,048	565,048	565,048	565,048	565,048	565,048	565,048	
9	0	0	0	0	0	0	0	0	662,633	581,246	578,504	592,182	587,258	587,258	587,258	587,258	587,258	587,258	587,258	587,258	587,258	587,258	
10	0	0	0	0	0	0	0	0	0	791,454	721,538	709,473	728,963	728,963	728,963	728,963	728,963	728,963	728,963	728,963	728,963	728,963	
11	0	0	0	0	0	0	0	0	0	0	861,305	843,434	819,522	801,816	796,590	796,590	796,590	796,590	796,590	796,590	796,590	796,590	
12	0	0	0	0	0	0	0	0	0	0	0	742,392	1,212,074	824,569	824,569	824,569	824,569	824,569	824,569	824,569	824,569	824,569	
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	0	241,808	505,513	1,005,203	1,406,768	1,722,655	2,094,733	2,512,338	2,962,582	3,385,813	3,876,709	4,793,294	5,501,844	6,394,497	7,044,253	8,118,941	8,538,603	9,252,189	10,070,352	10,764,171	11,507,816	12,277,816	





**POLICY STATEMENT**  
From US&C Employee Handbook

**EQUAL EMPLOYMENT OPPORTUNITY**

US&C is an equal opportunity employer, and its policies, procedures, and personnel programs are administered without regard to race, religion, sex, age, national origin, disability, or veteran status. We are committed to this policy and it is our intent that it apply to all recruitment, placement, promotion, transfer, retention, termination, compensation, and benefit decisions, as well as to all our other privileges, personnel programs, Company policies and conditions of employment. US&C abides by all applicable federal, state and local laws in the interpretation and application of its employment policies and practices.

You share in the responsibility of preventing discrimination. If you feel that you have been discriminated against, discuss your concerns with your Supervisor or the Human Resource Director, whoever is the appropriate person under the circumstances. Please report any alleged discrimination immediately. A thorough investigation of all complaints will be undertaken immediately & handled as confidentially as possible. The employer ensures that employees following this complaint procedure are protected against illegal retaliation. Any act of individual discrimination by an employee while on Company business or in a Company related function or activity will result in corrective action, up to and including termination.

**DRUG-FREE WORKPLACE FORM**

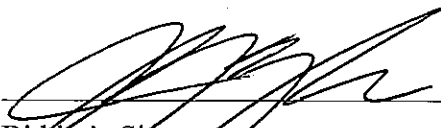
The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

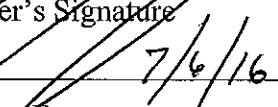
Underwriters Safety & Claims, Inc. does:

(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

  
 Date



CHIEF FINANCIAL OFFICER  
JEFF ATWATER  
STATE OF FLORIDA

March 1, 2016

Mr. Gary G. Gilmour, ARM  
Senior Vice President  
Underwriters Safety & Claims, Inc.  
1700 Eastpoint Parkway  
P. O. Box 23790  
Louisville, KY 40223

Re: Qualified Servicing Entity Annual Report

Dear Mr. Gilmour:

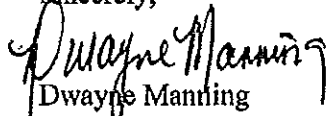
The Qualified Servicing Entity Annual Report Form for your company has been received. I have reviewed this report and your company is in compliance with Rule 69L-5.230(11) F.A.C. (Retaining Authorization as a Qualified Servicing Entity). This letter will confirm that your company has been recertified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

EXHIBIT B

CITY OF GAINESVILLE

CERTIFICATION OF COMPLIANCE WITH LIVING WAGE

The undersigned hereby agrees to comply with the terms of the Living Wage Ordinance and to pay all covered employees, as defined by City of Gainesville Ordinance 020663 as amended at 030168 (Living Wage Ordinance), during the time they are directly involved in providing covered services under the contract with the City of Gainesville for Third Party Claims Adjusting Services a living wage of \$11.6827 per hour to covered employees who receive Health Benefits from the undersigned employer and \$12.93 per hour to covered employees not offered health care benefits by the undersigned employer.

Name of Service Contractor/Subcontractor: N/A

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

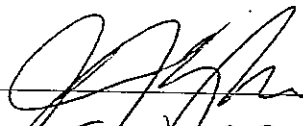
Phone Number: \_\_\_\_\_

Name of Local Contact Person \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

\$ \_\_\_\_\_  
(Amount of Contract)

Signature:  Date: 7/6/14

Printed Name: Joseph J. Zichetta

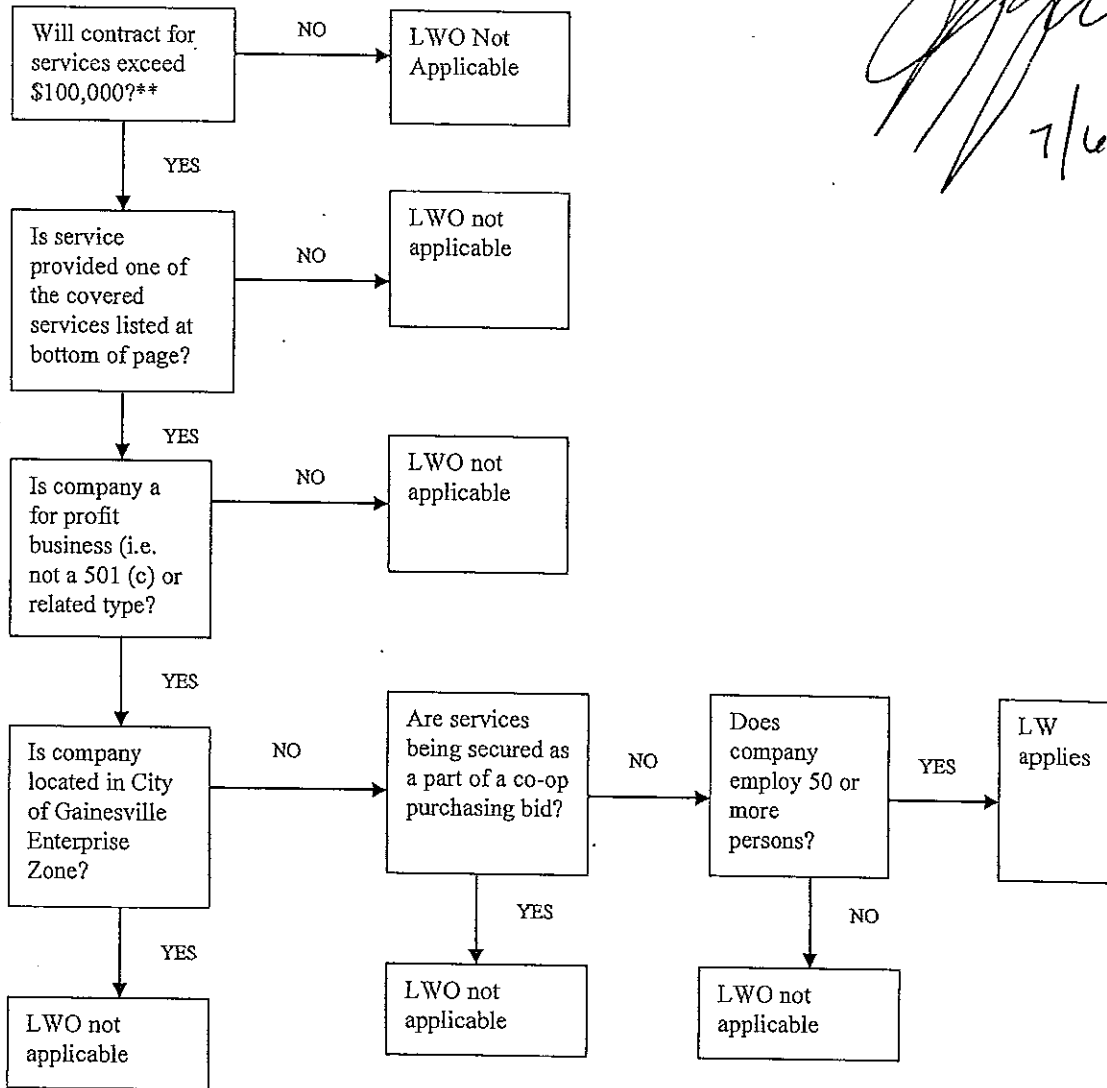
Title: Senior Account Executive

LIVING WAGE DECISION TREE

N/A

While not all encompassing, the following is provided as a guideline for contractors in determining whether the City of Gainesville Living Wage Ordinance applies to their firm in the performance of specified service contracts for covered services\* with the City. Contractors are advised to review the entire text of the Living Wage Ordinance in conjunction with this guideline.

*[Handwritten signature]*  
7/6/16



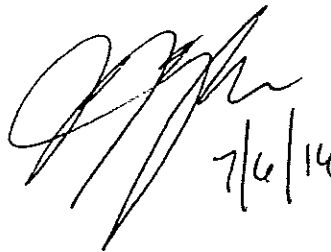
\*Covered Services: food preparation and/or distribution; custodial/cleaning; refuse removal; maintenance and repair; recycling; parking services; painting/refinishing; printing and reproduction services; landscaping/grounds maintenance; agricultural/forestry services; and construction services  
 \*\*Total value of contract.

**LIVING WAGE COMPLIANCE**  
See Living Wage Decision Tree (Exhibit C hereto)

Check one: *N/A*

- 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.



*[Handwritten Signature]*  
7/6/14

Exhibit E

**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: Underwriters Safety + Claims, Inc.

Proposer's Alias/DBA: \_\_\_\_\_

Proposer's  
Address

5105 Paulsen Street, Suite 241  
SAVANNAH, GA 31405

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

Name: JOE Zichettella

Telephone Number 800-928-9096

Date: 7/6/16

Fax Number 912-355-8989<sup>229</sup>

Email address Joe@uscky.com

**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.

Exhibit E

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.

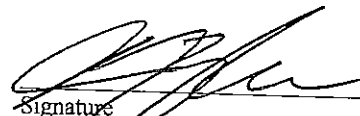
Signature also acknowledges that Proposer has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this RFP.

(CORPORATE SEAL)

ATTEST:

  
 Signature  
 By: JoAnne Smith  
 Title: Notary

PROPOSER:

  
 Signature  
 By: Joseph J. Zickel  
 Title: Senior Account Executive



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: Underwriters Safety & Claims, Inc.

BY: 

DATE: 7/6/16

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:

Underwriters Safety & Claims, Inc.

BY:

[Signature]

DATE:

7/6/16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/06/2016

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).

<b>PRODUCER</b> The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	<b>CONTACT NAME</b> PHONE (A/C No, Ext): 502-244-1343      FAX (A/C, No): 502-244-1411 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Churchill Insurance Associates, Inc. Underwriters Safety & Claims, Inc. The Underwrites Group, Inc. P.O. Box 23790 Louisville, KY 40223	<b>INSURER A:</b> National Fire Insurance Co of Hartford      20478	
	<b>INSURER B:</b> Continental Insurance Company      35289	
	<b>INSURER C:</b> Continental Casualty Company      20443	
	<b>INSURER D:</b> Kentucky Employers' Mutual Insurance      10320	
	<b>INSURER E:</b> Zurich American Insurance Company      40142	
	<b>INSURER F:</b> Travelers Casualty and Surety Co of Amer      31194	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			6012391101PMT	03/15/2016	03/15/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POP AGG \$
B	<b>AUTOMOBILE LIABILITY</b> <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 Rent Reim			C6012391096BUA	03/15/2016	03/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$ 0			C6012391082CUP	03/15/2016	03/15/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			383746 WC966860604	01/01/2016 01/01/2016	01/01/2017 01/01/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
E	Employee Dishonesty Bond			105610241	05/30/2015	05/30/2016	Single Loss Limit 3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 City of Gainesville is an additional insured as it relates to the Gen Liability as it relates to services provided by insured

<b>CERTIFICATE HOLDER</b> City of Gainesville 200 East University Avenue Gainesville, FL 32601	<b>CANCELLATION</b> 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 





## SECTION VII – PRICE PROPOSAL

### CLAIM AND RISK MANAGEMENT SERVICES

#### PROPOSAL FORM

#### CITY OF GAINESVILLE

#### Proposer

Name: Underwriters Safety & Claims, Inc.

Service Address: 237 Pinewood Dr, Tallahassee, FL 32303

Gainesville, FL, Liability Adjuster

Claims Manager: Jane Clevenger, Tallahassee Branch Supervisor

Telephone: ( 800 ) 228-0721

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:  
N/A
- 2) Any classification of claims that are considered time and expense from their onset:  
N/A
- 3) Cost components of time and expense claims:  
 \$ N/A  
 \$ \_\_\_\_\_

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.



A) Workers' Compensation

1) Claims Service:

Estimated Annual Cost Per Entity: \$104,000 / Flat  
 Record all Incident Only Claims \$ 5,000 / Flat

Medical Only

Rate N/A per \_\_\_\_\_ (exposure unit)

Indemnity

Rate N/A per \_\_\_\_\_ (exposure unit)

2) Loss Reporting - Risk Management Information System (RMIS) Cost:

Estimated Annual Cost per Entity: Included /

Rate \_\_\_\_\_ per \_\_\_\_\_ (exposure unit)

3) Option to take over Open Claims at inception

Medical Only

Rate N/A per \_\_\_\_\_ (exposure unit)

Indemnity

Rate N/A per \_\_\_\_\_ (exposure unit)

B) General Liability:

1) Claims Service:

Estimated Annual Cost per Entity: \$55,000 / Flat

Rate N/A per \_\_\_\_\_ (exposure unit)

2) Loss Reporting - Risk Management Information System (RMIS) Cost:

Estimated Annual Cost \_\_\_\_\_



Rate   N/A   per \_\_\_\_\_ (exposure unit)

3) Option to take over Open Claims at inception

Rate   N/A   per \_\_\_\_\_ (exposure unit)

C) Automobile Liability

1) Claims Service:

Estimated Annual Cost per Entity:   \$47,000 / Flat  

Rate   N/A   per \_\_\_\_\_ (exposure unit)

2) Loss Reporting - Risk Management Information System (RMIS)  
Cost:

Estimated Annual Cost per Entity:   Included   /

Rate \_\_\_\_\_ per \_\_\_\_\_ (exposure unit)

3) Option to take over Open Claims at inception

Rate   N/A   per \_\_\_\_\_ (exposure unit)

D) **Additional Pricing**

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

**First optional 12 month renewal term: \$218,385 total (3.5% increase)**

**Second optional 12 month renewal term: \$226,028 total (3.5% increase)**

E) Hourly rate for any consulting services by job title – N/A



- F) Pricing for any "Other Services"
1. **Coventry/First Health Bill Review: 28% of savings below state fee schedule/UCR**
  2. **Section 111 MMSEA queries and reporting. Queries will be completed by US&C as required by the MMSEA at no charge. An allocated expense of \$25 will be charged when file reporting of confirmed Medicare eligible claimants is required and accomplished.**
  3. **Telephonic Case Management will be assigned to all Lost Time/Indemnity claims that will have ongoing medical treatment. This will be at a Flat Charge of \$250. Per claim (\$10,000 annual estimate).**

#### 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	<u>  x  </u>	<u>      </u>
Access to Claim Files	<u>  x  </u>	<u>      </u>
Ownership of Claim Files	<u>  x  </u>	<u>      </u>
Liaison with Agency	<u>  x  </u>	<u>      </u>
Workers' Compensation/Employer's Liability	<u>  x  </u>	<u>      </u>
General Liability/Automobile Liability	<u>  x  </u>	<u>      </u>
Compliance with Division Rules	<u>  x  </u>	<u>      </u>
Administration Services	<u>  x  </u>	<u>      </u>
Claims Services	<u>  x  </u>	<u>      </u>
Loss Prevention Services	<u>      </u>	<u>  x  </u>
Loss Statistics Services	<u>  x  </u>	<u>      </u>
Individual Claim Details	<u>  x  </u>	<u>      </u>
Report Format	<u>  x  </u>	<u>      </u>
Frequency of Reports	<u>  x  </u>	<u>      </u>
Subrogation Report	<u>  x  </u>	<u>      </u>
Report of Inactive Claims	<u>  x  </u>	<u>      </u>
Severity Report	<u>  x  </u>	<u>      </u>
Loss Fund Reconciliation	<u>  x  </u>	<u>      </u>

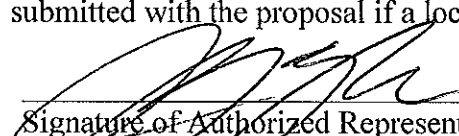




Local Preference is requested: \_\_\_\_\_ yes      x   no

If Local preference is requested this exhibit must be submitted with the proposal.

A copy of your Occupational License and Zoning Compliance Permit must be submitted with the proposal if a local preference is requested.

  
\_\_\_\_\_  
Signature of Authorized Representative

Joseph J. Zichettella, Senior Account Executive  
Name and Title, Typewritten

7/6/16  
Date



## SIMILAR PROJECTS – REFERENCES

- |    |  |  |
|----|--|--|
| 1. | City of Louisville, KY<br>Kevin O'Donnell<br>611 W. Jefferson Street<br>Louisville, KY 40202<br>502-574-2724   | Proposal Team Member<br>Gary Gilmour<br>US&C provides<br>Workers' Compensation<br>Claims Service   |
| 2. | Kentucky Association of Counties<br>Mark Miller<br>390 Kings Daughters Drive<br>Frankfort, KY 40601<br>502-875-7075  | Proposal Team Member<br>Gary Gilmour<br>US&C provides All Lines<br>Claims Service  |
| 3. | Georgia School Boards Association<br>Trudy Sowar<br>Director of Risk Management<br>5415 Sugarloaf Parkway, Ste 2600<br>Lawrenceville, GA 30043<br>888-245-4722 | Proposal Team Member<br>Joe Zichettella, Scott O'Brien<br><br>US&C provides All Lines<br>Claims Service since 2003   |
| 4. | City of Gainesville<br>Steve Varvel, Risk Manager<br><br>David Jarvis, Workers'<br>Compensation/Loss Control Mgr.<br>Gainesville, FL 32601                     | Proposal Team Member<br>Joe Zichettella, Scott O'Brien, Jane<br>Clevenger,<br>Melissa Franklin, Curtis Luster<br>US&C provides All Lines<br>Claims Service |
| 5. | Tallahassee Memorial Hospital<br>William Guidice, CFO<br>1300 Miccosukee Rd.<br>Tallahassee, FL 32308<br>850-431-5238  | Proposal Team Member<br>Joe Zichettella, Jane Clevenger<br>US&C provides WC claims service<br>Since 1998   |



ATTACHMENT A

## 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. 75 Years

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

- 1) Job Location: 1300 Miccosukee Rd. Date work performed: 1990 – Present  
Tallahassee, FL. 32308

Project Name: Tallahassee Memorial Healthcare

Contact Name: Bill Guidice

Contact Phone Number: 850-431-5238 Fax Number: 850-431-6497

Proposal Team Member who worked for the organization or the type of work performed  
Provide full WC claims administration services

- 2) Job Location: Vero Beach, Sarasota Date work performed: 2003 - Present

Project Name: Parker Hannifin Corporation

Contact Name: Curt Gross

Phone Number: 216-896-3000 Fax Number: 216-896-4043

Proposal Team Member who worked for the organization or the type of work performed  
Provide full WC claims administration services

- 3) Job Location: Lakeland, FL. Date work performed: 2008 – Present

Project Name: Flowers Foods

Contact Name: Mike Egan

Phone Number: 229-227-2403 Fax Number: \_\_\_\_\_

Proposal Team Member who worked for the organization or the type of work performed  
Provide full WC claims administration services

- 4) Job Location: Jacksonville, Tampa Date work performed: 2002 – Present

Business Name: Johnson Controls, Inc.

Contact Name: Brian Nuelk, Workers' Comp Manager

Phone Number: 414-524-4536 Fax Number: 414-524-5116

Proposal Team Member who worked for the organization or the type of work performed  
Provide full WC claims administration services



## SCOPE OF SERVICES

### INTENT

US&C will provide Workers' Compensation, General Liability and Automobile TPA Services as required by this contract.

#### 1. CLAIM AND RISK MANAGEMENT SERVICES -GENERAL

- A. **Obligations Not Terminated By Contract Period:** We agree to handle all claims which occur during the contract period until they are closed. Our fee includes full consideration for these continuing obligations.
- B. **Access to Claims Files:** The City will have reasonable access to claim files as stated in RFP.
- C. **Ownership of Claim Files:** The City will have ownership to claim files as stated in RFP.
- D. **Liaison with Agencies:** Joe Zichettella, in our Savannah, GA office, will be the designated account executive to act as primary liaison between the Entities and US&C. He will be available to meet with each Entity on site on a quarterly basis or more frequently if the circumstances dictate. In addition, Scott O'Brien, Regional Claim Manager, Lawrenceville, GA will act as alternate in any temporary absence of Joe.
- E. **Indemnification:** We agree to indemnify the City and show proof of insurance as outlined in Section V(B)(5) – "Insurance."
- F. **Personnel Requirements:**
  - 1) Curtis Luster will be your liability adjuster if awarded the contract. Curtis will continue to be located in office provided by City of Gainesville. Curtis will respond to accidents or incidents 24 hours per day, 7 days per week and he will be available after normal office hours via paging or cellular system.
  - 2) All adjusters are appropriately licensed.
  - 3) Jane Clevenger and Melissa Franklin will be the two adjusters dedicated to workers' compensation claims 75% or more of their working time. They are in our Tallahassee, FL office.



- 4) Curtis Luster will be dedicated to auto and general liability claims 75% of working time. He will be backed up by Patrick Goode & Laurie Barczykowski in our Lawrenceville, GA office.
- 5) Vicki Garland will be your assigned Claims Customer Service Representative who will be available to assist in resolving problem claims and possess the authority to implement solutions to address concerns of the City. Melissa Franklin is also assigned this responsibility,, and both will work closely with Joe Zichettella in this regard.

## II. WORKERS' COMPENSATION/EMPLOYERS LIABILITY

- A. **Scope of Services Required:** We agree as stated in RFP
- B. **Compliance with Rules of Division of Workers' Compensation:**  
We agree as stated in RFP. US&C will comply with Division rules as defined in the section of RFP.
- C. **Administrative Services**  
We agree to 1 through 10 as stated in RFP.  
As we are the current TPA, we will not be assuming run-off claims to handle..
- D. **Claims Services**  
We agree to 1 through 18 as stated in RFP.
- E. **Loss Statistics Services**
  - 1) The City will have access to loss information through an on-line computer system via US&C website. An unlimited number of individuals can be assigned this access at no additional charge.
  - 2) **Individual Claim Details:** We agree to (a) through (l) as stated in RFP.
  - 3) **Report Format:** We agree to (a) and (b) as stated in RFP.
  - 4) **Frequency of Reports:** We agree as stated in RFP.
  - 5) **Subrogation Reports:** We agree as stated in RFP.
  - 6) **Report of Inactive Claims:** We agree as stated in RFP.
  - 7) **Severity Report:** We agree as stated in RFP.



**F. Monthly Loss Fund Reconciliation:** We agree as stated in RFP.

**G. Telephone Access:** The City will have unlimited toll-free access to US&C offices.

### **III. GENERAL LIABILITY AND AUTOMOBILE LIABILITY**

**Scope of Services Required:** We agree as stated in RFP

**A. Administrative Services:** We agree to (1) through (3) as stated in RFP.

**B. Claim Services:** We agree to (1) through (16) as stated in RFP.

**C. Run-Off Claims:** As current TPA, this will not apply.

**D. Loss Statistics Services:**

- 1) **Individual Claim Details:** We agree to (a) through (m) as stated in RFP.
- 2) **Report Format:** We agree to (a) and (b) as stated in RFP.
- 3) **Frequency of Reports:** We agree with (a) through (c) as stated in RFP.  
General Liability claims will be recorded separately from all other claims.  
Automobile Liability claims will be recorded separately from all other claims.
- 4) **Subrogation Reports:** We agree to (a) through (c) as stated in RFP.
- 5) **Report of Inactive Claims:** We agree as stated in RFP.
- 6) **Severity Report:** We agree as stated in RFP.

**E. Monthly Loss Fund Reconciliation:** We agree as stated in RFP.

**F. Annual Reconciliation Report:** We agree as stated in RFP.

**G. Loss Triangle Report:** We agree as stated in RFP.

**UNDERWRITERS SAFETY & CLAIMS, INC.**

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**Gary G. Gilmour**

Senior Vice President

Underwriters Safety &amp; Claims, Inc.

Louisville, Kentucky

**Formal Education**

- University of Kentucky, BA Education, 1973

**Professional Education**

- Licensed Kentucky Adjuster
- Kentuckiana Insurance Company – Adjuster/Supervisory School
- GAB – Property School
- Commercial Union Insurance Company – Supervisory School
- Reliance Insurance Company – Adjuster/Supervisor School
- University of Kentucky Law School Workers' Compensation Seminar: 1988, 1990, 1992, 1996, 1998
- Kentucky Legislative Research Commission – Seminar on Workers' Compensation Issues – 1987

**Professional Recognition/Associations**

- CPCU/IIA, Associate in Risk Management, ARM Designation

**Career Experience**

- Underwriters Safety & Claims, Inc.: Senior Vice President, 1995-Present
  - Underwriters Safety & Claims, Inc.: Vice President – Claims, 1985-1995
  - Underwriters Safety & Claims, Inc.: Louisville Claims Manager, 1978-1981
  - Commercial Union Insurance Company: Claims Supervisor, 1977-1978
  - Reliance Insurance Company: Claims Adjuster, 1974-1978
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**UNDERWRITERS SAFETY & CLAIMS, INC.**

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**Joseph J. Zichettella**  
**Senior Account Executive / Account Manager**  
**Underwriters Safety & Claims, Inc.**  
**Savannah, GA**

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Area of Responsibility: Georgia, Florida, South Carolina, North Carolina, Virginia

**Formal Education:**

State University of New York – 1972 – B.A. Mathematics

**Career Experience:**

**Underwriters Safety & Claims, Inc., Savannah, GA: 3/1/93 to Present**  
Senior Account Executive – Responsible for marketing, sales, and service of Workers' Compensation self-insured programs, and insured programs for Purchasing Groups, Insurance Companies, and Individual Large Deductible Plans.

**Hilb, Rogal & Hamilton/Jones, Hill & Mercer, Savannah, GA: 4/1/79 – 3/1/93**  
Became Vice President of Commercial Property & Casualty Sales in 1988. Responsible for sales and service of large commercial accounts excess of \$100,000, and responsible for sales and service of self-insured Workers' Compensation Programs.

**Marsh & McLennan, Inc., Atlanta, GA: 6/1/78 – 4/1/79** – Marketing Representative for Large Property Risks.

**United States Fidelity & Guaranty Co, Syracuse, NY & Atlanta, GA: 3/1/73 – 6/1/78**  
Property Underwriter

**Professional Organizations:**

Georgia Self-Insurers Association  
Georgia Surplus Lines Association  
State University of New York Alumni Association  
National PRIMA  
Georgia Chapter of PRIMA

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**UNDERWRITERS SAFETY & CLAIMS, INC.**

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**Scott O'Brien**  
**Workers' Compensation Claims Supervisor**

**Formal Education:**

Seminole Community College, Sanford, FL

**Career Experience:**

Underwriters Safety & Claims, Inc.: 2011 – Present – Atlanta Claims Manager  
2006 – 2011 – Claims Supervisor  
2003 – 2006 – Sr. Claims Adjuster  
Montgomery Insurance: 2001 – 2003 – Lost Time Adjuster  
Montgomery Insurance: 2000 - 2001 – Adjuster Assistant

**Licenses:**

Certified Workers' Compensation Professional Designation  
Workers' Compensation: Georgia, Florida  
In-House Training Schools through Insurance Companies  
Gwinnett County Notary Public

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**UNDERWRITERS SAFETY & CLAIMS, INC**

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**Jane Clevenger**  
**Tallahassee Branch Claims Supervisor**

**EXPERIENCE**

**UNDERWRITERS, SAFETY & CLAIMS,** June 2000 - present  
Tallahassee, Florida

Tallahassee Branch Claims Supervisor

Supervise and administer workers' compensation claims on behalf of self-insured employers and insured programs. Handle day to day activities of investigation, negotiation and settlement of claims. Monitor and direct legal actions as well as attend mediations, depositions and Final Hearings. Determine the potential claim exposure, set reserves, report claims to excess carriers. Knowledgeable with the current Florida Workers' Compensation Act, Rules and Regulations, and case law.

Licensed Florida Workers' Compensation Adjuster (1994 to present)

**PALMER & CAY, INC.,** May 1993 – May 2000  
Tallahassee, Florida

Senior Adjuster

Administered workers' compensation claims on behalf of self-insured employers. Handled day to day activities of investigation, negotiation and settlement of claims. Determined the potential claim exposures, set reserves, reported claims to excess carriers. Monitored and directed legal actions related to workers' compensation claims. Nominated employee of the year 1997.

**FORMAL EDUCATION:**

**BOWLING GREEN STATE UNIVERSITY,** Bowling Green, Ohio  
Bachelor of Arts, Interpersonal and Public Communications, August 1990

**PROFESSIONAL ORGANIZATIONS:**

Association of Workers' Compensation Claim Professionals  
Insurance Women Association, 1995  
Tallahassee Claims Association

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