



1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833
(800) 541-4591 Fax (916) 244-1199
<https://www.planjpa.org/>

CLAIMS COMMITTEE MEETING AGENDA

**Thursday, March 25, 2021
1:30 p.m.**

Zoom

Please Contact Katie Sullivan for Videoconference Information

All portions of this meeting will be conducted by teleconferencing in accordance with the State of California Executive Order N-29-20.

Members of the public may observe and listen to the meeting telephonically. No physical location will be available from which members of the public may observe the meeting and offer public comment. Public comments may be submitted in advance of the meeting by emailing Katie Sullivan at katie.sullivan@sedgwick.com no later than 5 p.m. on Wednesday, March 24, 2021. If a member of the public would like to address the Claims Committee during the meeting, the person may email Ms. Sullivan during the meeting and, if timely received, Ms. Sullivan will read or summarize the email to the Board members.

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation to participate in this meeting, please contact Katie Sullivan at (916) 244-1164 or katie.sullivan@sedgwick.com (email). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

Documents and materials relating to an open session agenda item that are provided to the Pooled Liability Assurance Network Joint Powers Authority (PLAN JPA) Claims Committee less than 72 hours prior to a regular meeting will be available for public inspection at 1750 Creekside Oaks Dr., Suite 200, Sacramento, CA 95833.

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|--------------------|---|
| <u>Page</u> | 1. CALL TO ORDER |
| | 2. INTRODUCTIONS |
| | 3. APPROVAL OF AGENDA AS POSTED (OR AMENDED) |

- Page**
- 4. PUBLIC COMMENTS** - The Public may submit any questions in advance of the meeting by contacting Katie Sullivan at: katie.sullivan@sedgwick.com. This time is reserved for members of the public to address the Committee relative to matters of the Claims Committee not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to five minutes per person and twenty minutes in total.
- 5. CONSENT CALENDAR**
If a Committee member would like to discuss any item listed, it may be pulled from the Consent Calendar.
- 5** *A. Minutes from the February 25, 2021, Claims Committee Meeting
 Recommendation: Staff recommends the Committee approve the Consent Calendar.
- 6. ADMINISTRATIVE MATTERS**
- 8** *A. Consideration of Addition to PLAN JPA's Defense Counsel Panel
 Recommendation: Staff recommends the Claims Committee provide direction.
- 12** *B. Consideration of Proposed Changes to the Claims Handling Guidelines and Best Practices
 Recommendation: Staff recommends adopting the updated Claims Handling Guidelines and Best Practices.
- 29** *C. Consideration of Claims Audit Proposal from Farley Consulting
 Recommendation: Staff recommends the Claims Committee approve the proposal for Claims Auditing Services from Farley Consulting.
- 7. CLOSED SESSION**
 A. Pursuant to Government Code Section 54956.95(a), the Committee will hold a closed session to discuss the following claims:
- Zelnik v. City of San Carlos
 - O'Neil, Shawn Hooker v. City of South San Francisco
 - Sheks Construction Company, et al v. City of South San Francisco
- B. Pursuant to Government Code Section 54957.1, the Committee will report in open session any reportable action taken in closed session.
- 8. CLOSING COMMENTS**
This time is reserved for comments by Claims Committee members and/or staff and to identify matters for future Claims Committee business.
- A. Claims Committee
 - B. Staff
- 9. ADJOURNMENT**

NOTICES:

- The next Claims Committee meeting will be held on April 22, 2021, at 1:30 p.m. via videoconference.

March 25, 2021

Agenda Items 5.A.

CONSENT CALENDAR

SUBJECT: Consent Calendar

BACKGROUND AND HISTORY:

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If a Committee member would like to discuss any item listed, it may be pulled from the Consent Calendar.

STAFF RECOMMENDATION:

Staff recommends the Committee approve the Consent Calendar.

REFERENCE MATERIALS ATTACHED:

A. Minutes from the February 25, 2021, Claims Committee Meeting

**POOLED LIABILITY ASSURANCE NETWORK JOINT
POWERS AUTHORITY
(PLAN JPA)**

**MINUTES OF THE CLAIMS COMMITTEE
MEETING OF FEBRUARY 25, 2021**

A regular meeting of the Claims Committee was held on February 25, 2021, via videoconference.

MEMBERS PRESENT: Donald Larkin, Chair, Morgan Hill
Brenda Olwin, East Palo Alto
Ann Ritzma, Hillsborough
Marc Zafferano, San Bruno
Rebecca Mendenhall, San Carlos

MEMBERS ABSENT: Robert Schultz, Los Gatos

OTHERS PRESENT: Jon Paulsen, General Manager
Katie Sullivan, Assistant General Manager
Will Portello, Litigation Manager (*recused himself during the Anti-Police Terror Project, et al v. City of Benicia, City of Newark, et al discussion*)
Susan DeNardo, Litigation Manager
Greg Rubens, Board Counsel

1. CALL TO ORDER:

The Regular Meeting of the PLAN JPA Claims Committee meeting was called to order at 1:33 p.m.

2. INTRODUCTIONS:

A roll call was taken, and it was determined there was a quorum present.

3. APPROVAL OF THE AGENDA AS POSTED (OR AMENDED):

Rebecca Mendenhall moved to approve the agenda as posted. Ann Ritzma seconded the motion. A roll call vote was taken and the motion passed unanimously by Donald Larkin, Brenda Olwin, Ann Ritzma, Marc Zafferano, and Rebecca Mendenhall.

4. PUBLIC COMMENTS:

None.

5. CONSENT CALENDAR:

Ann Ritzma moved to approve the following items: A) Minutes from the January 28, 2021, Claims Committee Meeting. Donald Larkin seconded the motion. A roll call vote was taken and the motion passed unanimously by Donald Larkin, Brenda Olwin, Ann Ritzma, Marc Zafferano, and Rebecca Mendenhall.

6. ADMINISTRATIVE MATTERS:

A. Consideration of Attorney Representation

The Town of Tiburon requested Attorney Gregory Thomas, of the Burke, Williams, & Sorenson Law Firm, to represent them in the matter of Awash/Khalf v. Town of Tiburon.

Susan DeNardo, Litigation Manager, informed the Committee Mr. Thomas is currently not on PLAN JPA's approved panel list; however, he is from the same firm at the Town's City Attorney, Ben Stock. It was noted the hourly rate for Mr. Thomas was higher than the maximum rate allowed by PLAN JPA. Mr. Thomas was provided PLAN JPA's Litigation Management Guidelines; however, at the time of the meeting, Ms. DeNardo had not heard back from him.

Discussion ensued around if the Town was requesting Mr. Thomas be added to the panel list or just for this one case and if PLAN JPA would reimburse the Town for the approved max rate and the Town could potentially pay the difference. It was agreed that more information was needed and the Committee directed staff to contact the Town and Mr. Thomas for such information and bring this item back for discussion at the next Claims Committee meeting.

B. California Association of Joint Powers Authorities (CAJPA) Tort Reform Initiative

The California Association of Joint Powers Authorities (CAJPA) is currently in year two of a Tort Reform Initiative where they are attempting to inform California JPAs of current claims activity affected by social inflation and obtain traction with legislature on tort reform. This includes gathering anonymized claim data from California JPAs over the last ten years that settled for over \$1 million.

Jon Paulsen, General Manager, informed the Committee most JPAs are participating and staff had reached out to PLAN JPA's Officers to gauge interest in participation. Mr. Paulsen reported the Officers agreed it was a worth-while effort and staff sent PLAN JPA information to CAJPA.

Will Portello, Litigation Manager, stated the primary goal was to see how municipalities are affected by Prop 51 and how much they are responsible for simply for the risk exposure.

7. CLOSED SESSION:

A. The Committee convened to closed session, pursuant to Government Code section 54956.95(a) at 2:04 p.m. to discuss the following claims:

- Anti-Police Terror Project, et al v. City of Benicia, City of Newark, et al
- Alaya Marinero, et al v. City of Burlingame
- Asif, Haji v. City of Dublin, Alex Klinov
- June and Neil Chichizola v. City of San Carlos
- Brandon Scott Merkel v. City of Suisun City
- Awash/Khalif v. Town of Tiburon

B. Pursuant to Government Code Section 54957.1, the Committee reconvened to open session at 2:43 p.m. The following actions were taken under closed session:

No reportable action was taken during closed session.

8. CLOSING COMMENTS:

A. Claims Committee

None.

B. Staff

None.

9. ADJOURNMENT

The Regular Meeting of the PLAN JPA Claims Committee was adjourned at 2:44 p.m.



Katie Sullivan, Assistant General Manager

March 25, 2021

Agenda Items 6.A.

ADMINISTRATIVE MATTERS

SUBJECT: Consideration of Attorney Representation

BACKGROUND AND HISTORY:

During the February 25, 2021, Claims Committee meeting, the Committee discussed the Town of Tiburon's request of Attorney Gregory Thomas, Burke, Williams, & Sorenson, to represent them in the matter of Awash/Khalf v. Town of Tiburon.

Susan DeNardo, Litigation Manager, informed the Committee Mr. Thomas was currently not on PLAN JPA's approved panel list; however, he is from the same firm at the Town's City Attorney, Ben Stock, as well as Nathan Oyster who recently spoke during PLAN's December 2020 Strategic Planning Session on police cases.

The Committee directed staff to obtain more information regarding the desire for Mr. Thomas's representation. After a few brief discussions, staff will review the information obtained with the Committee.

Additionally, Suzanne Creekmore, Town of Tiburon, and Mr. Stock will be present to answer any questions of the Committee.

STAFF RECOMMENDATION:

Staff recommends the Claims Committee provide direction.

REFERENCE MATERIALS ATTACHED:

- Gregory Thomas Curriculum Vitae
- Certificate of Professional Liability Insurance



Gregory B. Thomas

Partner

Pronouns: he, him, his

Oakland

1901 Harrison Street, Suite 900
Oakland, California 94612

gthomas@bwslaw.com

510.903.8862 D
510.273.8780 T

PRACTICE GROUPS

Litigation
Public Law
Insurance Coverage and Litigation

EDUCATION

J.D., University of San Diego School of Law, 2005

B.A., *cum laude*, University of Pennsylvania, 1997

ADMISSIONS

State Bar of California
Supreme Court of the United States
United States Court of Appeals for the Ninth Circuit
United States District Court for the Northern District of California
United States District Court for the Eastern District of California
United States District Court for the Central District of California
United States District Court for the Southern District of California

AFFILIATIONS

Alameda County Bar Association
Northern California Association of Defense Counsel

Gregory Thomas is a partner at Burke, Williams & Sorensen, LLP who litigates complex cases in the following areas: government tort liability, civil rights, constitutional law, jail conditions of confinement, wrongful arrest, excessive force, catastrophic personal injury and wrongful death, products liability, writs and appeals, moving and storage claims and professional liability.

Greg has focused on litigation since becoming a member of the State Bar of California in 2005. He is admitted to practice before all the courts of the State of California, all United States District Courts in California and the Ninth Circuit Court of Appeals. Greg has extensive experience in all phases of civil litigation from pre-litigation negotiations to pleadings, law and motion, discovery, alternative dispute resolution, jury trials to verdict, writs and appeals, and enforcement of judgments and settlements.

During law school, Greg served as a Judicial Extern for Justice Patricia D. Benke, California Court of Appeal, Fourth Appellate District, Division One and for Judge J. Richard Haden (Ret.), Superior Court of California, County of San Diego. He was also a member of the University of San Diego's National Moot Court Team and Moot Court Executive Board.

From 1997 to 2002, Greg served as an officer in the United States Navy aboard surface combatant ships actively deployed to areas ranging from the Persian Gulf to the Sea of Japan.

RESULTS

- Recently obtained summary judgment in police excessive force case.
- Recently obtained summary judgment in case involving various constitutional claims against a Sheriff's Department after pre-trial detainee ingested drugs and died.
- Recently obtained defense verdict after complex six-week jury trial involving fraud, conversion, professional negligence and negligence.
- Recently obtained summary adjudication of indemnitor's present contractual duty to defend indemnitee against claims prior to factual adjudication of claims on the merits.
- Recently successfully responded to multiple Ninth Circuit appeals resulting in affirmance of underlying motions to dismiss.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/19/2021

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

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (312) 381-1000	FAX (A/C. No.): (312) 381-1000
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Burke, Williams & Sorensen, LLP 444 South Flower St., Ste 2400 Los Angeles CA 90071-2953 USA	INSURER A: Scottsdale Ins Company	41297
	INSURER B: Evanston Insurance Company	35378
	INSURER C: Endurance American Specialty Ins Co.	41718
	INSURER D: Ironshore Specialty Insurance Company	25445
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 570086084133**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE
							E.L. DISEASE-POLICY LIMIT
A	Lawyers Prof			LWS0000898	01/15/2021	01/15/2022	Per Occurrence
B				MKLV7PL0004534	01/15/2021	01/15/2022	Aggregate
C				LPL10014114802	01/15/2021	01/15/2022	
							\$5,000,000
							\$10,000,000

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

Deductible: \$350,000 Each Claim, \$700,000 in the Aggregate and \$50,000 Step-Down, including defense costs

CERTIFICATE HOLDER**CANCELLATION**

Burke, Williams & Sorensen, LLP 444 South Flower St., Ste 2400 Los Angeles CA 90071-2953 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>

Holder Identifier :

Certificate No : 570086084133



**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

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March 25, 2021

Agenda Items 6.B.

ADMINISTRATIVE MATTERS

SUBJECT: Consideration of Proposed Changes to the Claims Handling Guidelines and Best Practices

BACKGROUND AND HISTORY:

On June 11, 2020, the Board adopted the Claim Handling Guidelines and Best Practices. These guidelines clearly define reporting requirements and how the Third-Party Administrator (TPA) should be procedurally handling claims and interacting with the members. The Claims Handling Guidelines and Best Practices needs to be reviewed and updated if TPA personnel change or if PLAN JPA's excess/reinsurance changes.

Updates have been made and are included in the reference material attached both in redline and a clean version. The updates include the new claim email address, insurers names and policy numbers.

STAFF RECOMMENDATION:

Staff recommends the Committee approve the Claims Handling Guidelines and Best Practices, as revised.

REFERENCE MATERIALS ATTACHED:

- Sedgwick (TPA) PLAN Program Claim Handling Guidelines and Best Practices (redline)
- Sedgwick (TPA) PLAN Program Claim Handling Guidelines and Best Practices (clean)



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SEDGWICK (TPA) PLAN PROGRAM CLAIM HANDLING GUIDELINES AND BEST PRACTICES

A. LOSS REPORTING

All new PLAN member losses (including claim incident reporting) will be reported to Sedgwick TPA by email to US-YORK-ABAGclaims@Sedgwick.com.

Deleted: ABAGClaims@vorkrsg.com.

Claims Manager Cynthia Gordon will assign the claims for Adjuster handling.

Claims will be set up and entered into Claims Connect (York Claims Expert- Version B) within 24 hours of receipt of the notice of loss. PLAN and Members will have 24/7 accessibility to online claim info via York Expert Claims System- Version B.

The following steps will occur upon submission of a claim:

1. Sedgwick TPA will acknowledge the assignment within 48 hours of the submission of the claim.
2. A preliminary report will be generated by the Sedgwick Adjuster to the Member Liaison within seven days, incorporating the Adjuster's initial assessment of the following:
 - a. Material Facts;
 - b. Coverage;
 - c. Liability;
 - d. Damages;
 - e. Reserves;
 - f. Plan of Action; and
 - g. Next Diary Date.

Within 30 days of assignment, the Adjuster will issue a full Captioned Report or Claims Management Report (depending on the Member's preference) summarizing the Adjuster's investigation up to that time. The next report date will be reflected in that report with the Adjuster considering the type and extent of investigation pending. Sedgwick's Adjusters will report by email to the designated Member representative in all cases.

Those losses that meet the Excess reporting criteria based upon the nature of injury and/or those where reserves are posted into PLAN's layer will also be reported to PLAN along with a copy of the captioned reports. Reporting will be directed to both US-YORK-ABAGclaims@Sedgwick.com, and to the appointed PLAN Litigation Manager as follows:

William Portello
Litigation Manager
1750 Creekside Oaks Drive, Suite 200
Sacramento, California
Direct: (916) 244-1199
William.Portello@sedgwick.com

Cases meeting the following criteria must be reported to the PLAN Litigation Manager, with an indication of the reason for excess reporting, consistent with the requirements of the applicable excess carrier as soon as reasonably practicable:

- a) A serious case, in which the exposure may exceed fifty (50%) percent of the PLAN retained limit based on your or the defense counsel's judgment;
- b) A demand or demands totaling fifty (50%) percent of the PLAN retained limit or more;
- c) Death;
- d) Paralysis, paraplegia, quadriplegia;
- e) Loss of eye(s) or limb(s);
- f) Spinal cord or brain injury;
- g) Sensory organ or nerve injury and/or neurological deficit;
- h) Serious burns;
- i) Substantial disability or disfigurement; or
- j) Loss of work time of six months or more.

The PLAN's General Liability Program limits are \$5 million. Peleus Insurance Company (First Excess Coverage) policy number is #2902087-03 provides \$5 Million in excess above \$5 Million PLAN JPA coverage. The Second Excess Coverage is QBE Specialty Insurance Company policy number QSX01002-00 provides \$5 Million in excess of \$5 Million PLAN JPA Coverage and \$5 Million Peleus Excess Policy. The Third Excess Coverage is Gemini Insurance Company policy number PEM 0000152-00 provides \$5 Million excess of \$5 Million PLAN JPA Coverage, \$5 Million Peleus Excess Policy and \$5 Million QBE Excess Policy. The Fourth excess coverage is Hallmark Specialty Insurance Company, policy number 77PEF20000EC provides \$5 Million Excess \$5 Million PLAN JPA Coverage, \$5 Million Peleus Excess Policy, \$5 Million QBE Excess Company and \$5 Million Gemini Excess Policy. The Fifth excess coverage is Arch Insurance policy number UXP1038841-000 provides \$5 Million excess \$5 Million PLAN JPA Coverage, \$5 Million Peleus excess policy, \$5 Million QBE excess company, \$5 Million Gemini Excess policy and \$5 Million Hallmark excess policy.

Deleted: ABAGClaims@yorkrsg.com

Deleted: The PLAN's General Liability Program limits are \$5 million. Peleus Insurance Company policy 2902087-01 provides \$10 million in excess coverage above the PLAN layer. Gemini Insurance Company policy CEX09602751-01 provides \$15 million in excess coverage above PLAN layer and Peleus Insurance Company policy. The PLAN's General

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Reports to the excess carrier are to be sent to Alliant Insurance Services as follows:

Alliant Insurance Services-Claims Advocate Group

Robert Frey or Elaine Tizon

100 Pine Street, 11th Floor,

San Francisco, CA 94111

Main Phone: 415-403-1400

Fax: 415-403-1466

RFrey@Alliant.com/ETizon@Alliant.com

The servicing contacts at Alliant Insurance Service are as follows:

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Seth Cole, ARM

Senior Vice President

Direct: 415.403.1419

scole@alliant.com

Stacey Weeks, CRIS

Vice President

Direct: 415.403.1448

sweeks@alliant.com

Thomas Joyce

Technical Assistant

Direct: 415.403.1417

TJoyce@alliant.com

B. FILE ADMINISTRATION

Claim files are maintained electronically and managed in York Claims Expert Version- B (Claims Connect). Claim files will be set up so that contents are orderly and contain consistent documentation with the following information:

1. Substantiation of initial reserve analysis;
2. Documentation of investigation and liability analysis;
3. Timely supervisory reviews and diary; and
4. An Action Plan with target dates for completion.

The Claim Management Review Report and/or captioned reports in Word will be utilized for summary purposes at 30 days post assignment. The subsequent Diary Date should follow at intervals no greater than 30 days on files where an investigation is pending and at intervals no greater than 90 days in litigated matters. Routine status reports need not address all captions. When investigation and/or discovery results in significant changes to the file's evaluation, a new full-captioned report or CMR should be completed.

C. ADJUSTER CONTACTS

Two-point contact, preferably voice-to-voice, should be made with the claimant (or attorney) within 48 hours of receipt of the claim. The Adjuster will verify the facts of the loss, request documentation of damages (if any), and identify witnesses. Depending on the severity of loss, the Adjuster may take photos and/or arrange for a recorded statement.

The Adjuster will make at least two phone call attempts to the claimant within 48 hours, and if the Adjuster is unable to make contact during this timeframe, they will follow-up by mail with either a contact card or letter of acknowledgement. The Adjuster will also contact the Member within 48 hours of receipt of notice of a claim to discuss and initiate the investigation process. Member contact and dialog should be clearly documented in the file.

D. INVESTIGATION

Investigation involves issues of liability, with consideration to comparative negligence, risk transfer assessment (contractual) and subrogation/recovery potential. Investigation involves evaluating the causal relationship between the occurrence and the stated injury or property damage. The Adjuster will immediately initiate investigation of any issues that may be material to potential litigation and, where appropriate, arrange for immediate on-site investigation. Opportunities for early resolution should be recognized and acted upon. Investigation should be completed within 30 days of assignment. Investigations not completed within 30 days will be subject to an action plan, outlining specified time frames and responsibilities.

Investigation includes, but is not limited to:

1. Obtaining the following information, as applicable:
 - a. Police reports, Traffic Collision Reports, and/or IA reports;
 - b. Documentation of alleged special damages;
 - c. Claimant's medical records;
 - d. Central Index Bureau's report for prior injury data; and
 - e. Photos/diagram of the occurrence scene and any other supporting documentation.

Additionally, recorded statements, where applicable, should be taken to preserve testimony and oral evidence.

For claims involving serious physical injuries, total loss of vehicle or extensive property damage, the Adjuster may conduct field investigations as appropriate including accident/incident reconstruction. Sedgwick TPA, along with the Member and the PLAN Litigation Manager, will be actively involved in selecting appropriate and qualified vendors to conduct such investigations.

Documented and current action plans will be maintained in the file, based on investigative findings and developments. Action plans will include resolution goals and the specific interim steps needed to move the claim toward resolution. Action plans are reviewed as a part of each diary review. Periodic

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evaluation of the file should be conducted to determine whether fraud triggers are present. If fraud triggers are identified, Adjusters will make appropriate internal referrals and notifications.

E. RESERVING

Sedgwick's Adjuster should establish and document initial reserves within seven days of receipt of the claim. Reserves should be established appropriately to reflect the exposure of the claim based on current facts of the claim and the ultimate probable cost of each claim.

One example of how reserves may be calculated is as follows:

1. Where there is a 75% or greater chance for favorable outcome, reserve for favorable outcome plus 25% of probable adverse outcome.
2. Where there is 51% to 75% chance for favorable outcome, reserve for favorable outcome plus 50% of probable adverse outcome.
3. Where there is a 25% to 50% chance for favorable outcome, reserve for favorable outcome plus 75% of probable adverse outcome.
4. Where there is less than a 25% chance for favorable outcome, reserve for 100% of the probable adverse outcome.

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Establishing reserves is also subjective in nature, and reserves may change or vary based on the Adjuster's and/or Defense counsel's initial or subsequent case evaluation, any changes in fact patterns, and/or any changes in the legal expense budget. Precedent jury verdicts and recent jury awards on similar court cases may also influence reserve valuation.

Reserving practice will be overseen by Sedgwick Claim Manager and closely observed by the PLAN Litigation Manager. Member questions regarding reserving practices should be discussed with Cynthia Gordon.

F. GOVERNMENT TORT CLAIMS ASSESSMENT

Upon receipt of claim, Sedgwick's Adjuster will make Government Code Timeliness, Sufficiency, and Liability assessments and will forward recommendations for response to the Member. Notices will be sent by the Member.

Sedgwick TPA is positioned to assist with sending notices of untimeliness and insufficiency, if requested and also authorized to do so by Member.

G. RECOVERY MANAGEMENT

Sedgwick's Adjusters will identify claims in which there is potential opportunity for recovery from a third party and in these cases, complete sufficient investigation before referral to PLAN for handling.

H. LITIGATION MANAGEMENT

Sedgwick Adjusters shall become familiar with PLAN Litigation Management Guidelines, which are incorporated into these standards by reference. The PLAN Program requires an initial case evaluation and budget, from defense counsel within 30 days of assignment of counsel. The Adjuster, PLAN Litigation Manager, and defense counsel will review the evaluation and agree on a plan of action, be it dispositive motions or discovery. The Adjuster, PLAN Litigation Manager, and counsel will repeat this process throughout the pendency of the matter, keeping the best interest of the Member and PLAN in mind.

The Adjuster should be proactive and aggressive in identifying cases for early attention and resolution. For example, in cases where liability is adverse to the Member and settlement is desired, steps should be taken which include non-rejection of the claim in order to avoid litigation. In adverse liability matters, whenever possible, limited discovery should be performed with that discovery geared toward evaluation and resolution. However, any such limitations should not prejudice the defense of the case and all necessary discovery and law-and-motion may be utilized if it reasonably appears that a case is not resolving.

On the other hand, there will be cases that must be aggressively defended and prepared for trial.

The Sedgwick Adjuster shall monitor Defense counsel to be certain that the agreed-upon action plan and billing guidelines are followed. Defense counsel's billings shall be reviewed for compliance with the Litigation Management Guidelines and established hourly rates. Billings not in compliance should be returned to defense counsel for necessary adjustments. Any billing dispute should be referred to the PLAN Litigation Manager for resolution.

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I. CLAIM DISPOSITION & SETTLEMENT RESOLUTION

Sedgwick will clearly document a written disposition strategy and plan of action with specific time frames for completion in the file. All requests for authority will be clearly documented in the claim file.

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The role of the Supervisor is to guide the process from claim receipt through resolution, to ensure uniform claim management processes are implemented, and to act as a "second set of eyes" on Adjuster actions and decisions. Claims Manager Cynthia Gordon will document all supervisory activity, including suggestions for future claim handling. The Supervisor will approve all reserve recommendations and payment requests. The Supervisor may decide, at any point during the life of the file, that active supervision is no longer necessary, leaving further file activity to the Adjuster.

Documented supervisory review shall occur at least every 90 days upon any claim reaching an incurred value greater than \$25,000 and on all new litigated claims.

K. COMMUNICATION/ADHERENCE TO SPECIAL INSTRUCTIONS

Sedgwick Adjusters should maintain adequate communication with the Member and PLAN through methods such as monthly loss runs, status reports, captioned reports, reserve and settlement authorizations, conducting claim reviews and returning phone calls and email inquiries from the Member or PLAN within one business day.

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Monthly loss run reports should be provided each month to the Member and PLAN. A report of all claims closed in the preceding fiscal year shall be provided at the end of each fiscal year. A claim status report shall accompany any request for reserve, payment, or settlement over \$25,000. Status reports shall include a synopsis of the loss, the current status of the loss, a proposed action plan, and current financial totals.

PLAN and Sedgwick TPA shall also meet quarterly to discuss the status of all open litigated claims within the PLAN layer or that have a probability of piercing PLAN's layer to develop a plan to complete any additional investigation required to evaluate liability or damages.

Sedgwick TPA should adhere to PLAN's specific instructions with regard to issues such as Location and Department coding, Reserving, Status Reports, Surveillance, Subrogation/contribution recoveries, assignment of defense counsel, and settlement authority.

L. MEDICARE DATA REPORTING

Sedgwick TPA must become familiar with the PLAN Data Reporting Specifications Document, which is incorporated into these standards by reference. PLAN's RRE is 34614 and its office code is A783-00002. The Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires a Responsible Reporting Entity (RRE) to identify and report bodily injury claims involving a potential Medicare recipient. To do so requires collecting specific claimant data, including:

1. Legal name
2. Date of birth
3. Social security number
4. Gender

M. COVERAGE

Sedgwick TPA will recognize potential coverage issues and immediately coordinate with PLAN for review with PLAN coverage counsel. Sedgwick TPA will issue Reservation of Rights letters following PLAN Coverage counsel's advice. Declination of coverage letters will be generated by PLAN Coverage counsel.

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1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833
(800) 541-4591 Fax (916) 244-1199
<https://www.planjpa.org/>

SEDGWICK (TPA) PLAN PROGRAM CLAIM HANDLING GUIDELINES AND BEST PRACTICES

A. LOSS REPORTING

All new PLAN member losses (including claim incident reporting) will be reported to Sedgwick TPA by email to US-YORK-ABAGclaims@Sedgwick.com.

Claims Manager Cynthia Gordon will assign the claims for Adjuster handling.

Claims will be set up and entered into Claims Connect (York Claims Expert- Version B) within 24 hours of receipt of the notice of loss. PLAN and Members will have 24/7 accessibility to online claim info via York Expert Claims System- Version B.

The following steps will occur upon submission of a claim:

1. Sedgwick TPA will acknowledge the assignment within 48 hours of the submission of the claim.
2. A preliminary report will be generated by the Sedgwick Adjuster to the Member Liaison within seven days, incorporating the Adjuster's initial assessment of the following:
 - a. Material Facts;
 - b. Coverage;
 - c. Liability;
 - d. Damages;
 - e. Reserves;
 - f. Plan of Action; and
 - g. Next Diary Date.

Within 30 days of assignment, the Adjuster will issue a full Captioned Report or Claims Management Report (depending on the Member's preference) summarizing the Adjuster's investigation up to that time. The next report date will be reflected in that report with the Adjuster considering the type and extent of investigation pending. Sedgwick's Adjusters will report by email to the designated Member representative in all cases.

Those losses that meet the Excess reporting criteria based upon the nature of injury and/or those where reserves are posted into PLAN's layer will also be reported to PLAN along with a copy of the captioned reports. Reporting will be directed to both US-YORK-ABAGclaims@Sedgwick.com, and to the appointed PLAN Litigation Manager as follows:

William Portello
Litigation Manager
1750 Creekside Oaks Drive, Suite 200
Sacramento, California
Direct: (916) 244-1199
William.Portello@sedgwick.com

Cases meeting the following criteria must be reported to the PLAN Litigation Manager, with an indication of the reason for excess reporting, consistent with the requirements of the applicable excess carrier as soon as reasonably practicable:

- a) A serious case, in which the exposure may exceed fifty (50%) percent of the PLAN retained limit based on your or the defense counsel's judgment;
- b) A demand or demands totaling fifty (50%) percent of the PLAN retained limit or more;
- c) Death;
- d) Paralysis, paraplegia, quadriplegia;
- e) Loss of eye(s) or limb(s);
- f) Spinal cord or brain injury;
- g) Sensory organ or nerve injury and/or neurological deficit;
- h) Serious burns;
- i) Substantial disability or disfigurement; or
- j) Loss of work time of six months or more.

The PLAN's General Liability Program limits are \$5 million. Peleus Insurance Company (First Excess Coverage) policy number is #2902087-03 provides \$5 Million in excess above \$5 Million PLAN JPA coverage. The Second Excess Coverage is QBE Specialty Insurance Company policy number QSX01002-00 provides \$5 Million in excess of \$5 Million PLAN JPA Coverage and \$5 Million Peleus Excess Policy. The Third Excess Coverage is Gemini Insurance Company policy number PEM 0000152-00 provides \$5 Million excess of \$5 Million PLAN JPA Coverage, \$5 Million Peleus Excess Policy and \$5 Million QBE Excess Policy. The Fourth excess coverage is Hallmark Specialty Insurance Company, policy number 77PEF20000EC provides \$5 Million Excess \$5 Million PLAN JPA Coverage, \$5 Million Peleus Excess Policy, \$5 Million QBE Excess Company and \$5 Million Gemini Excess Policy. The Fifth excess coverage is Arch Insurance policy number UXP1038841-000 provides \$5 Million excess \$5 Million PLAN JPA Coverage, \$5 Million Peleus excess policy, \$5 Million QBE excess company, \$5 Million Gemini Excess policy and \$5 Million Hallmark excess policy.

Reports to the excess carrier are to be sent to Alliant Insurance Services as follows:

Alliant Insurance Services-Claims Advocate Group

Robert Frey or Elaine Tizon

100 Pine Street, 11th Floor,

San Francisco, CA 94111

Main Phone: 415-403-1400

Fax: 415-403-1466

RFrey@Alliant.com/ETizon@Alliant.com

The servicing contacts at Alliant Insurance Service are as follows:

Seth Cole, ARM

Senior Vice President

Direct: 415.403.1419

scole@alliant.com

Stacey Weeks, CRIS

Vice President

Direct: 415.403.1448

sweeks@alliant.com

Thomas Joyce

Technical Assistant

Direct: 415.403.1417

TJoyce@alliant.com

B. FILE ADMINISTRATION

Claim files are maintained electronically and managed in York Claims Expert Version- B (Claims Connect). Claim files will be set up so that contents are orderly and contain consistent documentation with the following information:

1. Substantiation of initial reserve analysis;
2. Documentation of investigation and liability analysis;
3. Timely supervisory reviews and diary; and
4. An Action Plan with target dates for completion.

The Claim Management Review Report and/or captioned reports in Word will be utilized for summary purposes at 30 days post assignment. The subsequent Diary Date should follow at intervals no greater than 30 days on files where an investigation is pending and at intervals no greater than 90 days in litigated matters. Routine status reports need not address all captions. When investigation and/or discovery results in significant changes to the file's evaluation, a new full-captioned report or CMR should be completed.

C. ADJUSTER CONTACTS

Two-point contact, preferably voice-to-voice, should be made with the claimant (or attorney) within 48 hours of receipt of the claim. The Adjuster will verify the facts of the loss, request documentation of damages (if any), and identify witnesses. Depending on the severity of loss, the Adjuster may take photos and/or arrange for a recorded statement.

The Adjuster will make at least two phone call attempts to the claimant within 48 hours, and if the Adjuster is unable to make contact during this timeframe, they will follow-up by mail with either a contact card or letter of acknowledgement. The Adjuster will also contact the Member within 48 hours of receipt of notice of a claim to discuss and initiate the investigation process. Member contact and dialog should be clearly documented in the file.

D. INVESTIGATION

Investigation involves issues of liability, with consideration to comparative negligence, risk transfer assessment (contractual) and subrogation/recovery potential. Investigation involves evaluating the causal relationship between the occurrence and the stated injury or property damage. The Adjuster will immediately initiate investigation of any issues that may be material to potential litigation and, where appropriate, arrange for immediate on-site investigation. Opportunities for early resolution should be recognized and acted upon. Investigation should be completed within 30 days of assignment. Investigations not completed within 30 days will be subject to an action plan, outlining specified time frames and responsibilities.

Investigation includes, but is not limited to:

1. Obtaining the following information, as applicable:
 - a. Police reports, Traffic Collision Reports, and/or IA reports;
 - b. Documentation of alleged special damages;
 - c. Claimant's medical records;
 - d. Central Index Bureau's report for prior injury data; and
 - e. Photos/diagram of the occurrence scene and any other supporting documentation.

Additionally, recorded statements, where applicable, should be taken to preserve testimony and oral evidence.

For claims involving serious physical injuries, total loss of vehicle or extensive property damage, the Adjuster may conduct field investigations as appropriate including accident/incident reconstruction. Sedgwick TPA, along with the Member and the PLAN Litigation Manager, will be actively involved in selecting appropriate and qualified vendors to conduct such investigations.

Documented and current action plans will be maintained in the file, based on investigative findings and developments. Action plans will include resolution goals and the specific interim steps needed to move the claim toward resolution. Action plans are reviewed as a part of each diary review. Periodic

evaluation of the file should be conducted to determine whether fraud triggers are present. If fraud triggers are identified, Adjusters will make appropriate internal referrals and notifications.

E. RESERVING

Sedgwick's Adjuster should establish and document initial reserves within seven days of receipt of the claim. Reserves should be established appropriately to reflect the exposure of the claim based on current facts of the claim and the ultimate probable cost of each claim.

One example of how reserves may be calculated is as follows:

1. Where there is a 75% or greater chance for favorable outcome, reserve for favorable outcome plus 25% of probable adverse outcome.
2. Where there is 51% to 75% chance for favorable outcome, reserve for favorable outcome plus 50% of probable adverse outcome.
3. Where there is a 25% to 50% chance for favorable outcome, reserve for favorable outcome plus 75% of probable adverse outcome.
4. Where there is less than a 25% chance for favorable outcome, reserve for 100% of the probable adverse outcome.

Establishing reserves is also subjective in nature, and reserves may change or vary based on the Adjuster's and/or Defense counsel's initial or subsequent case evaluation, any changes in fact patterns, and/or any changes in the legal expense budget. Precedent jury verdicts and recent jury awards on similar court cases may also influence reserve valuation.

Reserving practice will be overseen by Sedgwick Claim Manager and closely observed by the PLAN Litigation Manager. Member questions regarding reserving practices should be discussed with Cynthia Gordon.

F. GOVERNMENT TORT CLAIMS ASSESSMENT

Upon receipt of claim, Sedgwick's Adjuster will make Government Code Timeliness, Sufficiency, and Liability assessments and will forward recommendations for response to the Member. Notices will be sent by the Member.

Sedgwick TPA is positioned to assist with sending notices of untimeliness and insufficiency, if requested and also authorized to do so by Member.

G. RECOVERY MANAGEMENT

Sedgwick's Adjusters will identify claims in which there is potential opportunity for recovery from a third party and in these cases, complete sufficient investigation before referral to PLAN for handling.

H. LITIGATION MANAGEMENT

Sedgwick Adjusters shall become familiar with PLAN Litigation Management Guidelines, which are incorporated into these standards by reference. The PLAN Program requires an initial case evaluation and budget, from defense counsel within 30 days of assignment of counsel. The Adjuster, PLAN Litigation Manager, and defense counsel will review the evaluation and agree on a plan of action, be it dispositive motions or discovery. The Adjuster, PLAN Litigation Manager, and counsel will repeat this process throughout the pendency of the matter, keeping the best interest of the Member and PLAN in mind.

The Adjuster should be proactive and aggressive in identifying cases for early attention and resolution. For example, in cases where liability is adverse to the Member and settlement is desired, steps should be taken which include non-rejection of the claim in order to avoid litigation. In adverse liability matters, whenever possible, limited discovery should be performed with that discovery geared toward evaluation and resolution. However, any such limitations should not prejudice the defense of the case and all necessary discovery and law-and-motion may be utilized if it reasonably appears that a case is not resolving.

On the other hand, there will be cases that must be aggressively defended and prepared for trial.

The Sedgwick Adjuster shall monitor Defense counsel to be certain that the agreed-upon action plan and billing guidelines are followed. Defense counsel's billings shall be reviewed for compliance with the Litigation Management Guidelines and established hourly rates. Billings not in compliance should be returned to defense counsel for necessary adjustments. Any billing dispute should be referred to the PLAN Litigation Manager for resolution.

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March 25, 2021

Agenda Items 6.C.

ADMINISTRATIVE MATTERS

SUBJECT: Consideration of Claims Audit Proposal from Farley Consulting

BACKGROUND AND HISTORY:

In September 2019, PLAN JPA approved for staff to obtain a contract with Aon for claims auditing services for 2020, not to exceed \$17,500.

In reviewing the agreement from Aon, staff felt the pricing was high, along with some other concerns and decided to reach out to Tim Farley, Farley Consulting. Staff has had exceptional experience working with Mr. Farley on many of their other pools and his pricing has always been very reasonable.

STAFF RECOMMENDATION:

Staff recommends the Claims Committee approve the proposal for Claims Auditing Services from Farley Consulting.

REFERENCE MATERIALS ATTACHED:

- Farley Consulting Services Proposal for Claims Auditing Service for PLAN JPA

Proposal for Property/Liability Claims Audit - 2021

for

Pooled Liability Assurance Network JPA (PLAN JPA)



February 22, 2021



**F A R L E Y
CONSULTING SERVICES, LLC**

14041 N. Running Brook Lane ~ Marana, AZ 85658-4503
Mobile: 760.533.3439 ~ farleyconsulting2000@gmail.com

**An Independent Claims Management
Consulting Firm**



February 22, 2021

Ms. Katie Sullivan, Analyst
Program Administration
PLAN JPA
% Sedgwick
1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833

by e-mail: katie.sullivan@sedgwick.com

**Proposal for
Property/Liability Claims Audit - 2021
Pooled Liability Assurance Network JPA (PLAN)**

Farley Consulting Services, LLC (FCS) presents the following proposal to provide property/ liability claims audit services for the Pooled Liability Assurance Network (PLAN).

FCS is a limited liability company (LLC).

FCS appreciates the opportunity to submit its qualifications.

Sincerely,

A handwritten signature in black ink that reads "Timothy P. Farley". The signature is written in a cursive, flowing style.

Timothy P. Farley, CPCU

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Appendix

Resume

I. Background

This proposal responds to PLAN's request that FCS submit a proposal to provide claim audit services.

PLAN consists of 28 Bay Area cities/towns of varying size.

Claims are administered by Sedgwick in Oakland. There are currently 491 non-litigated and 60 litigated claims on a per occurrence basis.

PLAN seeks assurance its members' claims are efficiently administered according to California tort guidelines and that Sedgwick is complying with accepted industry performance standards.

II. Audit Scope

PLAN seeks an independent audit of 50 GL/Property (casualty) claims via remote access to Sedgwick's claims management information system.

FCS welcomes each PLAN member's input on the selection of the audit sample.

III. Consultant Corporate Data

A. Project Team

FCS is an *independent* claims management consulting firm headquartered in Marana, Arizona. FCS accepts no assignments from agents, brokers, or claims administration firms.

Timothy P. Farley, CPCU, will perform all elements of this project. Mr. Farley has more than 38 years of claims administration experience, the past 28 years as an independent consultant for entities such as PLAN.

Mr. Farley has completed more than 900 similar audits.

B. References

FCS has provided similar services to the following entities and encourages PLAN to contact the listed individual to discuss FCS's work product:

- **Bay Cities Joint Powers Insurance Authority (BCJPIA)**
FCS completes an annual comprehensive audit for this municipal pooling entity.
Contact: Mr. Rob Kramer (800) 541-4591
- **Municipal Pooling Authority (MPA)**
FCS completes an annual audit for this municipal pooling entity based in Walnut Creek, California.
Contact: Mr. Erwin Chang: (925) 482-0015
- **Monterey Bay Area Self-Insurance Authority (MBASIA)**
FCS completes an annual audit for this municipal pooling entity.
Contact: Ms. Jeanette Workman (800) 541-4591

Dozens of additional references are available if requested.

C. Conflict of Interest

FCS is a completely independent consultant. It accepts no assignments from and has no affiliation with claims administration firms.

IV. Work Plan

The review of PLAN claims will require roughly 1 week to complete. FCS proposes to perform the audits during the summer of 2021, likely in July or August. FCS will accommodate any requested change in this timing. A draft report of audit findings will be submitted approximately 2 weeks after the remote auditing. The final report will be submitted immediately upon PLAN's approval of the draft reports.

FCS will request a current open inventory of claims from Sedgwick about 1 month before the audit and will provide a list of claims to be reviewed to Sedgwick 2 weeks prior to beginning the audit.

This proposal anticipates that FCS will not be required to attend a PLAN Board meeting to present the audit findings. Proposed fees consider this. FCS agrees to provide audit findings by Zoom or teleconference, if requested, for no additional fee.

V. Cost Data

FCS agrees to conduct all project tasks for a flat fee of **\$6,000**.

An invoice will be issued after submission of the draft report, and payment is due upon PLAN's receipt of the invoice.

This proposed project fee is effective through July 1, 2021.

VI. Insurance Requirements

FCS maintains the required insurance and will provide proof if selected for the project and when the project commences.

Resume

Timothy P. Farley, CPCU

President

EXPERIENCE

FARLEY CONSULTING SERVICES – 2000 to present

President and primary consultant of national, independent claims management consulting firm.

ADVANCED RISK MANAGEMENT TECHNIQUES, INC. – 1991 to 2000

Senior Claims Consultant. Consultant to various corporations and public agencies on risk management subjects, with an emphasis on claims audits, claims administrator selection and evaluation, and other claims management issues.

ALEXANDER & ALEXANDER – 1989 to 1991

Marketing Manager. Responsible for market placement of all new and renewal retail business.

TRANSCO INSURANCE SERVICES – 1988 to 1989

Home Office Claims Supervisor. Supervision of independent claims adjusting firms handling litigated liability claims, including products liability and construction defect claims. Duties also included reports to various members of reinsurance treaties.

INSURANCE CO. OF THE WEST – 1986 to 1988

Claims Supervisor. Supervision of claims unit handling liability, automobile and workers' compensation claims.

USF&G INSURANCE CO. – 1983 to 1986

Claims Adjustor. Responsible for full handling of property, liability and workers' compensation claims from first report to final resolution.

ACADEMIC BACKGROUND

University of Wisconsin – Madison, Wisconsin

Graduate level courses on risk management

Western State University College of Law

Graduate level courses in contracts, torts, civil procedures, property and criminal law

University of Wisconsin – La Crosse, Wisconsin

Bachelor of Science degree in Business Administration

Academic All-American

American Institute for Property and Liability Underwriters, Inc.

Chartered Property Casualty Underwriter (CPCU) designation

Instructor CPCU 1 and 6

PROFESSIONAL SOCIETIES

Society of Chartered Property Casualty Underwriters