

CLIENT PROFILE

CLIENT NAME FCSRMC

Physical Address 4500 NW 27th Avenue, Suite B-2
Gainesville, FL 32606

Mailing Address

File Review/Client Meeting Schedule Quarterly.

PROCEDURES

Check Issue/Release Procedure:

We issue checks and have 25k authority to settle BI. We have \$50k authority to settle first party property damages. Over 25k/\$50k must be approved by Marsha or Josh Davis, depending on claim type.

Special Claims Handling:

When subrogating a loss below 10k incurred by the college, have at fault issue payment to college. If over 10k and claim payments been made under file, checks must be written out to 'FCSRMC'. Recovery checks can be made payable to the colleges if below the deductible or less than the deductible was paid. When a recovery check is received for this type of claim and is payable to the college, the adjuster needs to notify Pay Department that the recovery check is acceptable to be paid to the college, not FCSRMC, as it meets the deductible criteria. We will still send the checks to Selina for review and handling.

Claims Reporting Process:

Property claims have a 10k college deductible. Auto/watercraft physical damage have a 5k deductible.

Special Request Deposits:

25k or over need special funding request sent to PAYDEPT.

Reserving Guidelines:

None.

Settlement Authority:

25k for PD.

Payment of Legal Bills

We pay vendors direct once supports reviewed/approved by adjuster.

Excess/SIR:

Various property carriers. UE handles AL/GL program.

Maintenance/First Party Deductible:

10k Property losses \$0 on windshield claims

(General, Auto, & ELL)

NOTICE OF OCCURRENCE OR CLAIM

12. As a condition precedent to the rights of any **Insured** under this Policy, if a **Claim** reasonably likely to involve this Policy is made against an **Insured** or, except as otherwise provided in Exclusion

11.I.(2)(a), if any employee of the risk management department, or any **Reporting Officer** or legal counsel of any **Included Entity** becomes aware of an:

(a) **Occurrence** reasonably likely to involve this Policy, or

(b) regardless of the **Insured's** opinion of whether this Policy is likely to be involved, an

Occurrence or **Claim** involving any of the following:

- (1) fatality;
- (2) major paralytic conditions such as paraplegia and quadriplegia;
- (3) second or third degree burns to 25% or more of the body;
- (4) amputation, permanent loss of use or permanent loss of sensation of a major extremity;
- (5) head or brain injuries resulting in coma, behavioral disorders, personality changes, seizures, aphasia or permanent disorientation;
- (6) loss of sight in one or both eyes or loss of hearing;
- (7) injury resulting in incontinence of bowel or bladder; or
- (8) **Bodily Injury** resulting from health care services provided in a clinic, infirmary, student health center, treatment room or other similar facility that provides medical or health services to students or at other locations in the event of a medical emergency;

The **Insured** must:

- (a) notify **us** as soon as practicable in writing;
- (b) provide particulars sufficient to identify the **Insured**, person, persons or organizations involved in the **Occurrence**, and also such reasonably detail information as **we** may request;
- (c) promptly forward to **us** any written demand, notice, summons, complaint, or other process of service received by the **Insured** or its representatives; and
- (d) cooperate with **us** and with any claims administrator **we** designate in the investigation, defense or settlement of **Claims**.