

**WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW
DIVISION**

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May 26 1 26 PM '00

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: Board of Risk and Insurance Management (Dept. of Admin.) TITLE NUMBER: 115

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 5

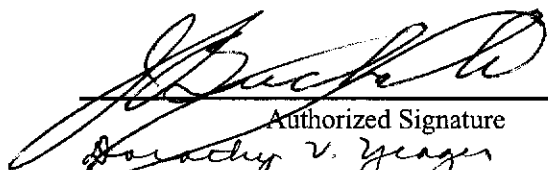
TITLE OF RULE BEING PROPOSED: Procedure for Providing Written Notification of Claims
of Potential Liability to the State or its Employees

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) Senate Bill 235

SECTION 64-2-4, PASSED ON March 11, 2000

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE
FOLLOWING DATE: June 1, 2000



Authorized Signature
Dorothy V. Yeager
Deputy Secretary
May 23, 2000 *OK*

Title 115
Legislative Rules
Board of Risk and Insurance Management

Series 5

Procedure For Providing Written Notification of Claims of
Potential Liability to the State or its Employees

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Title 115
Legislative Rules
Board of Risk and Insurance Management

Series 5

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SECRETARY OF STATE

Procedure For Providing Written Notification of Claims of
Potential Liability to the State or its Employees

§115-5-1. General

- 1.1. Scope. – This rule establishes a procedure for the West Virginia Board of Risk and Insurance Management to provide the applicable form(s) to insured entities in order for insured entities to properly and promptly notify the West Virginia Board of Risk and Insurance Management of potential liability claims against State employees and/or against the State of West Virginia.
- 1.2. Authority - W. Va. Code §29-12-5.
- 1.3. Filing Date - May 26, 2000
- 1.4. Effective Date - June 1, 2000

§115-5-2. Purpose.

- 2.1. To establish a procedure whereby the West Virginia Board of Risk and Insurance Management can be made aware in a timely manner of any incident which may, in the future, lead to potential liability for damages against the State of West Virginia.

§115-5-3. Definitions - As used in these regulations, unless used in a context that clearly requires a different meaning, the term:

- 3.1. “Board” means the West Virginia Board of Risk and Insurance Management.
- 3.2. “Insured entity” means any agency, board, college or university, commission, department, office of elected state official, the Legislature, the Supreme Court of Appeals, municipality, as defined in W. Va. Code §29-12A-3(b), or political subdivision, as defined in W. Va. Code §29-12A-3(c), or any other entity which is insured for liability purposes through the “Board.”
- 3.3. “Employee” means any officer, agent, employee, or servant, whether compensated or not, whether full-time or not, who is authorized to act and is acting within the scope of his or her employment for an “insured entity.” “Employee” includes any

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elected or appointed official of an “insured entity,” but does not include an independent contractor of an “insured entity.”

- 3.4. “Incident” means any activity either observed by an “employee” or made known to him or her, which may result in injury or property damage to a third party, or which may otherwise result in liability or a claim for damages against the State of West Virginia, its employees, or other “insured entity.”

§115-5-4. Reporting Requirements.

- 4.1. The West Virginia Board of Risk and Insurance Management will assist the insured entity with establishing a contact person within the respective agency to facilitate completing the Insurance Loss Notice Form (claim form).
- 4.2. Any “employee” who either witnesses or is made aware of an “incident” as defined in Subsection 3.4, should as soon as practicable, gather all pertinent data and complete the Insurance Loss Notice Form (claim form), attached to and made a part of this rule as Appendix A, as appropriate.
- 4.3. The completed Insurance Loss Notice Form (claim form), shall be forwarded to the “Board,” as soon as possible, via United States first class mail or transmitted by facsimile.
- 4.4. The “Board” and/or its insurance carrier, shall retain a copy of the submitted Insurance Loss Notice Form (claim form) for a period of two (2) years, or longer if the “Board,” in its discretion, deems it necessary.

INSURANCE LOSS NOTICE - *State of West Virginia*

Appendix A

BRIM USE ONLY

Instructions: For **all** losses, complete sections 1, 2 & 3
For **Auto** losses -- **also** section 4
For Insured **Property** losses -- **also** section 5

Coding _____ / _____ / _____
To. Co. _____

(1) Insured Name: _____ Insured Acct. # (**required**) _____

Insured Address: _____

Insured Phone Number (*day*): _____

Contact Person _____ Position with Insured _____
For insured (Contact Person)

(2) Date of Loss: _____ Time of Day: _____

Location of Occurrence: (*Street address*) _____

Description of Occurrence: _____

Investigated By: (*Police, Fire, etc.*) _____

(3) Injured/Property Damaged *use additional sheet(s) as necessary*

Name (*injured/owner*) _____ Home Phone #: _____

Address: _____ Work Phone #: _____

Age ____ Sex ____ Social Security #: _____ Occupation: _____

Employer: _____ Where is Property Now? _____

Description-Injury: _____

Description-Property Damage: _____ Estimate Amt. \$ _____

Witnesses: _____

(4) Auto Losses Only *use additional sheet(s) as necessary*

Insured Vehicle			Claimant Vehicle		
Year _____	Make _____	Model _____	Year _____	Make _____	Model _____
VIN _____			VIN _____		
Vehicle Driver _____			Vehicle Driver _____		
Vehicle Owner _____			Vehicle Owner _____		
Passengers _____			Passengers _____		

(5) Insured Property Losses Only: Loss Type

() Fire () Windstorm () Burglary & Theft () Boiler & Machinery () Fidelity

() Vehicle () Aircraft () Other _____

SUBMITTED BY: _____ DATE: _____