CITY OF MIRAMAR
PROPOSED CITY COMMISSION AGENDA ITEM

Meeting Date: November 5, 2025

Presenter's Name and Title: Kanika Stampp, Chief HR Officer / Director of Human Resources

Prepared By: Karen Muir, Human Resources Risk Manager

Temp. Reso. Number: R8546

Item Description: TEMP. RESO. #R8546 APPROVING THE AWARD OF AN AGREEMENT TO COMMERCIAL RISK MANAGEMENT, INC., FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES IN AN AMOUNT NOT-TO-EXCEED $79,275, RESULTING FROM REQUEST FOR PROPOSALS NO. 25-03-14; AUTHORIZING THE CITY MANAGER TO EXECUTE AN AGREEMENT WITH COMMERCIAL RISK MANAGEMENT, INC., FOR A TERM OF THREE YEARS, COMMENCING ON APRIL 1, 2026, WITH THREE ONE-YEAR RENEWAL OPTIONS; AND PROVIDING FOR AN EFFECTIVE DATE. *(Chief Human Resources Officer/Director of Human Resources* Kanika Stampp*)*

Consent ☒ Resolution ☐ Ordinance ☐ Quasi-Judicial ☐ Public Hearing ☐

Instructions for the Office of the City Clerk: None

Public Notice – As required by the Sec. ____ of the City Code and/or Sec. ___, Florida Statutes, public notice for this item was provided as follows: on _____ in a _____ ad in the _____; by the posting the property on _____ and/or by sending mailed notice to property owners within ____ feet of the property on _____ (fill in all that apply)

Special Voting Requirement – As required by Sec. _____, of the City Code and/or Sec. ____, Florida Statutes, approval of this item requires a _____ (unanimous, 4/5ths etc.) vote by the City Commission.

Fiscal Impact: Yes ☒ No ☐

REMARKS: Funds of approximately $150,000 are included within the FY26 Risk Management budget for the subject services; and amounts as per the proposed contract are budgeted in FY26 budgets, in GL Account numbers 502-90-000-590-000-604501, 604504, 604941, 604942, 604943, 603080, 603127.

Content:

- **Agenda Item Memo from the City Manager to City Commission**
- **Resolution TR 8546**
  - **Exhibit 1: Draft contract with Commercial Risk Management, Inc.**
- **Attachments:**
  - **Attachment 1: RFP No. 25-03-14**
  - **Attachment 2: Proposal Evaluation Scores**
  - **Attachment 3: Commercial Risk Management, Inc. Price Proposal**

CITY OF MIRAMAR
INTEROFFICE MEMORANDUM

TO: Mayor, Vice Mayor, and City Commissioners

FROM: Dr. Roy L. Virgin, City Manager

BY: Kanika Stampp, Chief HR Officer/Director of Human Resources

DATE: October 30, 2025

RE: Temp. Reso. No. 8546 approving the ranking of Proposers responding to Request for Proposals No. 25-03-14 ("RFP") for Third Party Claims Administration Services, approving award of the RFP to Commercial Risk Management, Inc., the highest ranked Proposer, and authorizing execution of a contract

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RECOMMENDATION: The City Manager recommends approval of Temp. Reso. No. R8546, approving the ranking of proposers responding to RFP 25-03-14 for Third Party Claims Administration Services; approving the award of the RFP to Commercial Risk Management, Inc. ("CRM"), the highest ranked Proposer; and authorizing the City Manager to execute a contract for a term of three years commencing April 1, 2026, with three one-year renewal options.

ISSUE: City Commission's approval is required to award the contract to CRM in accordance with Section 2-412 (1) for contracts valued more than $75,000.

BACKGROUND: During the past 30 years, the City has maintained an aggressive claims management program as part of the City's self-funded risk management program. The claims management program includes management of claims and reporting of information in areas such as automobile liability - bodily injury and property damage, professional liability, and workers' compensation for city employees. The claims management program also includes management and mitigation of open claims through nurse case management solutions. Regular claims review meetings with representatives from the City, the City Attorney, the workers' compensation attorney, nurse case management, and the third-party claims administrator have resulted in the production of increased information for management to consider in identifying trends and aggressively addressing liabilities.

Success in managing a substantial self-funded liability program requires excellent Third-Party claims administration services. The City has consistently contracted the services to a Third-Party Claims Administrator.

The current provider, Gallagher Bassett Services, Inc. ("Gallagher Bassett") was awarded a 3-year agreement with 2 one-year renewal options, expiring in March 2026. The City received four (4) responses. The Selection Committee reviewed the four (4) proposals received, and determined that Commercial Risk Management, Inc. was the most responsive and responsible.

On April 24, 2025, RFP No. 25-03-14 was issued for Third Party Claims Administration Services. Four (4) firms responded to the RFP. A selection committee comprised of staff from the human resources, parks and recreation, economic development, and revitalization departments was established to review the responses. Commercial Risk Management's proposal was determined to be the most responsive and responsible, and the Selection Committee recommended moving forward with recommending the award of an agreement.

This resolution seeks City Commission approval of a contract for a term of three (3) years commencing April 1, 2026, with three one-year renewal options, with Commercial Risk Management, Inc. for Third Party Claims Administration Services.

Fees paid for services rendered under this contract are determined by the number of cases managed by the third-party administrator. The claims service fee for contract year ending March 31, 2026, was $88,615. The projected claims service fee for the 2026/2027 contract year is $79,275. This fee will remain fixed for the first term (three years), after which there will be a 3% increase for contract year April 2029, bringing the fee to $81,653. This fee will remain fixed for each of the subsequent two one-year renewal periods. Funds for the subject services are included within the 2026/2027 budget, and will be included in years 2027/2028 and 2028/2029 Risk Management Budget in the below GL Account numbers:

ACCOUNT NUMBER	ACCOUNT NAME
502-90-000-590-000-604501-	Surety Bonds Premium
502-90-000-590-000-604504-	State Workers Comp Premium
502-90-000-590-000-604941-	Ins Claims-Workers' Comp
502-90-000-590-000-604942-	Ins Claims-Liability
502-90-000-590-000-604943-	Ins Claims-Property
502-90-000-590-000-603080-	Other Insurance Premium
502-90-000-590-000-603127-	Legal Svc-Litigation

Temp. Reso. No. 8546
10/2/25
10/28/25

CITY OF MIRAMAR
MIRAMAR, FLORIDA

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, APPROVING THE AWARD OF AN AGREEMENT TO COMMERCIAL RISK MANAGEMENT, INC., FOR THIRD PARTY CLAIMS ADMINISTRATION SERVICES IN AN ANNUAL AMOUNT NOT-TO-EXCEED $79,275, RESULTING FROM REQUEST FOR PROPOSALS NO. 25-03-14; AUTHORIZING THE CITY MANAGER TO EXECUTE AN AGREEMENT WITH COMMERCIAL RISK MANAGEMENT, INC., FOR A TERM OF THREE YEARS, COMMENCING ON APRIL 1, 2026, WITH THREE ONE-YEAR RENEWAL OPTIONS; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, over the past 30 years, the City has maintained an aggressive claims management program, which includes management of claims and reporting of information in areas such as automobile liability - bodily injury and property damage, general liability, professional liability, and workers' compensation, as part of the City's self-funded risk management program; and

WHEREAS, in 2021, the City Commission awarded a three-year agreement, with two one-year renewal options, to Gallagher Bassett Services, Inc. ("Gallagher Bassett") to perform these services, which will expire in April 2026; and

WHEREAS, on April 24, 2025, RFP No. 25-03-14 was issued for Third Party Claims Administration Services, and four (4) responses were received; and

WHEREAS, a Selection Committee met and evaluated the proposals, pursuant to the criteria and point ranges provided for in the RFP, and selected Commercial Risk Management as the highest scoring evaluation, responsive, responsible proposer; and

WHEREAS, the City Manager recommends approval of a contract with Commercial Risk Management for RFP 25-03-14 to provide Third Party Claims Administration Services, and authorization to execute an appropriate contract with Commercial Risk Management for an initial term of three years commencing April 1, 2026, with three one-year renewal options; and

WHEREAS, the City Commission deems it to be in the best interest of the citizens and residents of the City to approve the ranking as indicated, to approve the award of the RFP to Commercial Risk Management as indicated, and to authorize execution of a contract in substantial conformity with the agreement attached hereto as Exhibit "1."

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA AS FOLLOWS:

Section 1: That the foregoing **"WHEREAS"** clauses are ratified and confirmed as being true and correct and are made a specific part of this Resolution.

Section 2: That the City Commission approves the ranking of Proposers responding to RFP No. 25-03-14 and authorizes the City Manager to execute a contract with Commercial Risk Management for a term of three years commencing April 1, 2026,

with three one-year options, in substantial conformity with the contract attached hereto as Exhibit “1,” together with any non-substantial changes deemed necessary by the City Manager, and approved as to form and legality by the City Attorney; and

Section 3: That the appropriate City officials are authorized to do all things necessary and expedient to carry out the aims of this Resolution.

Section 4: That this Resolution shall become effective upon adoption.

Temp. Reso. No. 8546
10/2/25
10/28/25

PASSED AND ADOPTED this _____ day of _____, 2025.

_____
Mayor, Wayne M. Messam

_____
Vice Mayor, Yvette Colbourne

ATTEST:

_____
City Clerk, Denise A. Gibbs

I HEREBY CERTIFY that I have approved
this RESOLUTION as to form:

_____
City Attorney,
Austin Pamies Norris Weeks Powell, PLLC

Requested by Administration	**Voted**
Commissioner Maxwell B. Chambers	_____
Commissioner Avril Cherasard	_____
Vice Mayor Yvette Colbourne	_____
Commissioner Carson Edwards	_____
Mayor Wayne M. Messam	_____

EXHIBIT 1

AGREEMENT BETWEEN

THE CITY OF MIRAMAR

AND

COMMERCIAL RISK MANAGEMENT, INC.

FOR

THIRD PARTY CLAIMS ADMINISTRATION SERVICES

THIS AGREEMENT (the "Agreement") is made effective on the last date of execution herein by and between the CITY OF MIRAMAR, (the "City"), a Florida municipal corporation, whose address is 2300 Civic Center Place, Miramar, Florida 33025, and Commercial Risk Management, Inc. (the "Service Provider") a Florida Profit Corporation whose principal address is 2002 N Lois Avenue, Suite 600, Tampa, Florida 33607

WHEREAS, on _____, 2025, the City issued Request for Proposals No. 25-03-14 ("RFP") for "Third Party Claims Administration Services" (the "Services"); and

WHEREAS, an Evaluation Committee comprised of City Staff met to evaluate the proposals according to the criteria set forth in the RFP; and

WHEREAS, the Service Provider was determined to be the highest scoring, responsive, responsible Proposer and whose proposal was most advantageous to the City; and

WHEREAS, on _____, 2025, the City Commission adopted Resolution No. _____ and approved the award of the RFP to the Service Provider.

NOW, THEREFORE, in consideration of the mutual terms and conditions, promises, and covenants hereinafter set forth, the City and Service Provider agree as follows:

SECTION 1
RECITALS

The above recitals are true and correct and are incorporated and made a part of this Agreement.

SECTION 2
SCOPE OF SERVICES

This Agreement is subject to, and the Service Provide shall provide Services in accordance with the Scope of Services, terms, conditions, and requirements set forth and described in the RFP the terms of which are incorporated and made a part hereof, the Service Provider's Proposal submitted in response thereto as accepted by the City, attached as Exhibit "1", and any subsequently negotiated changes to same, which documents or agreements are incorporated by reference herein. In the case of any conflict between the General Terms and Conditions, the Special Conditions, the Specifications or Scope of Services, the Contract, or any amendment/addendum issued, the order of precedence shall be the last addendum issued; the Specifications or Scope of Services; the Special Conditions; the General Terms and Conditions, and then the Contract.

2.2 Service Provider represents and warrants to the City that: (i) it possesses all qualifications, licenses and expertise required for the performance of the Services; (ii) it is not delinquent in the payment of any sums due the City; (iii) all personnel assigned to perform the Services are and shall be, at all times during the term hereof, fully qualified and trained to perform the tasks assigned to each.

SECTION 3
COMPENSATION

3.1 City agrees to pay Service Provider a fee for the Services as outlined in Section 3-3 of the RFP and the Proposer's proposal (attached as Exhibit "1") and any negotiated changes agreed upon.

3.2 Service Provider shall submit periodic invoices for the Services provided to:

City of Miramar,
ATTN: Accounts Payable,
2300 Civic Center Place,
Miramar, Florida 33025
Email: APINVOICES@CI.MIRAMAR.FL.US

The date of the invoice shall not exceed 30 calendar days from the date of acceptance of the Goods and Services by the City. Under no circumstance shall an invoice be submitted to the City in advance of the delivery and acceptance of the commodities and/or Services, unless otherwise agreed to. All invoices shall reference the appropriate Contract number, the address where the commodities were delivered or the Services performed, and the corresponding acceptance slip that was signed by an authorized representative of the City when the Goods and/or Services were delivered and accepted. Payment by the City shall be made

within 30 days after receipt of Service Provider's invoice, which shall be accompanied by sufficient supporting documentation and contain sufficient detail to allow a proper audit of expenditures should the City require one to be performed.

3.3 Services shall be provided to the City in strict accordance with the Scope of Services set forth and described in the RFP. If the Services provided by Service Provider do not meet the applicable Scope of Services, Service Provider will not receive payment for such nonconforming Services and shall pay the City all fees and/or costs associated with obtaining satisfactory Services.

SECTION 4
TERM OF AGREEMENT

4.1 The term of this Agreement shall commence upon the date this contract is executed by both parties and shall remain in effect for a period of three (3) years with the option to renew for three (3) additional one-year terms.

4.2 In addition to any renewals, the Chief Procurement Officer may authorize up to a 90-day extension of a Contract in accordance with the terms and conditions of the Contract, and the City Manager or his/her designee is authorized to extend the contract, for operational purposes only, for an additional 90 days. Any further extensions of such Contract require the approval of the City Commission.

SECTION 5
TERMINATION OF AGREEMENT

5.1 **Termination for convenience.** The City may terminate this Agreement for convenience by giving Service Provider 30 calendar day's written notice. In the event of such termination, Service Provider shall be entitled to receive compensation for any Services provided pursuant to this Agreement and to the satisfaction of the City, up through the date of termination. Under no circumstances shall the City make payment for Services nor shall Service Provider invoice the City for Services not yet provided.

5.2 **Termination for cause.** This Agreement may be terminated by either party upon five calendar day's written notice to the other should such other party fail substantially to perform in accordance with this Agreement's material terms through no fault of the party initiating the termination. In the event that Service Provider abandons this Agreement or causes it to be terminated by the City, Service Provider shall indemnify the City against losses pertaining to this termination. In the event that Contract is terminated by the City for cause, and it is subsequently determined by a court of competent jurisdiction that such termination was without cause, such termination shall thereupon be deemed a termination for convenience under Section 5.1 of this Agreement, and the provisions of Section 5.1 shall apply.

5.4 **Survival.** The termination of this Agreement under Section 5.1 or 5.2 shall not relieve either party of any liability that accrued prior to such termination and any such accrued liability shall survive the termination of this Agreement.

SECTION 6
INDEPENDENT CONTRACTOR

Service Provider is an independent contractor under this Agreement. Services provided by Service Provider shall be provided by employees of Service Provider subject to supervision by Service Provider, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, travel, per diem policy, and purchasing policies under the Agreement shall be the sole responsibility of Service Provider. Service Provider shall have no rights under the City's worker's compensation, employment, insurance benefits or similar laws or benefits.

SECTION 7
INDEMNIFICATION

7.1 Service Provider shall indemnify, defend and hold harmless the City, its officers, officials, agents, employees, and volunteers from and against any and all liability, suits, actions, damages, costs, losses and expenses, including attorneys' fees, demands and claims for personal injury, bodily injury, sickness, diseases or death or damage or destruction of tangible property or loss of use resulting therefrom arising out of any errors, omissions, misconduct or negligent acts of Service Provider, its respective officials, agents, employees or Subcontractors in the Service Provider's performance of Services pursuant to this Agreement.

7.2 Nothing in this Agreement shall be deemed or treated as a waiver by the City of any immunity to which it is entitled by law, including but not limited to the City's sovereign immunity as set forth in Section 768.28, Florida Statutes.

SECTION 8
INSURANCE

8.1 **INSURANCE -** For programs that are active in nature, which shall be determined in the sole and exclusive discretion of the City, Service Provider shall maintain commercial general, automobile (where applicable), workers compensation and professional liability and cyber liability insurance in an amount acceptable to the City's Risk Manager. Evidence of required insurance coverage must be acceptable to and approved by the Risk Management Division of the City. A certificate of insurance must be provided with the City of Miramar, Risk Management Division, 2300 Civic Center Place, Miramar, Florida 33025 listed as the certificate holder. If selected, a full copy of this insurance policy must be provided.

8.2 **Minimum Limits of Insurance -** Service Providers shall maintain the following minimum limits of insurance (unless higher limits are required by law or statute):

1. Commercial General Liability: $2,000,000 per occurrence, $3,000,000 general aggregate.

2. Professional Liability (Errors and Omissions) Insurance: $1,000,000

3. Workers' Compensation: Part A - Statutory; Part B - $1,000,000/accident and disease.

4. Cyber Liability – Aggregate/per claim $5,000,000

5. Automobile Liability - $1,000,000 combined single limit.

8.3 **Required Insurance Endorsements** - The City requires the following insurance endorsements:

1. ADDITIONAL INSURED - The City must be included as an additional insured by policy endorsement under Commercial General Liability policy for liability arising from Services provided by or on behalf of the Service Provider.

2. WAIVERS OF SUBROGATION - Service Provider agrees to waive all rights of subrogation by policy endorsement against the City for loss, damage, claims, suits, or demands, regardless of how caused:

    a. To property, equipment, vehicles, laptops, cell phones, etc., owned, leased, or used by the Service Provider or the Service Provider's employees, agents, or Subcontractors; and

    b. To the extent such loss, damage, claims, suits, or demands are covered, or should be covered, by the required or any other insurance (except professional liability to which this requirement does not apply) maintained by the Service Provider.

This waiver shall apply to all first-party property, equipment, vehicle and workers compensation claims, and all third-party liability claims, including deductibles or retentions which may be applicable thereto. If necessary, the Service Provider agrees to endorse the required insurance policies to acknowledge the required waivers of subrogation in favor of the City. Service Provider further agrees to hold harmless and indemnify the City for any loss or expense incurred from Service Provider's failure to obtain such waivers of subrogation from Service Provider's insurers.

This Agreement shall not be deemed approved until the Service Provider has obtained all insurance required under this section and has supplied the City with evidence of such coverage in the form of a Certificate of Insurance with additional insured and waiver of subrogation endorsements for policies as stated in the required insurance endorsement section above. The City shall be named as additional insured in Service Provider's liability insurance policies. The City shall approve such Certificates prior to the performance of any Services pursuant to this Agreement.

8.4 ALL INSURANCE COMPANIES PROVIDED SHALL: Be rated at least A VII per Best's Key Rating Guide and be licensed to do business in Florida. The Service Provider's liability insurance shall be primary to any liability insurance policies that may be carried by the City. The Service Provider shall be responsible for all deductibles and self-insured retentions on their liability insurance policies.

8.5 All of the policies of insurance so required to be purchased and maintained shall contain a provision or endorsement that the coverage afforded shall not be cancelled, materially changed or renewal refused until at least 30 calendar days written notice has been given to the City by certified mail.

SECTION 9
NOTICES

Whenever either party desires to give notice to the other, it must be given by written notice, sent by certified United States mail, return receipt requested, addressed to the party for whom it is intended, at the place last specified in writing, and the place for giving of notice in compliance with the provisions of this paragraph. For the present, the parties designate the following as the respective places for giving of notice, to-wit:

FOR SERVICE PROVIDER:

Commercial Risk Management, Inc.
Susan Theis, CEO/President
2002 North Lois Avenue
Suite 600
Tampa, Florida 33607
Telephone: 813-289-3771

FOR CITY: Dr. Roy L Virgin
City Manager
City of Miramar
2300 Civic Center Place
Miramar, Florida 33025
Telephone: (954) 602-3115

With A Copy to: Austin Pammies Norris Weeks Powell, PLLC
401 NW 7th Avenue
Fort Lauderdale, FL 33311
Tel: 954-768-9770
Fax: 954-768-9790

SECTION 10
PUBLIC RECORDS

A. Public Records: SERVICE PROVIDER shall comply with The Florida Public Records Act as follows:

1. Keep and maintain public records that ordinarily and necessarily would be required by CITY in order to perform the service.

2. Upon request by CITY's records custodian, provide CITY with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement.

4. Upon completion of this Agreement or in the event of termination of this Agreement by either party, any or all public records relating to this Agreement in the possession of SERVICE PROVIDER shall be delivered by SERVICE PROVIDER to CITY, at no cost to CITY, within seven days. All records stored electronically by SERVICE PROVIDER shall be delivered to CITY in a format that is compatible with CITY's information technology systems. Once the public records have been delivered to CITY upon completion or termination of this Agreement, SERVICE PROVIDER shall destroy any and all duplicate public records that are exempt or confidential and exempt from public record disclosure requirements.

5. SERVICE PROVIDER'S failure or refusal to comply with the provisions of this Section shall result in the immediate termination of this Agreement by the CITY.

IF SERVICE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO SERVICE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 954-602-3011, OR BY MAIL: City Of Miramar – City Clerk's Office, 2300 Civic Center Place, Miramar, FL 33025.

B. Ownership of Documents: Unless otherwise provided by law, any and all reports, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of CITY. Any compensation due to

SERVICE PROVIDER shall be withheld until all documents are received as provided herein.

SECTION 11
SCRUTINIZED COMPANY

A. Service Provider certifies that it and its subcontractors are not on the Scrutinized Companies that Boycott Israel List. Pursuant to Section 287.135, F.S., the City may immediately terminate this Agreement at its sole option if the Service Provider or its subcontractors are found to have submitted a false certification; or if the Service Provider, or its subcontractors are placed on the Scrutinized Companies that Boycott Israel List or is engaged in the boycott of Israel during the term of the Agreement.

B. If this Agreement is for more than one million dollars, the Service Provider certifies that it and its subcontractors are also not on the Scrutinized Companies with Activities in Sudan, Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaged with business operations in Cuba or Syria as identified in Section 287.135, F.S. Pursuant to Section 287.135, F.S., the City may immediately terminate this Agreement at its sole option if the Service Provider , its affiliates, or its subcontractors are found to have submitted a false certification; or if the Service Provider, its affiliates, or its subcontractors are placed on the Scrutinized Companies with Activities in Sudan List, or Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaged with business operations in Cuba or Syria during the term of the Agreement.

C. The Service Provider agrees to observe the above requirements for applicable subcontracts entered into for the performance of work under this Agreement.

D. As provided in Subsection 287.135(8), F.S., if federal law ceases to authorize the above-stated contracting prohibitions then they shall become inoperative.

SECTION 12
E-VERIFY

In accordance with Florida Statutes §448.095, the Service Provider, prior to commencement of services or payment by the City, will provide to the City proof of participation/enrollment in the E-Verify system of the Department of Homeland Security. Evidence of participation/enrollment will be a printout of the Company's "Company Profile" page from the E-Verify system. Failure to be continually enrolled and participating in the E-Verify program will be a breach of contract which will be grounds for immediate termination of the contract by the City. The Service Provider will not hire any employee who has not been vetted through E-Verify. The Service Provider may not subcontract any work for the City to any subcontractor that has not provided an affidavit stating that the subcontractor does not employ, contract with or subcontract with an unauthorized alien.

SECTION 13
MISCELLANEOUS

13.1 Service Provider shall, without additional expense to the City, be responsible for paying any taxes, obtaining any necessary licenses and for complying with all applicable federal, state, county, and municipal laws, ordinances, and regulations in connection with the performance of the Services specified herein.

13.2 Precautions shall be exercised at all times for the protection of persons and property. Service Provider and all Subcontractors shall conform to all OSHA, federal, state, county, and City regulations while performing under the terms and conditions of this Agreement. Any fines levied by the above-mentioned authorities because of failure to comply with these requirements shall be borne solely by Service Provider responsible for the same.

13.3 Service Provider understands and agrees that any information, document, report, or any other material whatsoever which is given to Service Provider by the City, or which is otherwise obtained or prepared by Service Provider pursuant to or under the terms of this Agreement, is and shall at all times remain the property of the City. Service Provider agrees not to use any such information, document, report, or material for any other purpose whatsoever without the written consent of the City, which may be withheld or conditioned by the City in its sole discretion.

13.4 Service Provider represents and warrants to the City that it has not employed or retained any person or company employed by the City to solicit or secure this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with the award or making of this Agreement. For the breach or violation of this provision, the City shall have the right, at its discretion, to terminate the Agreement without liability, to deduct from the Contract price, or otherwise recover the full amount of such fee, commission, percentage, gift, or consideration.

13.5 Service Provider understands that agreements between private entities and local governments are subject to certain laws and regulations, including laws pertaining to public records, conflict of interest, record keeping, etc. The City and Service Provider agree to comply with and observe all applicable laws, codes, and ordinances as they may be amended from time to time.

SECTION 14
AUDIT AND INSPECTION RIGHTS

14.1 The City may, at reasonable times, and for a period of up to three years following the date of final performance of Services by Service Provider under this Agreement, audit, or cause to be audited, those books and records of Service Provider which are related

to Service Provider's performance under this Agreement. Service Provider agrees to maintain all such books and records at its principal place of business for a period of three years after final payment is made under this Agreement.

14.2 The City may, at reasonable times during the term hereof, perform such inspections as the City deems reasonably necessary to determine whether the Services required to be provided by Service Provider under this Agreement conform to the terms of this Agreement. Service Provider shall make available to the City all reasonable assistance to facilitate the performance of inspections by the City's representatives.

14.3 Should an independent review of the methodology used to complete the study reveal inadequate methodologies to have been used which are not consistent with current legal renderings, the selected Proposer agrees to make necessary modifications and conduct any subsequent work necessary to achieve study adequacy and appropriateness at no additional cost to the City.

SECTION 15
AGREEMENT, AMENDMENTS AND ASSIGNMENT

15.1 This Agreement constitutes the entire agreement between Service Provider and the City, and all negotiations and oral understandings between the parties are merged herein. The terms and conditions set forth in this Agreement supersede any and all previous agreements, promises, negotiations or representations. Any other agreements, promises, negotiations or representations not expressly set forth or incorporated into this Agreement are of no force and effect.

15.2 No modification, amendment or alteration of the terms and conditions contained shall be effective unless contained in a written document executed with the same formality as this Agreement.

15.3 Service Provider shall not transfer or assign the performance of Services called for in the Agreement without the prior written consent of the City, which may be withheld or conditioned in the City's sole discretion.

SECTION 16
NON-DISCRIMINATION

Service Provider represents and warrants to the City that Service Provider does not and will not engage in discriminatory practices and that there shall be no discrimination in connection with Service Provider's performance under this Agreement on account of sex, race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family background, linguistic preference, pregnancy, and any other legally prohibited basis or any other factor which cannot be lawfully used as a basis for delivery of Services. Service Provider further covenants that no otherwise qualified individual shall, solely by reason of his/her sex, race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family

background, linguistic preference, pregnancy, and any other legally prohibited basis or any other factor which cannot be lawfully used as a basis for delivery of Services, be excluded from participation in, be denied Services, or be subject to discrimination under any provision of this Agreement.

SECTION 17
GOVERNING LAW AND VENUE

This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Venue for any action arising out of or relating to this Agreement shall be in Broward County, Florida.

SECTION 18
HEADINGS, CONFLICT OF PROVISIONS, WAIVER OR BREACH OF PROVISIONS

Headings are for convenience of reference only and shall not be considered in any interpretation of this Agreement. In the event of a conflict between the terms of this Agreement and any terms or conditions contained in any attached documents, the terms in this Agreement shall prevail. No waiver or breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision, and no waiver shall be effective unless made in writing.

SECTION 19
SEVERABILITY

If any provision of this Agreement or the application thereof to any person or situation shall to any extent be held invalid or unenforceable, the remainder of this Agreement, and the application of such provisions to persons or situations other than those as to which it shall have been held invalid or unenforceable shall not be affected thereby, and shall continue in full force and effect and be enforced to the fullest extent permitted by law.

SECTION 20
SURVIVAL

All representations and other relevant provisions herein shall survive and continue in full force and effect upon termination of this Agreement.

SECTION 21
ENTIRE AGREEMENT

This Agreement represents the entire and integrated Agreement between the City and Service Provider and supersedes all prior negotiations, representations, or agreements, either written or oral.

SECTION 22
JOINT PREPARATION

Service Provider and the City acknowledge that they have sought and received whatever competent advice and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein, and that the preparation of this Agreement has been a joint effort of the parties, the language has been agreed to by parties to express their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

SECTION 23
COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall constitute an original, but all of which, when taken together, shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: City, signing by and through its City Manager, attested to and duly authorized to execute same by the City Commission of the City of Miramar, and by the Service Provider, by and through its _____, attested to and duly authorized to execute same.

CITY

ATTEST: CITY OF MIRAMAR

_____ By:_____
Denise A. Gibbs, City Clerk Dr. Roy L Virgin, City Manager

This _____day of _____, 2025

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY FOR THE
USE OF AND RELIANCE BY
THE CITY OF MIRAMAR ONLY:

_____
City Attorney
Austin Pammies Norris Weeks Powell, PLLC

SERVICE PROVIDER

By: _____

Print Name: _____

Title: _____

Date: _____

Commercial Risk Management

A RESPONSE FOR PROPOSAL
PRESENTED TO:

CITY OF MIRAMAR

PREPARED BY:
Susan Theis, CEO/President
stheis@crm-su.com

May 27, 2025

RFP No. 25-03-14
Third Party Claims Administration Services

P.O. Box 18366, Tampa, FL 33679

Phone: (813) 289-3900 Fax: (813) 289-3771 www.crm-su.com

SECTION 4
SUBMITTAL FORM
PROPOSAL COVER SHEET AND SIGNATURE FORM RFP No. 25-03-14

PROPOSER'S NAME (Name of firm, entity, or organization):
Commercial Risk Management, Inc.

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 591346411

NAME AND TITLE OF PROPOSER'S CONTACT PERSON:

Name: Susan E Theis Title: President/CEO

MAILING ADDRESS:

Street Address: 2002 North Lois Avenue, Suite 600

City, State, Zip: Tampa, FL 33607

TELEPHONE:
(813) 289-3900

FAX:
(813) 289-3771

PROPOSER'S ORGANIZATION STRUCTURE: ***EMAIL:*** stheis@crm-su.com

__X__ Corporation _____ Partnership _____ Proprietorship _____ Joint Venture _____ Other (explain):

IF CORPORATION:
Date Incorporated/Organized: May 1, 1975

State of Incorporation/Organization: Florida

States registered in as foreign Corporation:

PROPOSER'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT IS SOUGHT THROUGH THIS SOLICITATION:
None

LIST NAMES OF PROPOSER'S SUBCONTRACTORS AND/OR SUBCONTRACTORS FOR THIS PROJECT:
None

PROPOSER'S AUTHORIZED SIGNATURE:
The undersigned hereby certifies that this Proposal is submitted in response to this Solicitation.

Signed by: Susan E Theis Date: May 21, 2025

Print name: Susan E Theis Title: President/CEO

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

Commercial Risk Management

Executive Summary

Commercial Risk Management, Inc. (CRM), a privately owned Florida corporation, was founded in 1975 to serve organizations that have elected to self-insure. The chief and executive officers have a combined industry experience averaging 31 years and remain apprised and closely involved in all claims handling matters. Our office is located in Tampa, Florida, where the work for City of Miramar will be performed. We handle a total of 46 self-insured clients with over 10,000 claims yearly.

At inception, Commercial Risk Management, Inc. entered the self-insurance industry space by handling solely workers' compensation injury claims. Since then, our roster of services has expanded to include liability claims services, telephonic nurse case management, loss control consulting, and real-time analytics. Our shareholders evaluate business and industry demands to ensure continued sustainability in the services we provide to our existing and future clients. Our commitment to our clients and their specific program needs is demonstrated by our client tenure averaging 17 years. The continued expansion of Commercial Risk Management, Inc. is meticulously monitored to ensure our services remain above standard.

Commercial Risk Management, Inc. has been providing claims administrative services to municipalities since 1980. We have provided claims services for 23 municipal clients with 13 of these clients maintaining partnerships for over 20 years. From our extensive experience, Commercial Risk Management, Inc. understands the sensitive nature of municipal clients and their claim types to include management of presumption claims. We began managing presumption claims for firefighter's cardiac claims in 1980. The management of cardiac claims expanded when these claims were added for state law enforcement in 1999 and for correction officers and all other law enforcement in 2002. In 2003, paramedics were removed from the presumption for cardiac claims. PTSD for law enforcement and firefighters began in 2018, with corrections officers added in 2022. Commercial Risk Management, Inc. handles presumption claims for both police and fire departments for our municipal clients. A full list of our municipal clients is listed in Qualifications, Experience, and Expertise.

Commercial Risk Management, Inc. acknowledges we are an extension of the City of Miramar, and therefore, we provide claims customization to allow for specific program needs and results. Our focus is the continual betterment of the claims program. Our team of professionals will focus on providing appropriate and prompt benefits to the injured workers while also engaging and collaborating with the City of Miramar's stakeholders to mitigate and control claims' costs. To further mitigate costs, Commercial Risk Management, Inc. does not charge an annual administration fee, does not take any percentage of recovery from subrogation, excess, or SDTF, provides claims system access for unlimited users at no additional cost, partners with multiple vendors, providers, and case management firms for competitive pricing, and offers bill review pricing below industry standard.

Commercial Risk Management, Inc. will assign an experienced team for the workers' compensation and liability claims. Our dedicated teams have minimal turnover, creating continuity with the injured workers, supervisors, department heads, attorneys, and partners. For the workers' compensation claims, a manager, supervisor, senior lost time adjuster, a medical only adjuster, and a nurse case manager will be assigned. For liability claims, a manager, supervisor, senior liability adjuster, and a liability adjuster will be assigned. Commercial Risk Management, Inc.'s adjusters manage their claims and are proactive in the claims handling approaches. We practice thorough cost containment while delivering prompt and accurate medical and indemnity benefits to the injured workers. Our team approach to claims handling results in better claims resolution without litigation and with cost savings. Commercial Risk Management, Inc. will effectively manage all new and existing liability and workers' compensation claims. In addition, a subrogation specialist will be assigned to the City of Miramar's account. The subrogation specialist closely evaluates claims with potential recovery and continuously pursues these recoveries on behalf of the City of Miramar. This attention to detail allows for additional cost containment for the overall program. For the financial side, including reports and banking, the City of Miramar will be assigned an account manager. The account manager is responsible for all checks and balances of the program and is the direct contact for any financial needs to include specialized and custom reports. The team will be full time employees of Commercial Risk Management, Inc. The assigned team has been listed in Qualifications, Experience, and Expertise with resumes/biographies included.

Commercial Risk Management, Inc.'s approach to servicing self-insured programs has resulted in better outcomes of our clients' programs. CRM's Best Practices for claims handling is customized to each client, so our clients are in control of their programs. Commercial Risk Management, Inc. provides our clients the flexibility to choose the providers and vendors that best suit their needs and the needs of their employees. CRM will provide guidance for selection of partners and will work with the City of Miramar's established strategic partners. CRM partners with providers who understand the needs of our clients' programs, which have resulted in cost containment and earlier resolution of claims.

Commercial Risk Management, Inc. partners with multiple bill review and PBM companies and will provide comparison pricing and networks to assist the City of Miramar in selecting the bill review company and PBM that best fits the program's needs. Providing our clients with choices for bill review and PBM services has shown significant savings in their programs.

Commercial Risk Management, Inc.'s evolving technology results in analytics that allows our clients to access deeper levels of information to determine areas of focus. Clients have used this tool for corrective action in areas of their organization which has resulted in lower reported claims. Commercial Risk Management, Inc. provides a yearly comprehensive stewardship report to the City of Miramar. This report provides valuable information to the City of Miramar about their claim development, closing ratio, comparative/analytical data, and recommendations that assist in making critical decisions for improvement of the program.

Commercial Risk Management, Inc. will continuously review claim development for the City of Miramar, so that adjustments can be made in the program to positively impact the cost of risk. We closely monitor all claim counts so the claims can be adjusted in the most efficient manner. Together, we will advance the goals and outcomes anticipated, reduce costs, and lend unyielding support for the overall vision of your program.

2. Qualifications, Experience and Expertise

Commercial Risk Management, Inc. (CRM) is a premier Third-Party Administrator, established in 1975 and based in Tampa, Florida since inception. Commercial Risk Management, Inc. is a privately held corporation organized under the laws of the State of Florida. CRM provides quality claims handling for self-insureds' workers' compensation and liability accounts throughout the State of Florida. Organizational charts have been included in this section. Also included is our CPA letter, credit report, and annual financial reports to denote our financial stability.

Commercial Risk Management, Inc. provides services for 46 Florida self-insured clients in diverse industries including municipal, hospitals, transportation, schools, construction, retail, and others. Commercial Risk Management, Inc. currently administers 23 active municipal clients. Our customer satisfaction is shown in the retention and tenure of our clients. We have two clients with 40 plus years, six clients with 30 plus years, and five clients with 20 plus years of partnership. The average tenure for our clientele is approximately 17 years.

Commercial Risk Management, Inc. has extensive experience with municipalities' workers' compensation and liability programs. These clients include:

Central Florida Tourism Oversight District
City of Bartow
City of Boca Raton
City of Boynton Beach
City of Cape Coral
City of Clearwater
City of Lake Worth Beach
City of Marco Island
City of Ocoee
City of Sarasota
City of St. Petersburg
City of Tampa
City of Venice
County of Volusia
Hillsborough County Sheriff's Office
Hillsborough Transit Authority
Leon County BOCC
Manatee County
Pasco County BOCC
Pinellas Suncoast Transit Authority
Polk County BOCC
Southwest Florida Water Management District
The School Board of Sarasota County, Florida
Commercial Risk Management, Inc. specializes in claims handling for Florida self-insured

clients. CRM has been successfully handling claims for public sector clients in the State of Florida for over 45 years. As such, we understand all types of losses that affect both public and quasi-public entities. CRM's experienced claims team has unparalleled expertise in handling these claims and are subject matter experts in the following areas:

- Compensability
- Violations of Florida's "Fraud" Statute, i.e. §440.105, F.S.
- Compensation for injuries when third parties are liable, i.e. §440.39, F.S.
- Mental & Nervous Injuries, i.e., §440.093, F.S.
- Liability for Compensation, i.e., §440.15, F.S.
- Liability for Medical Benefits, i.e., §440.13, F.S.
- Medical Services Disputes
- Positive Drug Screen Cases
- Average Weekly Wage/Determination of Pay Disputes, i.e. §440.14, F.S.
- Occupational Diseases, i.e. §440.151, F.S.
- Compensation for Death, i.e. §440.16, F.S.
- Statute of Limitations Disputes, i.e. §440.19, F.S.
- The Florida Tort Reform Act of 2023

Our claims team works diligently to handle claims properly, swiftly, and in accordance with all rules and regulations. Each claim is addressed with strategic analysis and handling procedures. Thorough investigations are conducted when appropriate to ensure only pertinent benefits are provided. The claims are closely monitored and the data is compiled for effective evaluation by our claims team, management team, and the City of Miramar. CRM has created and implemented analysis-driven reports, specific to each client, which successfully identify claims trends allowing for claim mitigation.

Managing claims for municipalities requires a unique and specialized set of skills. CRM's adjusters and supervisors are specifically trained in the investigation and management of municipal claims including claims that are unique to police officers, firefighters, and paramedics. CRM's adjusters have vast knowledge in handling first responders' claims which include Heart and Lung cases, PTSD, and firefighter cancer benefits.

Each municipal client has its own policy and procedures regarding the management of these anomalous claims, depending on the structure of their organization and Human Resources environment. CRM has been successful in collaborating with its clients in establishing a distinct program particularly targeting the Heart and Lung/First Responders claims. This includes identifying cardiologists who understand the Heart and Lung presumption, nurse case managers who specialize in the management and coordination of treatment and return to work, and, if needed, legal partners to assist in mitigating the exposure in these potentially costly claims. Because of our level of expertise, we have seen a reduction in litigation and overall employee dissatisfaction that many times accompanies the Heart and Lung/First Responders claims.

Following the October 1, 2018 amendment to §112.1815, CRM developed and implemented specialized claims handling protocols for PTSD claims with respect to investigating and mitigating these sensitive and potentially costly claims. CRM has a roster of psychiatrists who are well versed in the specific criteria in the DSM-5 and determine through clear and convincing

medical evidence if the diagnosis of PTSD exists and if there are any pre-existing or relevant conditions that may impact the claim.

The amendment to §112.1816 provided an alternative benefit to workers' compensation under chapter 440 for firefighter cancer benefits. Specifically, certain types of cancers qualify firefighters to receive these alternative benefits. Commercial Risk Management, Inc. offers our clients separate administration for claims arising out of §112.1816. CRM handles the investigation, records review, and final determination of benefits, which include the co-payment reimbursement, lump sum payout, and indemnity payments based on client policy.

Effective March 24, 2023, Florida enacted sweeping changes to its negligence liability system. Our liability adjusters are fully abreast of all changes in the Florida Tort Reform Act of 2023 and closely monitor case law to structure future claims management.

- Statute of Limitations for Negligence
- Comparative Fault
- Attorney's Fees
- Premises Liability-Negligent Security
- Bad Faith
- Medical Bills/Letter of Protection
- Service Members

These changes have been established to reshape sovereign immunity limits and claim deadlines. CRM's liability adjusters are prepared for the potential shift in the defense of our clients' liability claims. Our highly skilled liability adjusters employ a proactive approach to navigating Florida's evolving legal landscape. Our claims personnel will adapt swiftly to these potential modifications.

At CRM, liability claims management includes providing a dedicated team, promptly creating claim files, conducting investigation, evaluating nature and extent of each claim, recommendation of acceptance/rejection, reports and documentation, and identifying subrogation.

Litigation includes monitoring litigation involving claims against the City of Miramar, providing adjusting services as requested by defense counsel, monitoring bills and expenses, ensuring retention of experts is cleared with the City of Miramar, and handling settlement negotiations with authority granted by the City of Miramar.

Commercial Risk Management, Inc. practices cost containment, with an emphasis on early intervention. CRM mitigates costs by providing the City of Miramar with options of Bill Review companies, Pharmacy Benefit Management companies, defense counsel, and other vendor choices who have the same goals set for the City of Miramar as we do. CRM works directly with the City of Miramar to establish preferred providers and vendors. This ensures consistency in the claims program. All the aforementioned actions strategically allow us to advance the goals and outcomes anticipated, reduce costs, and lend unyielding support for the overall City of Miramar program.

Commercial Risk, Management, Inc.'s Quality Assurance department ensures consistency, integrity, and discipline in the administration of all claim types. Our quality assurance team closely monitors several aspects of claims handling to include medical and compensation benefits, electronic form filing with the Division of Workers' Compensation, state audits and reporting, and Centers for Medicare & Medicaid Services reporting and conditional payments/demands. Our quality assurance team also monitors the overall team member performance to ensure our best practices are adhered to. The members of our quality assurance team are proactive in proposing potential ideas for continued improvement and efficiency of our staff and workplace procedures. In addition to the Quality Assurance department, CRM also has a SAS 70 Type II audit performed annually.

Every year, many organizations have legitimate monies to be recovered that remain uncollected. CRM's subrogation recovery services, in both liability and workers' compensation, explore every opportunity and apply aggressive Best Practices to achieve maximum recovery results on behalf of our clients. The City of Miramar will receive all recovery amounts in full, as Commercial Risk Management, Inc. does not take a percentage of recovery.

Commercial Risk Management, Inc. recognizes the importance of staying current with the most recent advancements in technology. We place an emphasis on technology to ensure our clients receive the most out of their program. Our claims system was developed in-house, using the input from our claims team and clients. Our cutting-edge technology provides our clients with flexibility and access to real-time data at their fingertips. The claims system remains maintained in-house which allows for additional custom development as our clients' needs continue to evolve.

The workers' compensation industry is constantly evolving, and we find it critical to remain apprised of new case law, changes in procedures, advancements in medicine, etc. The same is true with tort reforms in liability claims handling. Therefore, Commercial Risk Management, Inc. places emphasis on expanding our knowledge through continued training and industry engagement. Commercial Risk Management, Inc. encourages our staff to engage in training opportunities throughout the year by providing in-house continuing education courses presented by defense attorneys and/or vendors. The team assigned to the City of Miramar, alongside our management staff, will continuously communicate new knowledge to the City of Miramar to ensure the most effective claims handling procedures are in-place for a successful program.

Commercial Risk Management, Inc. has not experienced any legal challenges within the last five (5) years, to any written examination, oral review boards, or scenario- based assessment centers. Commercial Risk Management, Inc. has not had any litigation in the past five (5) years of any type and as such we have no judgements.

Commercial Risk Management, Inc. will assign an experienced claims team to the City of Miramar. Our Claims Team engages and collaborates with our clients' stakeholders to mitigate and control claims' costs. The claims team will be led by senior managers/owners: Susan Theis, Chief Executive Officer; Lorie Dove, Chief Operations Officer; Bobbie Culver, Executive Vice President; and Marissa Shearer, Executive Vice President. We have included employee resumes for the proposed team.

Workers' Compensation

The individual who will assume primary responsibility for the City of Miramar's obligations under any resulting contract is Bobbie Culver, Executive Vice President/Claims Manager. Ms. Culver has over 30 years of experience in the workers' compensation industry. With her extensive knowledge and expertise, Ms. Culver will oversee the City of Miramar's program with precision and will ensure that the City of Miramar's expectations are met in a timely manner.

Ms. Culver will also observe and/or manage the following:

- Troubleshoot issues and provide effective solutions
- Identify desired outcomes and deliver program improvements
- Monitor claims trends and audit claims handling procedures to ensure exceptional customer service and claims service deliverables
- Provide an annual Stewardship Presentation to review reports, service performance, benchmarking, claim trending/loss analysis reports, and specialized interactive reporting (alongside Marissa Shearer)

Marissa Shearer, Executive Vice President, primarily manages our Quality Assurance and Analytics departments. Ms. Shearer has over 15 years of experience in the workers' compensation industry and over 8 years working directly with the Division of Workers' Compensation claims and medical teams. Ms. Shearer works closely with CRM's claims team to provide continued training and insights on rules and regulations set forth by the Division of Workers' Compensation. Some of the key areas that Ms. Shearer directly oversees to ensure accuracy and timeliness are the Electronic Data Interchange form filings and indemnity benefit payments. Ms. Shearer also works directly with the data analyst team to provide custom and interactive claim information reports to our clients.

The Claims Supervisor will be Jazmyne Mello. Ms. Mello has over 17 years of experience in the workers' compensation industry, handling and supervising claims. Ms. Mello will supervise the daily claims handling of the adjusters assigned to the City of Miramar. She will work closely with the City of Miramar to ensure the flow of work is appropriate and prompt. Ms. Mello reviews all incoming workers' compensation claims and makes the appropriate assignment to the Claims Representative or Claims Specialist. She monitors claims until their conclusion. Ms. Mello coordinates all activities with the client including the quarterly claims meeting and stewardship. Ms. Mello also coordinates the bill review and PBM services.

Also included in the City of Miramar's team will be Keyla Arroyo, Senior Claims Specialist. Ms. Arroyo has over 9 years of experience handling workers' compensation claims to include complex litigated matters. Ms. Arroyo will conduct a complete investigation on any questionable claim and submit a recommendation for acceptance or denial to the City of Miramar. She will recommend and establish preferred providers and will work closely with these preferred providers to control the ultimate cost of the claim and to pursue effective closure. Ms. Arroyo will coordinate care for each injured worker, often collaborating with the nurse if assigned, and will be prompt in their contact with each injured worker, taking the time necessary to explain benefits fully. Ms. Arroyo will process timely and accurate payments to the injured workers.

A Claims Representative will be assigned to the City of Miramar's team and will ensure injured workers stay at work, coordinate their medical care, routinely answer questions presented by the injured worker regarding their claim and care, and monitor/guide the claim to MMI/closure.

A Telephonic Nurse Case Manager will also be included in the City of Miramar's team. Ms. Ashley Taylor, Nurse Case Manager, has been a practicing nurse since 2017 and her case management experience has been exclusively in workers' compensation. Ms. Taylor is intimately familiar with the occupations and work hazards associated with government entities. She has case management experience in heart and lung presumption claims as well as claims involving occupational disease. Ms. Taylor promptly facilitates all medical care and identifies medical conditions and/or treatment that may not be causally related to the industrial injuries or accident and will proactively address major contributing cause with the provider on behalf of the adjuster and the City of Miramar.

In addition to the Senior Claims Specialist and Claims Representative, Commercial Risk Management, Inc. provides a Subrogation Claims Specialist with prior claims handling experience. The team will have clerical support and claims assistance support. The City of Miramar will be assigned an account manager who will oversee the checking account activity as well as monthly and ad hoc reports. We require our adjusters and supervisors be Board Certified with the Florida Department of Insurance and provide in-house continuing education opportunities. Commercial Risk Management, Inc. has memberships with and attends PRIMA, WCI, RIMS, FERMA, and WCCP. Ms. Lorie Dove is the Chairperson for the WCCP.

Liability

The individual who will assume primary responsibility for the City of Miramar's obligations under any resulting contract is Dena McKenzie, Assistant Vice President/Claims Manager. Ms. McKenzie has over 27 years of experience in the workers' compensation and liability industry. Ms. McKenzie began her career in workers' compensation and transitioned into management of liability throughout her career. With Ms. McKenzie's vast knowledge in both industries, she is an asset to the City of Miramar's overall program.

Ms. McKenzie will effectively manage the liability claims by:

- Collaborating on program objectives and ensuring successful outcomes
- Verifying claims are being handled according to client specific instructions
- Monitoring claims trends and auditing claims handling procedures to ensure exceptional customer service and claims service deliverables
- Monitoring statutory and case law changes and modifying claims handling procedures to account for these changes
- Monitoring the claims team's active approach for claims closure
- Identifying program improvements and making recommendations

Ms. McKenzie oversees the liability claims team. She will supervise the daily claims handling of the adjusters assigned to the City of Miramar. Ms. McKenzie reviews all incoming liability claims and makes the appropriate assignment to the Senior Liability Claims Specialist or Liability Claims Specialist. She monitors claims until their conclusion. She will work closely with the City of Miramar to ensure the flow of work is appropriate and prompt. Ms. McKenzie

coordinates meetings with the City of Miramar, CRM's claims team, and attorneys or any additional third party.

Also included in the City of Miramar's claims team will be a Senior Liability Claims Specialist, Quayshawn Nock. Mr. Nock has experience handling liability claims in Florida and Texas and brought prior knowledge to our organization from his work as an independent adjuster. Mr. Nock will conduct a complete investigation, analyze the evidence on claims, and submit appropriate recommendation for acceptance or rejection to the City of Miramar. Mr. Nock will monitor the litigation and work closely with defense counsel. He will place the excess carrier on notice on potential large loss claims. He will negotiate claims resolution within granted authority and will submit appropriate recommendations on claims outside our authority and obtain approval from the City of Miramar. Mr. Nock will also attend any settlement conferences/mediations, hearing, and meetings with the City of Miramar.

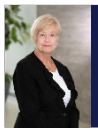
A Liability Claims Specialist, Ryan Summers, will also be a member of the City of Miramar's claims team. Mr. Summers experience in the workers' compensation and liability industries spans over 23 years to include account management, subrogation specialization, and liability claims handling. Mr. Summers will promptly analyze and evaluate all evidence to determine liability, verify the extent of damages and establish that the estimate is accurate before issuing payment. He will examine each claim for and pursue all subrogation possibilities.

The team will have clerical support to assist with document and payment facilitation. CRM will assign the same account manager to oversee the checking account activity as well as monthly and ad hoc reports. By utilizing the same individual, this allows for consistency in the City of Miramar's overall program.

At Commercial Risk Management, Inc., we believe our employees are very important and one of the keys to the success of the claims program. Our turnover rate is minimal, which attributes to consistency in the claims handling and familiarity with the client. To ensure we always have coverage, we also have a back-up team for when the City of Miramar's adjuster or supervisor is out of the office. The back-up team will be familiar with the City of Miramar's staff and procedures.

We understand this is the City of Miramar's workers' compensation and liability program and will administer claims handling according to client-driven specifics collaborated with our successful procedures based on prior and evolving experience.

With over 50 years of risk management and claims experience and servicing 46 Florida self-insured clients, Commercial Risk Management, Inc. holds a stellar reputation throughout the insurance industry. Our commitment to providing the best service to our clients is unrivaled. As a privately held company, our focus is on our clients' needs, not shareholder demands. Our philosophy is one of partnership. Together we will create, design, and implement a program that is results driven, while incorporating integrity and urgency to exceed our clients' risk management objectives.



President
Susan Theis

Chief Operations Officer
Lorie Dove

MIS Director
Lonnie Cox

NOI

Claims Data Processor
Input Claim

Automated Claim Number to Client

Executive Vice President Claims Manager
Bobbie Culver

Executive Vice President
Marissa Shearer

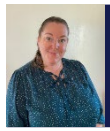
Claims Supervisor
Jazmyne Mello

EDI forms

Quality Assurance Analyst
EDI Filings and Compliance

Claims Representative

Senior Claims Specialist
Keyla Arroyo



Telephonic Case Manager
Ashley Taylor

Bills

Bill Review Provider
For Processing

Adjuster
For Authorization

Bill Review Provider
For EDI Reporting/Billing

In-House
For Processing

Medical Bill Processor
For Bill Input

Claims Assistant
For Authorization

Deposits
Wire/ACH

Account Manager
For Check Cycle

Clerical Assistant
Prepare for Mailing

Commercial Risk Management

President
Susan Theis

Chief Operations Officer
Lorie Dove

MIS Director
Lonnie Cox

NOL

Claims Data Processor
Input Claim

Assistant Vice President Liability Claims Manager
Dena McKenzie

Executive Vice President
Marissa Shearer

Automated Claim Number to Client

Quality Assurance Analyst

Subrogation Specialist

Senior Liability Claims Specialist
Quayshawn Nock

Liability Claims Specialist
Ryan Summers

Bills

Bill Review Provider
For Processing

Adjuster
For Authorization

Bill Review Provider
For EDI Reporting/Billing

In-House
For Processing

Medical Bill Processor
For Bill Input

Claims Assistant
For Authorization

Deposits
Wire/ACH

Account Manager
For Check Cycle

Clerical Assistant
Prepare for Mailing

Mail Room
For Mail Processing

Commercial Risk Management

Van Middlesworth & Company, P.A.

678 Fourth St N
St. Petersburg, FL 33701
Tele: 727-821-2006 Fax 727-822-5649

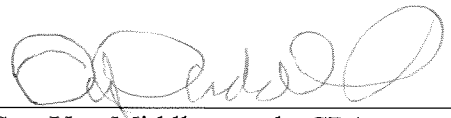
May 22, 2025

RE:
Commercial Risk Management, Inc.
PO Box 18366
Tampa, FL 33679

Dear Sir or Madam,
I am writing in response to a request for a comfort letter regarding, Commercial Risk Management, Inc. I have been the CPA for the Company for the past 13 years. The Company has a solid history of Financial Stability and credit worthiness during my time representing the Company as CPA.

If you have any questions regarding this matter, please contact my office.

Sincerely,



Guy Van Middlesworth, CPA

Commercial Risk Management

Susan E. Theis, CWC, Owner/President/Chief Executive Officer

Ms. Theis began her career with Commercial Risk Management, Inc. in 1980. She holds an All Lines adjuster license in the state of Florida and is Board Certified in Workers' Compensation with the Florida Department of Insurance, Division of Workers' Compensation. Ms. Theis has held many positions at Commercial Risk Management, Inc. She became the President in 1998, then became co-owner of Commercial Risk Management, Inc. in December of 2011.

Ms. Theis is a member of the Association of Workers' Compensation Claims Professionals (WCCP) and attends Public Risk Management Association meetings. She is a Board Member of the Florida Association of Self-Insureds. Ms. Theis is an accomplished speaker and has participated in many panel discussions such as the Telehealth discussion panel, where she spoke alongside board certified physicians and a highly acclaimed attorney. Ms. Theis is an invaluable resource for existing and potential self-insureds. Her extensive experience and knowledge of the workers' compensation industry are exhibited through her ability to assist in developing specific self-insured programs. She has assisted in educational programs for certain key employees and/or departments at a self-insured client's request.

In her current position at Commercial Risk Management, Inc., Ms. Theis oversees the administration of the workers' compensation programs, ensuring the success of each program. She coordinates and assists with financial discussions, including outstanding liabilities, with each self-insured client. Ms. Theis provides all Unit Stat and Outstanding Liability reporting to the Department of Financial Services, Workers' Compensation Division. To ensure that the service provided to our clients exceeds standard, she selects and assists in supervising the staff and dedicated unit for each program.

Commercial Risk Management

Lorie D. Dove, CWCL, Owner/Corporate Officer/Chief Operations Officer

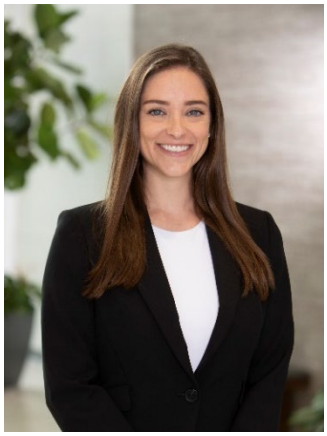
Ms. Dove has been with Commercial Risk Management, Inc. since 1983. She has an Associate of Science degree in Accounting and holds an All Lines adjuster license in the State of Florida. She is a member of the Association of Workers' Compensation Claims Professionals (WCCP) and is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. Ms. Dove was efficient in several positions at Commercial Risk Management, Inc., receiving multiple promotions over the years. She became the Vice President of Operations in 2004, was promoted to Chief Operations Officer in 2007, then became the co-owner of Commercial Risk Management, Inc. in December of 2011.

Ms. Dove serves on the Executive Board of Directors as Chairperson for the Association of Workers' Compensation Claims Professionals (WCCP). She has been a Board member since December of 2011 and previously held the position of Secretary. The position she holds is dedicated to the purpose of raising the level of professionalism in the Workers' Compensation Claims Community through education and communication. She participates in numerous conferences throughout the year including the WCCP Florida Bar Forum, Florida Educational Risk Management Association, Risk Management Society, Workers' Compensation Institute, and Public Risk Management Association.

Ms. Dove's current position at Commercial Risk Management, Inc. is to oversee the financial and reporting component of the self-insured programs. She is responsible for hiring, training, and managing the claims data analytic positions, along with additional clerical positions, to ensure accurate data that follows a strict internal control from an SSAE 18/Type 2 SOC standpoint. Ms. Dove is also the systems administrator for our custom software. She manages all aspects of the software including the in-house programmers, all importing/exporting, the remote users, and the conversion of all new clients. Ms. Dove oversees all custom, analytic, and interactive reporting for the clients. She is the Account Manager for our clients for the MMSEA Section 111 Mandatory Reporting to CMS. In addition, she continues to manage the Florida Self-Insurers Guaranty Association, Inc.'s program, which represents all insolvent self-insured accounts handled by the State of Florida.

Commercial Risk Management

Marissa Shearer, MBA, CWCL, Owner/Executive Vice President



Ms. Shearer has been employed with Commercial Risk Management, Inc. since 2008. She graduated from the University of South Florida with a Bachelor of Arts degree in English Literature in 2013 and her Master of Business Administration (MBA) degree in 2023. Ms. Shearer serves on the Board of Directors for Kids' Chance of Florida. Ms. Shearer has an All Lines adjuster license in the State of Florida and is a member of the Association of Workers' Compensation Claims Professionals (WCCP), an organization in which she also served as Marketing and Conference Manager. She is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. Ms. Shearer has attended training classes with the Division of Workers' Compensation and is well versed in Florida Statute 440 as well as the 69L rules.

Ms. Shearer has held varying positions within Commercial Risk Management, Inc., including Quality Assurance and Analytics Manager. Due to her proven ability to excel in every assignment, she was promoted to the Vice President of Quality Assurance and Analytics in September of 2019. Ms. Shearer became Executive Vice President and co-owner in January of 2021. Ms. Shearer's leadership skills have allowed her to naturally succeed in the supervision of the adjusting team's claims handling processes. She works closely with the Quality Assurance Analyst team and claims team, providing training and insight into rules and regulations set forth by the Division of Workers' Compensation. Ms. Shearer ensures State reporting is completed timely and accurately. She also monitors lost time claims to ensure adherence to the aforementioned rules and regulations and best practice procedures. In addition, she manages all aspects of Medical EDI as well as the Centralized Performance System (CPS) Portal for each self-insured client. Ms. Shearer works directly with the Division of Workers' Compensation for State audits. Under her supervision, two clients were awarded the Distinguished Conduct and Exemplary Service Award at the 2023 WCI Annual Conference. Ms. Shearer also oversees all filings with SDTF and CMS for recovery.

Ms. Shearer creates and oversees the development of metric, dashboard, custom, and interactive reports to assist with claims mitigation and benchmarking. She provides and presents an analytical strategy for cost containment. Ms. Shearer attends annual claims review meetings to provide stewardship reports for clients, which includes an overview of detailed, trending claim information. She performs regular data integrity and quality control checks to identify areas of improvement and oversees report enhancements. She serves as a technical resource/subject matter expert on analytical tools and processes. Ms. Shearer also mentors and provides technical training to the adjusting and adjuster support staff.

Commercial Risk Management

Lonnie Cox, MIS Director

Mr. Cox is a proven Information System Specialist with over 15 years of experience developing software solutions in the Benefits Management field. He specializes in leveraging automation and technology to improve efficiency, organization and accuracy. Utilizing his experience of hardware, networking, software development, and healthcare informatics, along with excellent verbal and written communication skills, Mr. Cox is able to analyze the needs and desires of the client and craft customized solutions that exceed expectations.

Having supported and trained others to use software, Mr. Cox also possesses the ability to express technical information that is easily understood by those without a technical background. This enhances communication between other team members and improves overall productivity of the team.

Mr. Cox works diligently to achieve his goal of surpassing clients' expectations. He supervises a junior software developer, and together they take great pride in creating solutions to improve overall productivity. Whether leading or working as part of a team, Mr. Cox has overseen numerous software implementations and large-scale automation projects. He has implemented several business systems including integrated mail automation systems, document scanning solutions, large-scale digital document storage and retrieval systems and a variety of electronic data interface programs. To remain cognizant of the latest trends in information technologies, he has utilized several different technologies over the years. Mr. Cox has a wide range of technical skills, specializing in Microsoft SQL Server, VB.NET. He also has extensive experience with C#, Java and various other programming and scripting languages, as well as hardware and network management.

Commercial Risk Management

Bobbie Culver, CWCL, Owner/Executive Vice President

Ms. Culver has been involved in Claims and Risk Management since joining Commercial Risk Management, Inc. in 1997. She holds an All Lines adjuster license in the State of Florida. Ms. Culver has held many positions within Commercial Risk Management, Inc. such as Assistant Vice President of Claims as of 2010. She was promoted to Vice President of Claims in 2015 and became Executive Vice President and co-owner in January of 2021.

Ms. Culver is a member of the Association of Workers' Compensation Claims Professionals (WCCP), the Sarasota/Bradenton Claims Association and attends Public Risk Management Association meetings. She is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. Ms. Culver has participated in panel discussions including the National Public Risk Insurance Management conference and has spoken alongside Honorable Chief Judge David Langham on Workers' Compensation Updates. Her dedication to leadership in workers' compensation is reflected not only in the workplace, but also in her personal life. She has been an integral part of the annual Perillo-Stafford Leukemia foundation Golf Tournament which assists individuals and families who are struggling financially due to a terminal illness. Ms. Culver also participates in the Give Kids the World Service Project at the WCI annual conference, as well as the Hope Challenge and Make a Wish Pillow Challenge.

In her current position, Ms. Culver oversees the self-insured claims program and manages all levels of claims personnel assigned to the program. Ms. Culver develops and implements specific action plans to correct any deficiencies at the supervisor and adjuster level. She ensures the supervisor is maintaining appropriate file engagement and provides meaningful technical guidance that contributes to both claim resolution strategies and professional development of claims staff. Ms. Culver recognizes trends and implements improvement opportunities by monitoring team performance, reviewing and interpreting data analytics and developing strategies to improve quality, customer satisfaction and overall claim outcomes. She presents annual Stewardship Reports with a focus on the specific needs of the self-insured workers' compensation program. Ms. Culver has been influential in developing Wellness Programs and strategic plans for legacy claims resolution for many of her clients.

Commercial Risk Management

Jazmyne Mello, CWCL, Claims Supervisor

Ms. Mello began her career in claims management with Commercial Risk Management, Inc. in 2008. She is licensed in the State of Florida and is a member of the Workers' Compensation Claims Professionals. She is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. She has attended special training sessions designed to enhance her knowledge of investigating, evaluating, and managing complicated worker's compensation and liability claims.

Ms. Mello has extensive experience in managing claims unique to the healthcare industry as well as municipalities. She has a complete understanding of the complexities involved in the heart and first responder presumptive laws to include F.S. 112.18, F.S. 112.181 and F.S. 112.185. Ms. Mello has expertise in identifying claims that may violate F.S. 440.105 and 440.09 (fraud) and assists defense counsel with perfecting defenses necessary to prosecute those claims. She assists the claims personnel in coverage investigation, liability analysis, and settlement negotiation. Ms. Mello understands the proper application of Medicare-Set-Aside guidelines and has the expertise to manage all claims including catastrophic claims and claims involving third party recoveries. Ms. Mello supervises the daily claims handling of adjusters assigned to self-insured employers for whom she is responsible. She works directly with the self-insured clients to ensure information is exchanged promptly and effectively. Ms. Mello reviews incoming claims, assigning them to the appropriate claims adjuster, monitors claims until conclusion, and coordinates claims review meetings.

In addition, Ms. Mello oversees all partnerships between Commercial Risk Management, Inc./our clients and third party vendors. She monitors these partnerships to ensure the licensing is up-to-date and the service provided by these vendors to our clients is exceptional.

Commercial Risk Management

Keyla Arroyo, CWCL, Senior Claims Specialist

Ms. Arroyo began her career in workers' compensation claims management with Commercial Risk Management, Inc. in 2016. Her training and experience have been exclusively in managing workers' compensation claims for self-insured employers. She is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. Ms. Arroyo is a bilingual adjuster with professional working proficiency in Spanish. She is licensed in the State of Florida and is a member of the Association of the Workers' Compensation Claims Professionals (WCCP). She has attended classes specifically designed to enhance her knowledge in investigation, compensability determination, and overall management of workers' compensation claims.

Ms. Arroyo manages complicated lost time and litigated claims from inception to closure. She has extensive experience in managing claims unique to the healthcare industry as well as municipalities. She has a complete understanding of the complexities involved in the heart and first responder presumptive laws to include F.S. 112.18, F.S. 112.181 and F.S. 112.185. Ms. Arroyo fully participates in settlement negotiations, mediations, and court proceedings and has offered her expert testimony on multiple occasions in depositions and final hearings. She understands the proper application of Medicare-Set-Aside guidelines and has the intuitive resolve to recognize and pursue potential fraud under the Statute. Ms. Arroyo has the experience to manage all claims including catastrophic claims and claims involving third party recoveries, the reinsurance carrier, and Special Disability Trust Fund claims.

Ms. Arroyo has managed claims for self-insured employers since 2016; therefore, she understands the nature of the relationships between and the importance of communication with each department, Risk Management, and the adjuster. She has assisted in the development of preferred providers for the self-insured employer, including assisting in the selection of the defense team. Ms. Arroyo not only has the knowledge and experience to recognize potential fraudulent claims, but she also has the tenacity to collect the necessary documentation in order to have a successfully prosecuted claim.

Commercial Risk Management

Ashley Taylor, LPN, Telephonic Nurse Case Manager

Ms. Taylor began her career in workers' compensation nurse case management with Commercial Risk Management, Inc. in 2021. She has been a licensed practicing nurse since 2017. Ms. Taylor's case managment training has been exclusively in managing workers' compensation claims for self-insured employers. She has extensive experience in managing claims unique to municipalities and has a complete understanding of the complexities involved in the heart and first responder presumptive laws to include F.S. 112.18, F.S. 112.181 and F.S. 112.185. Ms. Taylor understands the nature of the relationships between and the importance of communication with employees, providers, adjusters and employers.

Ms. Taylor provides telephonic nurse case management with an emphasis on early intervention, return to work planning and coordination of quality medical care on claims involving disability and medical treatment as applicable to the Florida workers' compensation statute. She is responsible for helping to ensure injured employees receive appropriate treatment directly related to the compensable injury and assists claims personnel in coordinating and managing the medical treatment to an appropriate resolution.

Ms. Taylor develops strategies to facilitate an injured employee's return to work and communicates effectively with medical providers to return all employees to gainful employment following a work-related injury. She offers guidance on modified duty and facilitates job descriptions and modifications to providers to facilitate a safe and effective return to work.

Ms. Taylor evaluates medical records, identifies pre-existing and personal conditions, and addresses major contributing cause/causation of all medical conditions with the provider on behalf of the claims adjuster. Ms. Taylor reviews all medical treatment requests to ensure that they are reasonable and medically necessary based upon jurisdictional guidelines. She incorporates ODG guidelines in addressing evidence based medical recommendations with providers as it pertains to treatment and rehabilitation to help injured employees recover from work related injuries. Ms. Taylor manages all aspects of the medical portion of the claim until she has successfully secured overall maximum medical improvement.

Commercial Risk Management

Dena McKenzie, CWCL, Assistant Vice President, Claims

Ms. McKenzie has been employed by Commercial Risk Management, Inc. since 2001. She has worked in the industry since 1998 and has experience handling claims in the States of Florida, Georgia, North Carolina, and South Carolina. Ms. McKenzie graduated from Pasco-Hernando State College with a Bachelor of Applied Science in Supervision and Management. She is Board Certified in Workers' Compensation Litigation with the Florida Department of Insurance, Division of Workers' Compensation. She is a member of the Workers' Compensation Claims Professionals and has attended special training sessions designed to enhance her knowledge of investigating, evaluating, and managing complicated workers' compensation and liability claims. In 2013, Ms. McKenzie was nominated for and received the Rising Star Award by the Workers' Compensation Claims Professionals, which recognized her exemplary professionalism and dedication.

In her current position, Ms. McKenzie supervises adjusters assigned to self-insured employers for workers' compensation and liability claims handling. She assists the claims personnel in coverage investigation, liability analysis, and settlement negotiation. Ms. McKenzie has a complete understanding of the complexities involved in the first responder presumptive laws. She oversees the adjusters' investigation of these claims and confirms investigation protocols have been implemented timely and that compensability is finalized as quickly as possible to mitigate unnecessary expense. Ms. McKenzie understands the application of the Medicare-Set-Aside and the importance of resolution of any conditional payments or liens asserted by CMS. Ms. McKenzie supervises catastrophic claims, claims involving third party recoveries, reinsurance, and Special Disability Trust Fund recovery.

Ms. McKenzie's leadership goes beyond her employment at Commercial Risk Management, Inc. For the past 22 years, she has been an integral part of the Perillo-Stafford Leukemia Foundation's annual golf tournament. This is a non-profit organization that benefits individuals and families who have been diagnosed with leukemia. More recently, Ms. McKenzie has become involved with expanding the golf tournament for the Annual Claims Management and Leadership Conference hosted by the WCCP. Ms. McKenzie has taken on the role of assisting with Give Kids the World, which treats kids with critical illnesses and their families to a weeklong vacation at no cost to the families. Her experience working with these foundations has enhanced her overall leadership skills and expanded her network of professionals to assist and get assistance for any claims related issues that arise.

Commercial Risk Management

Quayshawn Nock, CCA, Senior Liability Claims Specialist

Mr. Nock began his career in the claims management industry with Commercial Risk Management, Inc. in 2022. He previously worked as an Independent Adjuster in the States of Florida and Texas. Mr. Nock effectively utilizes his prior learned experience in current claims handling. He holds an adjuster All Lines license in Florida and Texas and is a Certified Claims Adjuster. Mr. Nock has completed college-level courses in Computer Programming.

As a Senior Liability Claims Specialist, Mr. Nock is tasked with managing liability claims for self-insured employers. He has experience handling automobile liability, commercial liability, catastrophe claims, and property claims. Mr. Nock directly investigates each claim through prompt and strategically appropriate contact with parties such as policyholders, claimants, law enforcement agencies, witnesses, agents, medical providers, and technical experts to determine the extent of liability, damages, and contribution potential. He interviews witnesses and stakeholders and takes necessary statements. He also completes outside investigation as needed per case specifics.

Mr. Nock verifies the nature and extent of injury or damages by obtaining and reviewing appropriate records and damages documentation. He is responsible for prompt and proper disposition of all claims within his delegated authority. Mr. Nock recognizes and implements alternate means of resolution when indicated. He updates appropriate parties as needed and provides new facts as they become available, noting their impact upon the liability analysis and settlement options. Mr. Nock ensures the appropriate settlement options are fully analyzed and accurately issued.

Mr. Nock remains apprised of changes in claims handling and potential outcomes by engaging in learning opportunities which build knowledge in varying lines of coverage and court decisions impacting the claim's function. Mr. Nock's breadth of knowledge and experience, coupled with his consistent application of both, results in Mr. Nock handling all aspects of claims efficiently and effectively until their timely resolution.

Commercial Risk Management

Ryan Summers, Liability Claims Specialist

Mr. Summers began his career in the claims management industry with Commercial Risk Management, Inc. in 2002. Mr. Summers was initially assigned to the Account Management department where he excelled and was promoted to varying positions. As Account Manager III, Mr. Summers worked directly with clients to provide standardized reports and analyzed data to produce detailed analytical reports regarding claims history. He also managed all aspects of the checking accounts for various clients based on internal control requirements.

In 2017, Mr. Summers was promoted to a Liability Claims Specialist, where he is tasked with managing liability claims for self-insured employers with a focus on claims arising out of the public sector. He holds an All-Lines adjuster license with the State of Florida. Mr. Summers has considerable contact with the general public, employees and municipal officials with the purpose of protecting the city's interests. Mr. Summers remains apprised of changes in claims handling and potential outcomes by engaging in learning opportunities which build knowledge in varying lines of coverage and court decisions impacting the claim's function.

As a Liability Claims Specialist, Mr. Summers directly investigates each claim to determine liability. He interviews witnesses and stakeholders and takes necessary statements, as strategically appropriate. He also completes outside investigation as needed per case specifics.

Mr. Summers verifies the nature and extent of damages confirming estimates are in line with insured liability. He has an emphasis for examining potential subrogation recoveries. He places excess carriers on notice of large loss claims. He identifies suspicious loss and makes referrals to SIU as appropriate. He is responsible for prompt and proper disposition of all claims within his delegated authority and implements alternate means of resolution when indicated. He updates appropriate parties as needed with new facts as they become available and notes their impact upon the liability analysis and settlement options.

3. Resources and Methodology and Proposed Method of Contract Performance

1. Provide an overview of resources and capabilities in place to successfully aid in executing your function as the City's TPA.

   Commercial Risk Management, Inc. (CRM) has managed Florida self-insured municipalities since 1980. We have a complete understanding of handling unique claims that arise out of a municipality including Heart and Lung claims, PTSD, and firefighter cancer benefits. Commercial Risk Management, Inc.'s innovative and professional staff has the technical expertise necessary to implement customized programs for our clients. In the area of claims handling, our Best Practices are customized to specific client needs and special handling instructions are documented and followed. Being a Florida based third-party administrator, we have developed working relationships with medical providers, and vendors throughout the State of Florida. The City of Miramar will make the selection of providers, such as surveillance, attorneys, investigators, medical providers, appraisers, and other consultants. In the area of technology, Commercial Risk Management, Inc.'s claims system has been fully developed by our in-house information technology team. This allows for customization of claims data and reporting which is specific to our individual clients.

2. Explain your overall approach to service delivery and how technology is leveraged to produce positive outcome for the City.

   Upon selection of Commercial Risk Management, Inc., an implementation meeting would be held to coordinate a smooth transition. The implementation timeline would be 60-90 days depending on the responsiveness of the prior TPA. CRM would meet initially with City of Miramar to set up the specific details of the transfer. CRM would coordinate a timely and efficient transition of all existing claims data from the current system. CRM would ensure claim conversions are accurate with respect to data integrity, including but not limited to data mapping, historical financial transactions, and payment history and classification.

   Commercial Risk Management, Inc. has completed numerous data conversions for large, self-insured clients. We have not experienced any data issues resulting in delays. Since CRM has a custom-developed system, we are able to transfer the data in any format into our system. We have imported data from multiple third-party administrators and self-administered programs.

   The transition services required from the City of Miramar during the implementation phase would include:

- Provide necessary organization information for account set up
- Select the type of checking account set up that is preferred
- Discuss updating any codes used for reports
- Provide contact personnel for reports and distribution frequency
- Remote users will attend training sessions
- Provide and discuss claims procedures and protocols to set up

Commercial Risk Management, Inc. will then assign an experienced claims team to City of Miramar for liability and workers' compensation. The team assigned to the City of Miramar along with the description of their role in the administration of claims is included in Qualifications, Experience, and Expertise of the firm and persons assigned.

Commercial Risk Management, Inc.'s dedicated claims team will adhere to the Best Practices for claims handling. CRM's Best Practices will be customized to the needs of the City of Miramar.

Workers' Compensation

Three Point Contact for Indemnity Claims

For all indemnity claims, aggressive efforts will be made to contact the employer, injured worker, and medical provider within 24 hours. If applicable, witnesses will also be contacted. All contacts or attempted contacts will be documented.

Initial file set ups and timely referral to the adjuster are imperative to meet the best practice for timely contacts. The standard of measurement used for this best practice is contact by the adjuster within 24 hours of knowledge of a lost time claim with:

- The injured worker
- The medical provider (or nurse case manager, if he/she has contacted the medical provider)
- The employer to discuss transitional duty arrangements (or nurse case manager if he/she has contacted the employer to facilitate transitional duty assignment)

Investigation

Investigations will be completed within 14 days from receipt of claim or sooner if required by statute. Documentation will be complete and indicate any reason for further investigation beyond 14 days.

The initial investigation of a claim sets the tone for the life of a claim. It requires timely and thorough fact gathering, which makes aggressive case management possible. The adjuster will determine the compensability of a claim on every claim and always in collaboration with the client. Because of our acute sensitivity to the litigious nature of this business, sometimes these decisions are based on a specific strategic plan agreed upon by Commercial Risk Management, Inc. and the client. Oftentimes, other "employment" issues may impact the ultimate decision on a claim, and this is why it is imperative that decisions be made as a strategic alliance.

An initial investigation has many components that may include, but not be limited to:

- Index/Medical Canvas
- Field investigations
- Recorded statements
- Lost wage information
- Police reports
- Securing any other applicable records

The lack of investigating and documenting any or all the components can adversely impact the future exposure of a claim.

Subrogation/Recoveries

The potential for subrogation is recognized at the onset of the claim file. The adjuster will identify any third parties and assess the potential of recovery.

Potential for subrogation will be discussed thoroughly with the client and proper lien notification will be issued. Investigation and subrogation will be pursued on an aggressive basis. Also, the adjuster will monitor future potential for offsets and information regarding social security benefits, unemployment benefits, or other potential offsets which may exist and will pursue accordingly as the claim develops. The supervisor will review all acquired files for any existing Special Disability Trust Fund reimbursements and will secure regular, timely reimbursements. The adjuster will report claims to the excess carrier when the specific thresholds are met and will continue to update and request reimbursement as payments dictate or as required by the carrier.

Reserving

The initial reserve will be established within three (3) days of receipt of the Notice of Injury.

Reserving is not an exact science, and some exposures cannot be foreseen on the front end of a claim. As a result, reserves are subject to change. The adjusters will, however, attempt to forecast the probable payout for each claim and reserve accordingly. Reserve worksheets or file notes documenting details will be completed on any claim at $20,000 or above. Reserves are reviewed as developments occur and at every diary. Reserve approvals will be customized at client's request.

Action Plan

The primary responsibility of all adjusters is the fair and reasonable resolution of claims. File closure must be considered and action plans addressed to effect closure every time a file is reviewed.

Initially, each file is reviewed as activity dictates for lost time claims and will reflect updated action plans for open items and supervisor involvement in critical issues. The adjuster will document plan of action, strategic plan, or status of same on each lost time claim at every diary review.

Case Management

Telephonic or outside case management has proven to be a very effective tool, if used appropriately, for maintaining control of the overall outcome of some claims.

The Commercial Risk Management, Inc. caseload per senior lost time adjuster is maintained at 125 files. This allows the adjuster to manage all aspects of the workers' compensation claim: disability, medical, and litigation. The adjuster stays in contact with the injured worker, the employer, the physician, and the attorney. The adjuster, because of the caseload and experience, recognizes the need for outside case management, either medical or vocational.

Medical case management may be utilized and customized based on criteria established by the client, or where the adjuster feels it necessary, and it will benefit the claim from either a medical or a cost containment standpoint. Vocational case management may be utilized where a return to work is not an option, and the claim or defense of a claim may benefit. No assignment will be made without prior approval from the client/employer.

In all cases, the case manager will work directly with the adjuster on a one-on-one basis. The case management is supervised by the adjuster for an initial assignment and for continued necessity or for limited task assignment.

Utilization Review/Peer Review

Utilization review and/or peer review are an integral part of controlling the overall cost of claims.

Choosing the right provider in workers' compensation is an integral part of the claim process and cost containment. The Commercial Risk Management, Inc. adjuster chooses providers in the State of Florida who understand the workers compensation process and do not practice over utilization. If, in spite of our efforts, the adjuster or supervisor recognizes the need for peer review or utilization audit, one will be performed. Examples may include excessive use of pharmacy, therapy, prolonged treatment, etc.

Supervisor Reviews

Within 14 days of receipt of assignment, the supervisor will follow up on any lost time or questionable file to ensure that the adjuster has appropriately investigated the case.

After initial assignment to adjuster, the supervisor will follow and document any lost time, questionable or investigated claims within 14 days to be sure that appropriate investigation has taken place. Subsequently, the supervisor will continue to monitor claims as activity dictates.

The supervisor may also document involvement or review of: files transferred, reserve increases, medical only claims open over specified period of time, questions and discussions with adjusters, subrogation, SDTF, excess retentions, etc.

Communication

Timely and thorough contact attributes to a successful claims management program. Contact attempts will be made to follow up with the injured worker.

During periods of disability, employees can feel disconnected from their employer. Therefore, contact with the employee will assist in keeping the adjuster up to date on all pertinent claim issues and assist in maintaining a positive, supportive relationship with the

injured employee. Contact will be made with the injured worker at least every two to four weeks during periods of total disability and then as deemed appropriate by adjuster and supervisor/employer until full duty return to work. This contact is to be coordinated with and through the appropriate employer contact.

Contact with the client's defense attorney and the employee's attorney is equally important.

Litigation Management

Commercial Risk Management, Inc. has litigation guidelines in place. Litigation management is very important in controlling costs, achieving desired results in the claim process, and better utilizing the defense counsel.

Adjusters must be able to clearly state their objective to the defense counsel. They must work together to plan a litigation strategy that will produce optimum claim resolution. Documentation of a litigation plan is needed every 90 days or as file dictates.

Commercial Risk Management, Inc. has established a "panel" of defense firms based on experience, expertise and location, and client preference, concentrating on:

- Skill level of partner, associates, paralegals
- Which attorney in the firm will be assigned
- Establishing activities expected and standards to be met
- Setting ground rules to ensure action will not be taken without approval
- Negotiating and/or reviewing hourly fees and billing standards

Commercial Risk Management, Inc. will try to prevent litigation by fairly and aggressively managing the claim.

Liability

Assignment

Timeliness is critical when responding to liability incidents and occurrences. Claims input directly into our claims system are immediately assigned to the appropriate claims adjuster by claim type. Claims submitted through other electronic means are input within 24 hours.

Coverage

A review of the initial facts of loss and applicable coverage is essential to ensure the claim is covered under the liability policy. When applicable, the client will provide CRM with policy information, carrier information, policy number, effective dates, limits of liability, deductibles, and retentions. Potential coverage issues, or any subsequent issues arising during the investigation, will be brought to the supervisor's attention immediately.

Reserves

Initial reserves are established within 7 days of our receipt of a claim. We re-evaluate, modify, and document reserve amounts that are case specific as coverage disputes, if any, are resolved and other issues clarified throughout the adjusting process. We determine an appropriate settlement value and adjust our reserves accordingly. Reserve thresholds are customizable and will be implemented per the client's request.

Three Point Verbal Contact

For all liability claims, aggressive efforts will be made to identify and contact the insured, involved employees, contractors and/or subcontractors, claimants, and witnesses within 24 working hours of initial assignment to the adjuster or upon notice of their involvement. If initial contact attempts are unsuccessful, a contact letter will be mailed followed by two more verbal contact attempts within 72 working hours of assignment. The adjuster may also recommend contact by assigning a field adjuster. All contacts or attempted contacts will be documented.

Investigation

Initial investigations are completed timely and within 7 days from receipt of the claim. Documentation will be complete and indicate any reason for further investigation beyond 7 days.

Each investigation is customized to the case-specific situation or occurrence. Thorough and aggressive fact gathering, sometimes using outside sources, are employed to determine the scope of loss and lead the claim toward a fair and reasonable closure. Our adjusters confirm the causal relationship of any claimed injuries or damages to the accident in question. We ensure that vehicle appraisal inspections are completed in a timely manner and repair estimates submitted promptly. Medical records are procured from treating physicians and medical facilities. If coverage disputes arise, the adjuster will consult with the client and a specific strategic plan is agreed upon within the guidelines set by the Fair Claim Handling Act.

An investigation has many components that may include, but are not be limited to:

- Index
- Recorded statements
- Field investigations
- Property Damage estimates
- Medical and Lost wage information
- Police or Fire reports
- Securing any other applicable records

The investigation will be thoroughly documented in the claim file. The adjuster will discuss the plan of action and recommendations and/or the need for further investigation with the client.

Subrogation/Recoveries

Within 14 days of receiving the claim, the adjuster will identify any third parties and assess the potential of recovery. Each claim where there is a potential for subrogation or contribution will be discussed thoroughly with the client and proper notification will be issued. Investigation and subrogation will be pursued on an aggressive basis. Also, the adjuster will monitor for PIP or medical bill adjustments which may exist and pursue accordingly as the claim develops. If applicable, the adjuster will report claims to the excess carrier when the specific thresholds are met.

Action Plan

The primary responsibility of all adjusters is the fair, timely, and reasonable resolution of claims. File closure must be considered, and action plans addressed to effect closure every time a file is reviewed. The initial action plan is documented no later than 7 days after the receipt of the claim and thereafter as the file dictates.

Each file will reflect updated action plans for open items with supervisor involvement in critical issues. The adjuster shall document updated plans at every diary review.

Specialized Vendor Assistance

Specialized vendor assistance has proven to be a very effective tool for maintaining control of the overall outcome of some claims. Assignments will be made based off client's criteria, and an assignment will not be made without prior approval from the supervisor.

In all cases, the vendor will work directly with the adjuster on an individual case basis. The vendor's involvement is supervised by the adjuster for an initial assignment, continued necessity, or for limited task assignment.

Supervisor Reviews

Within 14 days of receipt of assignment, the supervisor will review file handling to ensure the adjuster has appropriately addressed coverage, reserves, liability, damages, and that the investigation is proceeding as facts dictate. The supervisor will also ensure the file is appropriately documented with a plan to resolve all exposures in a timely manner.

Subsequently, the supervisor will continue to monitor claims as activity dictates. The Supervisor will review each adjuster's mediations and trials and will document their comments, suggestions, and recommendations.

The Supervisor may also document involvement or review of reserve increases, claims open over specified period of time, questions and discussions with adjusters, subrogation, contributions, and more.

Communication

Timely and thorough contact attributes to a successful claims management program. Contact attempts will be made in follow up with the injured party by phone, letter, or assignment to field adjuster for in person contact. Contact will be made with the claimant at least every 30 days by adjuster.

If represented, contact with a claimant's attorney every 30 days is also important. A good working relationship may provide a flow of pertinent information leading to a quicker settlement.

Litigation Management

Our adjusters handle negotiations to help control legal costs. If assignment to defense counsel is warranted, our adjusters clearly define the issues and outline the responsibilities and objectives upon referral to defense counsel. We collaborate with defense counsel and the client to form a litigation strategy that will produce optimum claim resolution.

Documentation of a litigation plan of action is required as the file dictates.

Best Practice information is contained in Commercial Risk Management, Inc.'s custom claims system and will be a significant part of providing the services requested in the Scope of Services.

Commercial Risk Management, Inc.'s information technology team developed a custom claims software system. The City of Miramar will have full remote access to real-time data which facilitates better communication and faster decision-making. To streamline the workflow, the City of Miramar will have the ability to input the information to report liability or workers' compensation claims directly into the CRM claims system. The City of Miramar will have access to reports both from the claims system and their assigned account manager. Our reports and yearly stewardships provide the analytics needed to determine trending for better solutions. E-Alerts are another custom feature of the Commercial Risk Management, Inc. system. This feature is tailored specifically to the client and sends real-time, instant e-mail notifications of actions that take place in the system to you and staff. Some examples of current notifications are form completion, indemnity payments, and reserve notifications. All of our technology features assist in the management of the City of Miramar's program and a full description of our claims management system in included in Information Data Management and On-line Internet Accessibility.

3. Describe Services provided and approach to meeting goals and deadlines while maintaining quality and efficiency.

   Commercial Risk Management, Inc. will be providing workers' compensation and liability claims administration, telephonic nurse case management, accounting, actionable analytics, coordination of bill review and pharmacy benefit management companies and loss control consulting.

   The assignment of a manager and supervisor for both lines of business allow better overall control and management of the City of Miramar's program. Our quality assurance team plays an important role in managing the timely filings of forms with the Division of Workers' Compensation and issuing payments to the injured workers. The caseload of the adjusters is closely monitored to ensure the adjusters have the time to focus on all aspects of claims handling. The CRM claims system was developed with many triggers to automatically set tasks and notifications to assist adjusters and the management team with time sensitive issues. These safeguards are in place to meet goals and deadlines while maintaining quality and efficiency.

4. Provide your firm's geographic location, including branch offices, and include details concerning which branch is proposed to provide the third-party administrator services for City of Miramar.

   Commercial Risk Management, Inc. is located in Tampa, Florida and the third-party administration for the City of Miramar will be handled out of the Tampa location.

5. Explain any performance metrics used to measure the effectiveness of your service delivery.

To measure the effectiveness of Commercial Risk Management, Inc.'s service delivery, we utilize the retention of our clients, state audits, quality assurance department, and best practices. The performance metrics, using our clients' satisfaction, is shown by having 13 clients' tenure of 20 plus years. We have a great working relationship with the Florida Department of Financial Services, Division of Workers' Compensation and have received two Distinguished Conduct and Exemplary Services Awards by the Division for our excellent claims handling. Our quality assurance team monitors team member performance to ensure consistency and accuracy in the administration of claims. Commercial Risk Management, Inc. also conducts yearly best practice audits to document the performance of our adjusters.

6. Describe your firm's proposed investigative unit, including methods used to recognize potential suspicious claim activity. Do you have any limitations on outside investigations?

   All adjusters at Commercial Risk Management, Inc. have been trained in identifying red flags and potentially fraudulent activity. CRM's SIU Unit is trained in identifying potential violations under F.S. 440.09 and 440.105. Our claims staff utilize various methods to verify the legitimacy of claims. These methods can include indexing, medical canvas, surveillance, social media canvas, and record procurement. Investigation methods that require the assignment of an outside investigation firm, resulting in an allocated expense to the claim, will require advanced approval from the City of Miramar.

   CRM will report and process referrals of suspected fraud claims directly to the Florida Department of Financial Services Division of Investigative Services. We do not utilize an outside investigative firm to report and handle our client's fraud claims. We provide this service on behalf of our clients, and it is inclusive of our service fee. We work closely with the individual detectives assigned by the Division of Investigative and Forensic Services and provide documentation to assist with their investigation. We keep in contact with the detective until a disposition has been reached.

   Commercial Risk Management, Inc. will not deny any claim for fraud or report any claim to the Division of Investigative Services without consultation and approval from the City of Miramar and their respective defense attorney.

7. Describe your firm's proposed claims office staffing, including centralized and/or standard claims handling processes, claim reporting process, analytical reporting, notification process, claim/reserve reporting, quality assurance program and account management program.

   Commercial Risk Management, Inc. will assign an experienced team for both workers' compensation and liability claims. The team for workers' compensation will include a claims manager, claims supervisor, senior lost time adjuster, a medical only adjuster, and a nurse case manager. The team for liability will include a claims manager, claims supervisor, senior liability adjuster, and a liability adjuster. Both teams will have adjuster assistance and clerical support.

   The team assigned to the City of Miramar will adhere to the best practices for claims handling processes customized for the City of Miramar.

Claim reporting process is accepted in multiple ways including client input through the client portal, faxing, electronic feed through FTP, and secured email.

Analytical reporting will be provided through monthly reports, quarterly reports, annual stewardships, and custom requests.

Notification process will be set up at City of Miramar's request. Notifications can be phone calls, emails, reports, or automatic E-alert notification emails.

Commercial Risk Management, Inc. has a process for structured reserve setting, increasing, and notifications. City of Miramar could be set up for E-alert notifications when reserves are increased over a specific dollar threshold.

Our quality assurance program is involved in all clients' programs. The team monitors aspects of claims handling, electronic form filing, payments, Centers for Medicare & Medicaid Services conditional payments/demands, and state audits by the Division of Workers' Compensation.

Account management is accomplished not only with a claims manager to oversee your workers' compensation or liability program, but also the City of Miramar is assigned to an account manager to oversee reports and financial information.

8. Describe your firm's medical management/vocational rehabilitation program, including the following:
    a. Please explain how claim and managed care services interface.

        Controlling your workers' compensation cost is the goal of every adjuster at Commercial Risk Management, Inc. Utilizing medical and vocational rehabilitation at the appropriate time and on the appropriate claims is an integral tool for controlling medical expenditures and consequently, indemnity exposure.

        Commercial Risk Management, Inc.'s telephonic nurse case manager works in conjunction with the adjuster and employer to facilitate the appropriate medical care while recognizing, questioning and managing co-morbidities or other unrelated medical conditions. Our nursing staff have experience in idiosyncrasies unique to workers' compensation claims and can assist in eliminating the need for unnecessary or unrelated treatment, prolonged lost time and in many cases, legal involvement.

        Commercial Risk Management, Inc. has established partnerships with several field nurse case management and vocational rehabilitation firms. All Commercial Risk Management, Inc. clients have the flexibility to utilize a particular field case manager or vocational rehab counselor of their choosing. Unlike other TPA's, our clients are not restricted to using the TPA's panel of case management firms. Referral criteria for telephonic, field, or rehabilitation services can be customized by the client. This allows the client to tailor referrals to suit the needs of their program. At any time, the client can adjust and change the referral criteria as they desire.

b. Do your case managers and claim adjusters enter and review case notes electronically?

Yes. Commercial Risk Management, Inc. adjusters and telephonic case managers input notes electronically and directly into our claims system. Field case management notes are also captured and input directly into the claims system so that all notes are visible and easily reviewed by the adjuster or self-insured client.

c. Please identify your branch office structure where field casemanagers, telephonic case manager and bill review personnel are located.

Commercial Risk Management, Inc.'s telephonic case management unit is located in our office, in Tampa, Florida. Commercial Risk Management, Inc. utilizes the services of independent field case management firms. Bill review services are provided by Rising Medical Solutions.

9. What is the average caseload for field case managers and telephonic case managers?

Commercial Risk Management, Inc.'s telephonic case managers have an average case load of 80-85 claims. Each nurse case manager has a dedicated case management assistant. This staffing model offers a streamlined, efficient way to manage workers' compensation claims, ensuring that injured workers receive timely and appropriate care while controlling costs and improving outcomes. By having a dedicated assistant, our nurses have more time to use their expertise in assessing the medical needs of injured workers and make informed decisions about their care.

We believe in offering flexibility to our clients regarding the selection and assignment of field case managers. As such, CRM does not employ field case managers.

10. Do you have Managed Care and/or PPO/HCO Certification?

Commercial Risk Management, Inc. uses longtime partner Rising Medical Solutions (Rising) to deliver managed care services, provider network, and medical bill review solutions. Rising delivers a configurable and comprehensive injury network to its customers, accessing over 90 leading national and regional networks, sub-networks, and specialty networks. Specifically, Rising contracts with the following broad-based PPOs: Anthem, Careworks, Coventry, First MCO of New Jersey, HealthSmart, Horizon, MultiPlan, PNOA, Prime, TRPN, and Triton. Additionally, Prime, First MCO of NJ, and Triton also have numerous sub-networks that Rising can access for PPO discounts. These broad-based PPO contracts, along with their sub-networks, create a mosaic of PPO discounts that Rising has customized for its customers.

One of the procedures used to adjust medical bills is systematically applying automated state fee schedule and/or usual and customary discounts as appropriate. Overall, Rising's bill review software includes fee schedule and usual and customer (U&C) data sets for all 50 states, Washington DC, longshore, and various non-US jurisdictions including Canada's

fee schedules and regulations. It also includes various additional repricing datasets to enhance program performance.

Rising utilizes FAIR Health Charge Benchmarks to determine U&C recommendations when a fee schedule allowance is not available at both the level of state and CPT codes. FAIR Health compiles billions of records, organized into geo zips (the first three digits of the zip code) to compare local provider data for the same procedure, locality, provider type, and date of service range. The benchmarks are presented in percentiles, to which Rising typically reprices based on the 80th percentile. This is an industry standard and fair definition of what the market supports. Rising does comply with any state-specific recommendations regarding usual and customary allowance if they differ from our definition and methodology.

Overall, Rising's U&C methodologies can be set at a recommended reimbursement level in accordance with whatever threshold a customer desires (e.g., reprice the bill to the Xth percentile of charges for the same service within the same zip code). As noted above, our default position is the 80th percentile, though some clients chose another percentile (such as the 50th).

Finally, should the fee schedule, U&C, and/or PPO discount not produce optimal results, Rising has a team of professional negotiators that work to achieve fair reimbursement, including having providers sign off on the negotiated rate prior to payment so there are no future disputes.

Treatment-Related Medical Cost Controls
Rising offers robust utilization management, from treatment tracking/alerts to fully integrated bill review-utilization review capabilities. Overall, Rising's system contains rule automations and alerts for treatment and utilization guidelines at both the national level (e.g., ODG) and state levels. What follows is an overview of these capabilities.

- Automated Treatment Counter Rule Application
  Rising's system has a Treatment Counter which captures the running total visits and units across all services for the patient which have the same treatment category combination. When capturing a service encounter, the Treatment Counter values factor in everything that has occurred prior to or on the same day as the service date. As new service encounters are received, the Treatment Counter values may change. **State regulatory rules and client threshold rules are then automatically applied, triggering the appropriate action** (e.g., auto-denials, user alerts as thresholds are approaching).

- ODG UR Advisor Guidance
  Additionally, through our Official Disability Guidelines™ (ODG) analytics integration, Rising's system provides ODG UR Advisor Flags to warn client users of possible treatment issues in our VISION™ portal. Specifically, through our ODG integration, our system can analyze treatment incidence rates, frequency, visit counts in various percentiles, mean cost, and mean visits. Automatically, our Treatment Counter's current visit count and the ODG UR Advisor results are compared to arrive at the colored flags which are available to users under the Treatment Counter column in our system. If excessive and/or inappropriate treatment is a concern, color coded

alerts point client users to take action. This VISION™ portal functionality is available to customers through a subscription to our AI Suite, and Rising's internal system also triggers various bill review actions and service alerts using this technology.

- Treatment Calendar & Treatment Timeline
  Rising's system also tracks the number of services delivered and provides users with calendar and timeline views of all care associated with a claim. The Treatment Calendar view in our VISION™ portal provides a month-by-month view of the services a patient has received; whereas our Treatment Timeline view provides multiple months of treatment in one screen, so client users can easily grasp the "bigger picture." In both the calendar and timeline views, client users can quickly evaluate color-coded treatments by service type (e.g., Radiology, Physical Therapy). Both the views also display outstanding bills that have not yet been assessed (approved or denied) by the adjuster.

- Treatment List View with Treatment Alerts
  In addition to the illustrative views of historical medical treatment provided via our Treatment Calendar and Treatment Timeline functionality, we also provide adjusters with a list view of treatment history. Within Rising's system, treatments are evaluated against relevant guidelines at the individual procedure code level and can then be displayed with ODG Treatment Advisor Alerts in our VISION™ portal, indicating the appropriateness of care. This VISION™ functionality also requires a customer subscription to our AI Suite.

Utilization Review
Rising's nurses and physicians guide payers and patients through the medical care process. Our Utilization Review services deliver appropriate, clinically sound treatment recommendations that result in more rapid recoveries and cost-effective outcomes. All decision letters include the citation of the source upon which the decision was based. This includes reviews from the nursing staff and the peer review staff. Overall, program components include:

- URAC Accredited
- Prospective, Concurrent, and Retrospective reviews
- Pharmacy/Drug Utilization reviews
- National capabilities with licensures in appropriate jurisdictions
- Evidenced-based national guidelines and/or state specific guidelines are applied to both approvals and modifications/denials
- National panel of credentialed, board-certified physicians
- Peer reviews conducted by physicians of the same specialty
- Single digit appeal rates – significantly lower than industry averages
- UR-Bill Review system integration

11. Describe your firm's proposed reserving philosophy. When are reserves first posted?

Reserving is performed to establish a claim's value and will change as the claim develops. This allows the self-insured to budget funds to pay claims. Many factors are used in setting this reserve such as nature and extent of the injury, profile of the injured worker, medical

history, attitude of the employee, attorney representation, return to work, and the adjuster's historical experience.

Commercial Risk Management, Inc. has created reserve guidelines for workers' compensation. Initial reserves are established within three days of receipt of the First Report of Injury for all lost time claims based on the intake of the claim. A system generated initial reserve of $3,500.00 is automatically placed on all medical only claims.

An explanation of the rationale for the reserve is documented in the claim notes. Claims will be reserved for their anticipated ultimate value (not capped at insurance retentions). It is important to be comprehensive and realistic to provide the self-insured, the excess carrier, and the regulators with an accurate value. At minimum, the adjuster documents the review of reserves for adequacy in their plan of action section in every claim review. The supervisor reviews and documents the appropriateness and adequacy of the reserves at various intervals throughout the claim and at times in tandem with the adjuster's reserve increase.

Additionally, our claims system automatically escalates medical only claims to the supervisor for review when the total incurred reaches a dollar threshold of $15,000. Review thresholds are set in place for lost time and/or litigated claims. The system will automatically escalate a referral to the claims supervisor for approval and/or increase of the reserves.

Initial reserves are established within 7 days of our receipt of a liability claim. We reevaluate, modify, and document reserve amounts that are case specific as coverage disputes, if any, are resolved and other issues clarified throughout the adjusting process. We determine an appropriate settlement value and adjust our reserves accordingly.

Reserve thresholds are customizable and will be implemented per the client's request. The City of Miramar could have a system generated E-Alert on all reserve increases for a specified amount. The E-alert is sent to key personnel and the claim automatically escalates to the supervisor for review.

12. Describe your firm's proposed litigation management program, including your attorney audit/bill review program.

Litigation management is very important in order to control costs, achieve desired results in the claim process, and better utilize the defense counsel.

Adjusters must be able to clearly state their objective to the defense counsel. They must work together to plan a litigation strategy that will produce optimum claim resolution. Documentation of a litigation plan is needed every 90 days or as file dictates.

Commercial Risk Management, Inc. has established a "panel" of defense firms based on experience, expertise and location, and client preference, concentrating on:

1) Skill level of partner, associates, paralegals
2) Which attorney in the firm will be assigned
3) Establishing activities expected and standards to be met

4) Setting ground rules to ensure action will not be taken without approval
5) Negotiating and/or reviewing hourly fees and billing standards

Commercial Risk Management, Inc. will try to prevent litigation by fairly and aggressively managing the claim. If faced with litigation, the claim will be analyzed for exposure. Consider what additional costs, legal and other, may be involved. Litigation is timely and costly. Commercial Risk Management, Inc. has litigation guidelines in place for our workers' compensation and liability defense firms.

Litigation management also includes providing adjusting services as requested by defense counsel, monitoring bills and expenses, ensuring retention of experts is cleared with the City of Miramar, and handling settlement negotiations with authority granted by the City of Miramar. We understand this is the City of Miramar's liability and workers' compensation program. We customize our programs to adhere to the City of Miramar's needs.

Legal bill audit is customized by client. Thresholds and criteria for audit and bill review will be implemented at the direction of the City of Miramar.

13. Provide a description of how your firm proposes to prepare a claim file for submission to a defense attorney.

The adjuster will send defense counsel a complete copy of the claim file and will provide a summary and/or assessment of the file to date. The adjuster will give legal directives and objectives and provide litigation guidelines that contain expectations for discovery and legal reporting.

14. Describe your firm's proposed claims caseload/evaluation/disposition program, including the following:
    a) Do you offer designated/dedicated claim teams? If yes, please describe.

    Yes. Commercial Risk Management, Inc. will provide the City of Miramar with a dedicated workers' compensation and liability claims team. Each team will be staffed according to Commercial Risk Management, Inc.'s staffing model and will allow for staffing adjustments based on the unique needs of the City of Miramar's program.

    b) What is your optimal number of pending claims per adjuster by line? (Best Practices)

    Commercial Risk Management, Inc. acknowledges the City's suggested staffing model, as outlined in Section III-Personnel, and we are open to dialogue in terms of personnel assigned to the City's program.

    Commercial Risk Management, Inc.'s workers' compensation lost time adjuster caseload is 125 claims, and our medical only adjuster caseload is 250 claims. Our bodily injury adjuster caseload is 90 claims, and

property damage adjuster is 150 claims. CRM adjusters have dedicated claims assistants, in addition to clerical support, which affords our adjusters the time they need to focus on the important aspects of claims administration, such as investigations, claim strategy, and timely resolution.

c) How often are adjuster's pending caseloads reviewed?

The management team monitors the accounts and caseloads monthly, ensuring a manageable number for optimal claims handling.

d) What action can be expected if a large disparity in an adjuster's caseload becomes apparent?

Should the City of Miramar's claim volume dictate additional staffing, Commercial Risk Management, Inc. will adjust the staffing model to accommodate the needs of the City of Miramar's program.

e) What are your average closing ratios?

Commercial Risk Management, Inc.'s clients routinely average closing ratios at 95 percent or greater.

f) Describe how your adjusters' work is supervised.

Each claim is reviewed by the Claims Supervisor at the inception of the claim, and thereafter at the supervisor diary review.

Workers' Compensation Supervisor Review:
All claims are reviewed by the supervisor upon our receipt of the claim. Within 14 days of receipt of assignment, the supervisor is to follow up on any lost time or questionable file to ensure the adjuster has appropriately investigated the case. The supervisor will fully review the claim for accurate handling and plan of action for continued investigation under the 120 Day Rule, payment of indemnity benefits, denial of any and/or all benefits, as well as an appropriate medical treatment plan when appropriate. Subsequently, the supervisor will continue to monitor claims as activity dictates. The supervisor may also document involvement or review of: files transferred, reserve increases, medical only claims open over specified period of time, questions and discussions with adjusters, subrogation, SDTF, excess retentions, etc.

Liability Supervisor Review:
All claims are reviewed by the supervisor upon our receipt of the claim. Within 14 days of receipt of assignment, the supervisor is to review file handling to ensure that the adjuster has appropriately addressed coverage, reserves, liability, damages, and that the investigation is proceeding as facts dictate. The supervisor will also ensure the file is appropriately documented

with a plan to resolve all exposures in a timely manner. Subsequently, the supervisor will continue to monitor claims as activity dictates. The supervisor will review each adjuster's mediations and trials and document their comments, suggestions, and recommendations. The Supervisor may also document involvement or review of reserve increases, claims open over specified period, questions and discussions with adjusters, subrogation, contributions, and more.

In addition to the above, Commercial Risk Management, Inc.'s Risk Information Management System automatically generates several "triggers" for a supervisor review with escalation to the workers' compensation or liability claims supervisor.

g) How often do you ensure that your adjusters are adhering to the client's special handling instructions?

Every supervisor at Commercial Risk Management, Inc. is intimately familiar with the claims handling instructions for their respective clients. Commercial Risk Management, Inc. applies a hands-on approach to supervising our clients claims. As such, our supervisors are in claims daily, frequently communicating with adjusters on various matters that arise throughout the claims adjusting process. This heightened level of communication fosters adherence to the clients' specific claims handling instructions.

h) What is your standard level of settlement authority for adjusters? For supervisors?

Commercial Risk Management, Inc.'s clients are all self-insured and all settlement authority is extended by the self-insured client. Therefore, our adjusters and supervisors do not have levels of authority. Our claims staff will only settle claims within the authority granted by the City of Miramar and always with the City of Miramar's approval.

i) What are your criteria for converting medical only to indemnity?

There are various times during the lifecycle of a workers' compensation claim when it should be transferred from a medical only adjuster to a lost time/indemnity adjuster. It's important to know when to escalate claims to keep claims on track and to mitigate future exposure. CRM will transfer these claims to the lost time adjuster, but the claim type will remain as "Medical Only" until such time they are truly lost time claims. Some, but not all, criteria for transfer are as follows:

- The claimant has an extensive medical history coupled with the severity of the injury.
- The claim is reported as questionable by the employer or other party to the claim.
- There are contradictions between the accident report, the claimant's statement and the medical history on the medical

reports.
- Misrepresentation.
- Multiple claims (frequent offender).
- Significant monetary expenditures are anticipated because of a treatment plan recommended by the authorized treating physician.
- There is exposure for surgery which means lost time will now come into play.

15. Describe your firm's proposed loss control program, including:

a) Specific programs for Cities/Public Agencies.

Our loss control consulting services can include assisting our municipal clients in developing programs and policies that pertain to equipment operations, emergency evacuations, personal protective equipment, confined space entry, respirator use, underground utilities, silica dust, and material handling.

b) Outline services proposed for Workers Compensation loss control.

Our loss control consultant can perform facility site visits to identify exposures and controls, and review losses to identify trends. Our loss control professional can create or provide employee training presentations and videos, implement equipment training procedures, review safety policies in place, and assist in creating safety policies and procedures.

c) What is your FL OSHA capability? Do you produce the OSHA 300?

Commercial Risk Management, Inc.'s claim system has full capability for OSHA filings. We have the ability to run the 300/301 exports and file the 300A submissions. The information submitted is provided by the clients.

d) Describe your proposed loss control services/safety training and education program and/or surveys

Our proposed Loss Control Services will be determined after consultation with the City of Miramar to assess the needs and services desired. Our Loss Control Consultant can assist or provide training in the following areas: Hazard Communication and Lockout/Tagout training, initial forklift training and retraining, initial and retraining, scissor and boom lift, respirator fit testing, fall protection training, noise and air monitoring, confined space entry training, machine guard training, lawn maintenance and equipment use training, and emergency preparedness program and evacuation diagrams.

16. Describe your firm's banking options.

The City of Miramar's checking account can be implemented multiple ways. The account can be the City of Miramar's and Commercial Risk Management, Inc. would

have signature authority. The City of Miramar can provide authority up to a specific amount for issuing payments or a daily check register could be submitted for approval and release. Commercial Risk Management, Inc. can set up, manage, and reconcile the account. The Commercial Risk Management, Inc. account would be a pre-funded account with weekly, bi-weekly, or monthly reimbursement request depending on the preference of the City of Miramar. Checks are issued daily to ensure timely payments.

17. Do you co-mingle accounts? Do you have ACH capability?

    Commercial Risk Management, Inc. does not co-mingle accounts. Commercial Risk Management, Inc. has ACH capability.

Commercial Risk Management

4. Information/data Management abilities and on-line, Internet Accessibility for claims reporting and/or monitoring

1. Describe your firm's proposed database management system in detail, including on-line inquiries and upgrade capabilities.

Commercial Risk Management, Inc.'s Information Technology department uses an in-house development team to support a completely custom claims administration software program, as well as a web application for remote access. Using our custom-built web application, the City of Miramar has secure access to their live claims data remotely. The City of Miramar has the ability to review dashboards, enter claims, add notes and scanned documents to claims, and run reports. Also, by accessing our web application, the City of Miramar's injured workers are able to complete and electronically sign specific documents, obtain allowable information, and upload documents.

Dashboards

Analytics/Metric Dashboard

Customized administrative dashboard with visual charts and graphs for analyzing your program. This interactive dashboard allows ease of use in determining trends in specific data requested by the client.

Open Claims Dashboard

This dashboard contains demographics of all open claims for quick access. This sortable dashboard can also be exported for client specific needs.

Claim Entry

Flexible Data Entry

Our system allows you to control the entry of your Workers' Compensation and Liability claims by online Notice of Injury/Incident entry via our web application secured by SSL encryption - or you can leave the entry to us.

Extensive Data Capture

Our information system captures and stores more of your claim data, allowing our reports to give you the most accurate picture of your claims.

Claim Processing

Detailed Data Tracking

The system separately tracks medical/BI, indemnity/PD, rehabilitation, litigation, and expense incurred and payment information.

Forms & State EDI

Our system generates all required Workers' Compensation forms and stores them for future reference and/or use. State Required EDI transactions are generated and automatically uploaded.

Adjuster Notes/Diaries

We store all adjuster notes and diaries in our system to give you a complete picture of each individual claim.

Scanned Documents

We have integrated scanned documents into our system allowing you to view important claim documents.

Duplicate Bill Identification

The system identifies duplicate charges which prevents costly overpayments.

E-Alerts

The system sends real-time instant emails notifying you and your staff of meaningful actions that have taken place in the system. For example, notifications are currently sent to specific clients for form generation, payments, and reserve changes. Since our system is custom built and maintained by our in-house developers, we can create new email notifications for any event that occurs on a claim.

Medicare Insurer Reporting

Our system handles all aspects of Medicare Insurer Reporting, from querying Medicare for eligibility to submitting required reports directly to Medicare.

Financial Management

Complete Financial Management

All financial aspects of your program (funding, check payments, reimbursement, recoveries, 1099s, etc.) are handled by our system, giving our reports unparalleled accuracy and detail.

In-house Check and 1099 Processing

We print and mail all checks and 1099 forms in-house. We never use third party printing services, keeping your financial data more secure.

Reporting

Delivery

Our reporting system delivers reports utilizing email, FTP, and EDI capabilities.

Comprehensive

Our system has dozens of standard reports, allowing immediate and in-depth analysis of your business.

Versatile

All reports can be produced in any format needed (Excel, Hard Copy, PDF, etc.).

Customizable

Our in-house programming staff will quickly and accurately modify any existing reports to your specifications or create a report of your design.

Interactive

Stewardship reporting is provided in an interactive format for a yearly comparison analysis.

Customization

Completely Custom

Our system has been designed and customized by us. Over 50 years of Risk Management and Claims experience has been compiled and infused into our system.

Completely Customizable

Our in-house programmers can deliver any type of customization – reports, data

tracking, EDI, Imports, Exports, etc. We can give you unequalled control of your data.

Custom EDI

We can build any type of import or export process giving you as much or as little data as you need to interface with any other software product. If extensive programing is necessary, a fee will be determined.

Timely Customizations

Customization can be done in a fraction of the time it takes the big, out-of-the-box Risk Management systems.

Security & Accessibility

Internal Security

Our modular internal security allows job-specific access to our system, preventing users from accessing parts of the system unrelated to job tasks.

Internet Access and Security

Our web application uses SSL certificates to give you a secure connection to your data. In addition, our web server and database server are housed in a secure facility, safely behind a Sophos Firewall to protect your data from any outside threats.

Claimant Portal

Remote Access

Secure remote access via personal computer, tablet, or cell phone.

Electronic Signature on Documents

Within the claimant portal, the injured workers are able to complete and sign required documents electronically.

Access Specific Information Dashboard

Access to specific claim information to include indemnity payment information, adjuster information, etc.

Uploading Documents

Ability to upload documents which are received immediately by the adjuster handling the claim. The injured worker also has access to their previously uploaded documents for future review.

2. Describe your firm's proposed claims management information system, including:
    a. Your electronic claim management system available to clients.

Our clients can access their data via our secure website. This custom web application was developed in-house by our IT team. All users that require access to the web application will be given a username and password to access the application. We enforce password requirements that comply with HIPAA standards and require users to change their password every 60 days.

Our system is comprehensive, and the client will have access to their information including but not limited to claim files; adjuster, supervisor and nurse case management notes; ability to set diary items; payment records; medical, legal and all other bills. Also included are reserve and recovery information, correspondences, and forms. Our scanned documents are housed in each claim file for easy access and completeness of each file. You can also summarize notes and payments.

b. Your ad hoc report producing capacity. Provide a sample of a year-end summary by department and division.

Commercial Risk Management, Inc. reports are accurate and timely, flexible and customizable. We can modify existing reports or design client specific reports. This is at no additional charge.

Our system captures a vast amount of data, and that data can be presented to the client as often as needed in a format that is meaningful to the client such as an Excel file that is not locked down and allows the client to manipulate the data. Commercial Risk Management, Inc. employs full-time IT professionals who continue to develop and maintain the system. As this team is employed directly by Commercial Risk Management, Inc., there is no delay in any request for changes or upgrades requested by management, staff, or clients.

Our reports will give the client truly worthwhile and meaningful information that provides current, accurate and analytical data on overall costs and in a manner acceptable to the Risk Manager. Reports will be provided monthly in whichever quantity is desired. These reports will indicate, but will not be limited to, location, claim number, date of accident, name, accident description, department/division, name and code, status of claim, actual paid, reserves, and incurred. This can be separated by type of claim. Specialty reports will be provided when requested.

Standard reports are accessible via remote access (real time – live data) in a user-friendly capability. Commercial Risk Management, Inc. will determine the report types and needs of the client to fulfill the specific needs. Custom reports created for the client will be placed on their remote access menu. Sample reports are included in this section and will contain year-end summary reports by department and/or division.

c. Your client access options for electronic claim files, loss reports and ad hoc reports.

City of Miramar will access the Commercial Risk Management, Inc.'s claims system through our web application. There are no special requirements for accessing our claims system.

d. Your location structure as well as nature and cause codes.

Commercial Risk Management, Inc.'s location structure is multi-level. There are no set limits for subgroups. The nature and cause codes captured in our system are based on the lists provided by the State of Florida.

3. Your firm's proposed data producing capability to provide the reporting requirements outlined in this RFP as well as a sufficient records and electronic data retention and back-up and business recovery plan.

Commercial Risk Management, Inc.'s RMIS capabilities, as outlined in this section, along with the sample reports demonstrates the ability to perform the requirements outlined in this RFP. Commercial Risk Management, Inc. utilizes a cloud provider which performs a daily incremental backup. This data backup is stored locally, in a remote location, and the cloud. Commercial Risk Management, Inc. has a full business recovery plan that is available upon request.

4. Do you have any experience with an electronic interface to a payroll/personnel system?

Commercial Risk Management, Inc. has experience with electronic interface to payroll/personnel systems.

WORKERS' COMPENSATION SAMPLE REPORTS

Commercial Risk Management

POLICY YEAR SUMMARY

Commercial Risk Management

POLICY YEAR SUMMARY (STANDARD)

000 - CLIENT - Account Evaluation thru 12/31/2023

Policy Inception	Policy Number	Total Claims	Open Claims	Medical Claims	LT Claims	Incident Claims	Monthly Paid	Total Paid	Total Reserves	Total Incurred	Total Recoveries	Net Incurred
1/1/2023	000-61	596	111	354	134	108	267,429.37	1,494,959.65	906,671.77	2,401,631.42	3,254.01	2,398,377.41
1/1/2022	000-60	588	38	330	171	87	118,640.72	4,117,537.49	847,220.71	4,964,758.20	9,137.79	4,955,620.41
1/1/2021	000-59	890	69	391	321	178	47,496.74	5,646,537.26	882,375.32	6,528,912.58	46,941.57	6,481,971.01
1/1/2020	000-58	1369	34	337	302	730	78,210.17	5,862,233.14	1,713,569.54	7,575,802.68	49,436.90	7,526,365.78
1/1/2019	000-57	730	24	417	188	125	23,487.64	3,863,081.22	670,068.12	4,533,149.34	33,166.81	4,499,982.53
1/1/2018	000-56	801	34	453	187	161	13,254.02	5,377,172.92	1,220,862.28	6,598,035.20	62,218.76	6,535,816.44
1/1/2017	000-55	749	28	422	186	141	13,277.55	6,004,882.02	915,462.84	6,920,344.86	63,399.45	6,856,945.41
1/1/2016	000-54	786	29	459	206	121	15,431.99	5,237,652.22	1,145,807.44	6,383,459.66	93,816.50	6,289,643.16
1/1/2015	000-53	797	18	412	167	218	18,545.00	5,750,806.02	980,179.22	6,730,985.24	87,555.67	6,643,429.57
1/1/2014	000-52	799	16	385	160	254	12,019.87	3,599,406.31	287,248.67	3,886,654.98	51,921.31	3,834,733.67
1/1/2013	000-51	835	18	421	213	201	3,296.56	5,221,125.05	704,734.38	5,925,859.43	61,309.12	5,864,550.31
1/1/2012	000-50	898	14	487	188	223	2,807.15	4,353,942.66	337,559.12	4,691,501.78	81,819.35	4,609,682.43
1/1/2011	000-49	849	14	453	184	212	8,078.54	5,156,177.64	620,294.08	5,776,471.72	45,678.00	5,730,793.72
1/1/2010	000-48	830	15	442	206	182	8,245.39	5,933,603.74	816,903.34	6,750,507.08	59,067.15	6,691,439.93
1/1/2009	000-47	916	11	459	203	254	7,145.68	5,279,003.34	603,609.29	5,882,612.63	28,955.04	5,853,657.59
10/1/2007	000-46	1196	13	711	196	289	23,009.90	7,638,437.28	725,561.61	8,363,998.89	113,115.17	8,250,883.72
10/1/2006	000-45	1154	22	650	215	289	13,649.58	9,115,577.10	1,473,170.31	10,588,747.41	81,095.47	10,507,651.94
10/1/2005	000-44	1080	22	643	168	269	14,682.72	6,267,598.11	1,269,784.36	7,537,382.47	20,868.58	7,516,513.89
10/1/2004	000-43	1134	22	689	153	292	34,896.61	6,130,683.14	1,851,731.43	7,982,414.57	40,517.45	7,941,897.12
10/1/2003	000-42	1189	7	770	159	260	7,669.70	4,669,600.29	296,143.87	4,965,744.16	44,195.56	4,921,548.60
10/1/2002	000-41	1116	18	797	174	145	10,349.12	6,866,624.80	1,601,129.36	8,467,754.16	68,698.27	8,399,055.89
10/1/2001	000-40	825	6	636	189	0	7,051.37	4,041,473.27	205,956.01	4,247,429.28	68,101.43	4,179,327.85
10/1/2000	000-39	782	4	573	209	0	5,106.22	3,786,548.83	355,018.53	4,141,567.36	157,617.76	3,983,949.60
10/1/1999	000-38	758	4	554	204	0	4,713.00	4,871,850.31	946,842.35	5,818,692.66	1,110,165.54	4,708,527.12
10/1/1998	000-37	761	1	534	227	0	2,317.06	4,765,980.76	90,577.40	4,856,558.16	937,429.56	3,919,128.60
10/1/1997	000-36	780	5	554	226	0	2,122.33	7,059,721.28	531,930.69	7,591,651.97	1,961,329.06	5,630,322.91
10/1/1996	000-35	848	3	639	209	0	1,196.22	3,080,190.26	155,481.19	3,235,671.45	33,893.57	3,201,777.88
10/1/1995	000-34	797	7	593	204	0	15.00	5,302,527.60	142,195.17	5,444,722.77	166,980.33	5,277,742.44
10/1/1994	000-33	844	4	552	292	0	25,785.84	7,965,226.43	1,369,405.72	9,334,632.15	87,892.05	9,246,740.10
10/1/1993	000-32	835	4	505	330	0	10,311.11	7,057,874.14	706,016.82	7,763,890.96	47,332.44	7,716,558.52
10/1/1992	000-31	887	7	616	271	0	5,579.11	2,671,856.03	263,247.27	2,935,103.30	5,671.65	2,929,431.65
10/1/1991	000-30	899	1	611	288	0	4,301.18	3,694,709.53	571,582.14	4,266,291.67	5,577.60	4,260,714.07

POLICY YEAR SUMMARY (STANDARD)

000 - CLIENT - Account Evaluation thru 12/31/2023

Policy Inception	Policy Number	Total Claims	Open Claims	Medical Claims	LT Claims	Incident Claims	Monthly Paid	Total Paid	Total Reserves	Total Incurred	Total Recoveries	Net Incurred
10/1/1990	000-29	967	4	596	371	0	4,686.77	6,235,305.36	224,365.76	6,459,671.12	1,463,481.99	4,996,189.13
10/1/1989	000-28	1095	1	666	429	0	594.83	6,460,279.03	90,697.31	6,550,976.34	1,283,980.14	5,266,996.20
10/1/1988	000-27	1231	3	699	532	0	4,832.81	9,420,266.77	303,365.14	9,723,631.91	1,358,604.36	8,365,027.55
10/1/1987	000-26	1249	0	644	605	0	0.00	6,972,098.89	0.00	6,972,098.89	2,176,148.09	4,795,950.80
10/1/1986	000-25	1690	5	764	926	0	4,220.60	6,555,204.16	266,805.74	6,822,009.90	2,123,291.15	4,698,718.75
10/1/1985	000-24	1641	2	720	921	0	1,900.67	7,956,529.69	407,853.98	8,364,383.67	1,742,184.98	6,622,198.69
10/1/1984	000-23	1487	2	710	777	0	9,903.09	7,005,339.75	456,188.48	7,461,528.23	1,057,457.48	6,404,070.75
10/1/1983	000-22	1542	2	774	768	0	0.00	3,787,622.22	12,547.26	3,800,169.48	917,743.73	2,882,425.75
10/1/1982	000-21	1774	3	884	890	0	54,477.53	4,489,700.27	148,088.73	4,637,789.00	147,784.52	4,490,004.48
10/1/1981	000-20	1414	0	618	796	0	0.00	3,693,402.14	0.00	3,693,402.14	219,432.68	3,473,969.46
10/1/1980	000-19	145	0	62	83	0	0.00	2,285,208.18	0.00	2,285,208.18	109,814.06	2,175,394.12
10/1/1979	000-18	62	1	15	47	0	0.00	2,722,603.12	22,245.31	2,744,848.43	476,860.87	2,267,987.56
10/1/1978	000-17	45	0	4	41	0	0.00	724,078.56	0.00	724,078.56	32,540.86	691,537.70
10/1/1977	000-16	29	0	7	22	0	0.00	720,249.95	0.00	720,249.95	143,907.57	576,342.38
10/1/1976	000-15	20	0	5	15	0	0.00	2,418,351.36	0.00	2,418,351.36	1,244,972.81	1,173,378.55
10/1/1975	000-14	8	0	0	8	0	0.00	909,728.57	0.00	909,728.57	450,565.55	459,163.02
10/1/1974	000-13	7	1	0	7	0	0.00	364,768.81	16,019.55	380,788.36	81,709.92	299,078.44
10/1/1973	000-12	10	0	2	8	0	0.00	395,650.27	0.00	395,650.27	74,063.71	321,586.56
10/1/1972	000-11	5	0	1	4	0	0.00	522,796.83	0.00	522,796.83	108,466.74	414,330.09
10/1/1971	000-10	6	0	2	4	0	0.00	161,975.22	0.00	161,975.22	0.00	161,975.22
10/1/1970	000-9	7	0	1	6	0	0.00	44,397.07	0.00	44,397.07	0.00	44,397.07
10/1/1969	000-8	3	0	0	3	0	0.00	14,604.24	0.00	14,604.24	0.00	14,604.24
10/1/1968	000-7	1	0	0	1	0	0.00	55,184.10	0.00	55,184.10	0.00	55,184.10
10/1/1967	000-6	2	0	0	2	0	0.00	169,870.74	0.00	169,870.74	0.00	169,870.74
10/1/1966	000-5	3	0	1	2	0	0.00	80,873.76	0.00	80,873.76	0.00	80,873.76
10/1/1965	000-4	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
10/1/1964	000-3	2	0	2	0	0	0.00	1,697.27	0.00	1,697.27	0.00	1,697.27
10/1/1963	000-2	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
10/1/1962	000-1	2	0	1	1	0	0.00	963,624.22	0.00	963,624.22	0.00	963,624.22
1/1/1960	000-99	5	0	4	1	0	0.00	456.16	0.00	456.16	0.00	456.16
GRAND TOTALS		**42770**	**647**	**24031**	**14000**	**4739**	**890,738.76**	**243,016,466.55**	**27,156,517.61**	**270,172,984.16**	**20,941,170.13**	**249,231,814.03**

FUND ACCOUNT REPORT

Commercial Risk Management

Client ID: 000
Client Name: CLIENT
Period: 12/01/2023 To: 12/31/2023

Paid Date	Service Date	Thru Date	Tran Type	Payee ID	Payee Name	Clm Num	Claimant Name	Check #	Amount	Balance
12/1/2023					BEGINNING BALANCE					$1,275,614.48
12/1/2023	11/15/2023	11/28/2023	Void Check	89610546	JANE DOE	12345678	JANE DOE	247629	$1,464.72	$1,277,079.20
12/1/2023	10/4/2023	10/4/2023	Physician (CMS1500)	590774199	ST. JOSEPH'S HOSPITAL	12345678	JANE DOE	247644	($934.52)	$1,276,144.68
12/1/2023	8/1/2023	8/31/2023	Physician (CMS1500)	591113901	UNIVERSITY COMMUNITY HOSPITAL-FLETCHER	12345678	JOHN DOE	247645	($2,006.69)	$1,274,137.99
12/1/2023	8/1/2023	8/8/2023	Physician (CMS1500)	591113901	UNIVERSITY COMMUNITY HOSPITAL-FLETCHER	12345678	JOHN DOE	247645	($860.01)	$1,273,277.98
12/1/2023	12/6/2022	12/6/2022	Physician (CMS1500)	591113901	UNIVERSITY COMMUNITY HOSPITAL-FLETCHER	12345678	JOHN DOE	247645	($14,054.71)	$1,259,223.27
12/6/2023	12/6/2023	12/6/2023	Disbursement	364276352	RISING MEDICAL SOLUTIONS, INC.	Premium Payment	Claim Check	247744	($18,658.85)	$1,013,584.45
12/15/2023	10/25/2023	10/25/2023	Physician (CMS1500)	593294251	Tampa Orthopedic Clinic LLP	12345678	JANE DOE	247862	($172.00)	$751,607.08
12/15/2023	10/18/2023	10/18/2023	Physician (CMS1500)	371780772	Comprehensive Surgery Center LLC	12345678	JOHN DOE	247863	($25,999.70)	$725,525.38
12/15/2023	7/3/2023	7/3/2023	Physician (CMS1500)	811842202	E-Z Comp Care Inc	12345678	JOHN DOE	247864	($53.90)	$725,471.48
12/20/2023	12/8/2021	12/8/2021	Provider Overpayment	592929608	FL ORTHOPAEDIC INSTITUTE	12345678	JOHN DOE	243959	$44.65	$630,767.52
12/21/2023			Employer Deposit		December Reimbursement GM				$731,185.26	$1,352,743.58
12/26/2023			Accomodation Deposit		Subro Reimb. (B. Johnson) MO				$9,000.00	$1,323,146.99
12/26/2023	12/14/2023	12/27/2023	IND-TT	89610558	JOHN DOE	12345678	JOHN DOE	248021	($2,394.00)	$1,157,390.29
12/26/2023	12/16/2023	12/29/2023	IND-PT	89410023	JANE DOE	12345678	JANE DOE	248022	($1,188.00)	$1,156,202.29
12/26/2023	12/16/2023	12/29/2023	IND-PTS	89410023	JANE DOE	12345678	JANE DOE	248022	($1,206.00)	$1,154,996.29
12/26/2023	12/15/2023	12/28/2023	IND-IB	89590324	JOHN DOE	12345678	JOHN DOE	248024	($1,070.14)	$1,151,809.37
12/26/2023	12/17/2023	12/30/2023	IND-TP	595091497	JOHN DOE C/O Atty	12345678	JOHN DOE	248025	($2,022.00)	$1,149,787.37

Check #	PAYEE	Amount	Transaction Date
247629	JANE DOE	($1,464.72)	12/1/2023
247644	ST. JOSEPH'S HOSPITAL	$934.52	12/1/2023
247645	UNIVERSITY COMMUNITY HOSPITAL-FLETCHER	$16,921.41	12/1/2023
247862	Tampa Orthopedic Clinic LLP	$172.00	12/15/2023
247863	Comprehensive Surgery Center LLC	$25,999.70	12/15/2023
243959	FL ORTHOPAEDIC INSTITUTE	($44.65)	12/20/2023
248021	JOHN DOE	$2,394.00	12/26/2023
248022	JANE DOE	$2,394.00	12/26/2023
248024	JOHN DOE	$1,070.14	12/26/2023
248025	JOHN DOE C/O Atty	$2,022.00	12/26/2023

Policy	Checks	Void/Refund	Net Total
890 - 61	$6,434.86	$1,464.72	$4,970.14
890 - 60	$15,549.06	$0.00	$15,549.06
890 - 59	$3,979.34	$44.65	$3,934.69
890 - 58	$24,016.46	$0.00	$24,016.46
890 - 53	$2,095.39	$0.00	$2,095.39
SUBTOTAL	$52,075.11	$1,509.37	$50,565.74
Rising Inv	$18,658.85	$0.00	$18,658.85
Subro Reimb	($9,000.00)	$0.00	($9,000.00)
TOTAL	**$61,733.96**	**$1,509.37**	**$60,224.59**

LOSS EXPERIENCE REPORTS

Commercial Risk Management

ACTIVITY ANALYSIS

Commercial Risk Management

000 - CLIENT
Claims From: 01/01/1960 To: 12/31/2023
Activity From: 12/01/2023 To: 12/31/2023

CLAIM NUMBER CLAIMANT FULL NAME	DATE OF INJURY DATE CLOSED	PART OF BODY CAUSE OF INJURY	MEDICAL (ACTIVITY)	REHAB (ACTIVITY)	INDEMNITY (ACTIVITY)	LITIGATION (ACTIVITY)	OTHER (ACTIVITY)	MEDICAL (TO DATE)	REHAB (TO DATE)	INDEMNITY (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	CLAIM TYPE	LOCATION	DEPARTMENT
89210000372839 GARCIA, DENNIS	2/12/1983 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 52,148.50	$ 319.80	$ -	$ -	$ -	$ 455,740.53	$ 2,987.40	$ 113,685.83	$ 8,146.04	$ -	$ 580,559.80	$ 701,643.40	$ 121,083.60	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89210000374524 MOTT, JAMES	8/5/1983 N/A	HEART CUMULATIVE TRAUMA	$ 2,009.23	$ -	$ -	$ -	$ -	$ 451,006.30	$ 756.50	$ 20,421.77	$ 1,856.09	$ -	$ 474,040.66	$ 495,234.36	$ 21,193.70	LT	FIRE DEPARTMENT	TFR - RESCUE
89230000408347 DUNN, RONALD	5/21/1985 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 6,329.31	$ -	$ -	$ -	$ -	$ 473,652.93	$ -	$ 117,695.90	$ 2,432.42	$ -	$ 593,781.25	$ 658,592.00	$ 64,810.75	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89443674 NOTO, ANTHONY M.	12/15/2005 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 628.64	$ -	$ -	$ -	$ -	$ 24,121.28	$ -	$ -	$ 156.00	$ -	$ 24,277.28	$ 66,306.00	$ 42,028.72	MO	FIRE DEPARTMENT	TFR - RESCUE
89540175 VILA, RICARDO J.	3/25/2016 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 324.25	$ -	$ -	$ -	$ -	$ 14,686.25	$ 2,461.31	$ 8,414.38	$ -	$ -	$ 25,561.94	$ 31,000.00	$ 5,438.06	LT	FIRE DEPARTMENT	TFR - PREVENTION
89540194 HARRISON, ADRIENNE S	3/22/2016 11/10/2016	HAND ABSORPTION, INGESTION, INHALATION	$ -	$ -	$ -	$ 3.00	$ -	$ 2,284.13	$ -	$ -	$ 51.00	$ -	$ 2,335.13	$ 2,335.13	$ -	MO	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89540196 RODRIGUEZ, JOSE R.	3/26/2016 N/A	MULTIPLE BODY PARTS GUNSHOT	$ 802.09	$ -	$ 4,184.32	$ -	$ -	$ 93,463.17	$ 7,016.41	$ 386,962.23	$ 2,352.85	$ -	$ 489,794.66	$ 915,000.00	$ 425,205.34	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89550653 HERNANDEZ, ROBERT A.	10/9/2017 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 890.79	$ -	$ -	$ -	$ -	$ 71,565.02	$ 3,314.72	$ 36,215.25	$ 939.50	$ -	$ 112,034.49	$ 198,500.00	$ 86,465.51	LT	POLICE DEPARTMENT	35 - PD - INV. & SPECIAL OPS
89550670 ROGERS, DENISE	10/16/2017 12/1/2017	HAND CUMULATIVE TRAUMA	$ -	$ -	$ -	$ 3.00	$ -	$ 1,429.89	$ -	$ -	$ 27.00	$ -	$ 1,456.89	$ 1,456.89	$ -	MO	WATER	W - DISTRIBUTION
89560797 CLARK, GEORGE A	12/22/2018 4/18/2019	LUMBAR OR SACRAL AREAS TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 3,625.34	$ -	$ -	$ 686.00	$ -	$ 4,311.34	$ 4,311.34	$ -	LT	POLICE DEPARTMENT	36 - PD - SUPPORT
89570050 REGO, TODD M.	1/9/2019 N/A	EAR(S) CUMULATIVE TRAUMA	$ 206.40	$ -	$ -	$ -	$ -	$ 13,507.69	$ -	$ -	$ 125.00	$ -	$ 13,632.69	$ 22,010.00	$ 8,377.31	MO	POLICE DEPARTMENT	64 - PD - INVESTIGATIONS
89570057 VANDERFORD, BLAKE	2/2/2019 8/16/2019	LUMBAR OR SACRAL AREAS MOTOR VEHICLE	$ -	$ -	$ -	$ 3.00	$ -	$ 2,378.34	$ -	$ -	$ 51.00	$ -	$ 2,429.34	$ 2,429.34	$ -	MO	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89570343 TERRELL, CURTIS M	6/21/2019 N/A	EAR(S) CUMULATIVE TRAUMA	$ -	$ -	$ -	$ 3.00	$ -	$ 7,947.00	$ -	$ -	$ 48.00	$ -	$ 7,995.00	$ 9,695.00	$ 1,700.00	MO	FIRE DEPARTMENT	TFR - RESCUE
89570344 WILLIAMS, DANIEL A	6/24/2019 9/27/2019	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ -	$ -	$ -	$ 3.00	$ -	$ 4,235.15	$ 1,249.44	$ 5,498.02	$ 54.00	$ -	$ 11,036.61	$ 11,036.61	$ -	LT	POLICE DEPARTMENT	36 - PD - SUPPORT
89570346 EICHHOLZ, BRIAN S.	6/11/2019 N/A	EAR(S) CUMULATIVE TRAUMA	$ -	$ -	$ -	$ 3.00	$ -	$ 4,000.00	$ -	$ -	$ 54.00	$ -	$ 4,054.00	$ 8,154.00	$ 4,100.00	MO	FIRE DEPARTMENT	TFR - RESCUE
89570724 LAMBERT, JONATHAN A	12/28/2019 1/7/2020	MULTIPLE BODY PARTS MOTOR VEHICLE	$ -	$ -	$ -	$ 3.00	$ -	$ 20,335.83	$ -	$ -	$ 39.00	$ -	$ 20,374.83	$ 20,374.83	$ -	MO	POLICE DEPARTMENT	37 - PD - EXTRA DUTY
89580332 VIRAMONTEZ, ANTHONY Q	5/30/2020 2/22/2021	LUMBAR OR SACRAL AREAS PERSON IN ACT OF A CRIME	$ -	$ -	$ -	$ 3.00	$ -	$ 994.92	$ -	$ -	$ 42.00	$ -	$ 1,036.92	$ 1,036.92	$ -	MO	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89590630 BATTLES, JUSTIN O	8/2/2021 N/A	FOOT TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 3,670.23	$ -	$ -	$ 27.00	$ -	$ 3,697.23	$ 4,526.00	$ 828.77	MO	FIRE DEPARTMENT	TFR - FIRE SUPPRESSION
89590642 TORRES, RAYMOND A.	8/30/2021 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 560.19	$ -	$ -	$ -	$ -	$ 1,669.03	$ 1,988.06	$ -	$ -	$ -	$ 3,657.09	$ 22,500.00	$ 18,842.91	LT<7	FIRE DEPARTMENT	TFR - RESCUE
89590751 HILL, STEPHEN D	10/19/2021 N/A	EAR(S) CUMULATIVE TRAUMA	$ 34.00	$ -	$ -	$ -	$ -	$ 963.00	$ -	$ -	$ -	$ -	$ 963.00	$ 1,500.00	$ 537.00	MO	FIRE DEPARTMENT	TFR - OCC HEALTH/ANNUAL
89590753 PEREZ, JULIO C JR	10/15/2021 N/A	EAR(S) CUMULATIVE TRAUMA	$ 46.00	$ -	$ -	$ 3.00	$ -	$ 975.00	$ -	$ -	$ 24.00	$ -	$ 999.00	$ 1,524.00	$ 525.00	MO	FIRE DEPARTMENT	TFR - OCC HEALTH/ANNUAL
89590756 MANN, WILLIAM J	10/25/2021 N/A	EAR(S) CUMULATIVE TRAUMA	$ 34.00	$ -	$ -	$ -	$ -	$ 976.00	$ -	$ -	$ -	$ -	$ 976.00	$ 1,500.00	$ 524.00	MO	FIRE DEPARTMENT	TFR - OCC HEALTH/ANNUAL
89590773 HALL, ANNETTE D A	10/28/2021 N/A	MULTIPLE BODY PARTS FALL, SLIP, OR TRIP	$ -	$ 507.00	$ -	$ -	$ -	$ 24,062.06	$ 2,340.00	$ 2,288.28	$ 4,978.36	$ -	$ 33,668.70	$ 45,507.00	$ 11,838.30	LT	CITY ATTORNEY	CA - GENERAL
89590774 JONES, KIMBERLY L	11/1/2021 N/A	UPPER LEG TWISTING	$ 1,306.52	$ 694.20	$ -	$ -	$ -	$ 64,960.00	$ 7,651.80	$ 10,110.00	$ -	$ -	$ 82,721.80	$ 93,020.80	$ 10,299.00	LT	POLICE DEPARTMENT	36 - PD - SUPPORT
89600374 ROMEO, MICHAEL	7/30/2022 4/24/2023	LOWER LEG INCLUDING CALF TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 1,901.22	$ -	$ -	$ 18.00	$ -	$ 1,919.22	$ 1,919.22	$ -	MO	POLICE DEPARTMENT	39 - PD - TRAINING
89600379 MURILLO, MARTHA A	8/13/2022 6/26/2023	MULTIPLE BODY PARTS MOTOR VEHICLE	$ -	$ -	$ -	$ -	$ -	$ 15,336.64	$ 4,602.00	$ 1,730.54	$ 30.00	$ -	$ 21,699.18	$ 22,889.53	$ 1,190.35	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT -
89610168 GOLIDAY, ROBERT K	4/11/2023 4/26/2023	EYE(S) FOREIGN BODY IN EYE	$ -	$ -	$ -	$ 3.00	$ -	$ 1,717.15	$ -	$ -	$ 9.00	$ -	$ 1,726.15	$ 1,726.15	$ -	MO	PARKS AND RECREATION	P&R - PARKS
89610172 MBIANDA, KAMGA	4/8/2023 10/23/2023	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 608.95	$ -	$ -	$ 3.00	$ -	$ 5,711.47	$ -	$ 5,573.98	$ 28.00	$ -	$ 11,313.45	$ 11,313.45	$ -	LT	MOBILITY	MOB - PARKING
Total			**$ 65,928.87**	**$ 1,521.00**	**$ 4,184.32**	**$ 42.00**	**$ -**	**$ 1,766,915.57**	**$ 34,367.64**	**$ 708,596.18**	**$ 22,174.26**	**$ -**	**$ 2,532,053.65**	**$ 3,357,041.97**	**$ 824,988.32**			

LOSS BY SUBGROUP

Commercial Risk Management

000 - CLIENT
Claims From: 01/01/1960 To: 12/31/2023
Activity From: 12/01/2023 To: 12/31/2023

LOCATION	DEPARTMENT	CLAIM NUMBER CLAIMANT FULL NAME	DATE OF INJURY DATE CLOSED	PART OF BODY CAUSE OF INJURY	MEDICAL (ACTIVITY)	REHAB (ACTIVITY)	INDEMNITY (ACTIVITY)	LITIGATION (ACTIVITY)	OTHER (ACTIVITY)	MEDICAL (TO DATE)	REHAB (TO DATE)	INDEMNITY (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	CLAIM TYPE
FIRE DEPARTMENT	TFR - RESCUE	89210000374524 MOTT, JAMES	8/5/1983 N/A	HEART CUMULATIVE TRAUMA	$ 2,009.23	$ -	$ -	$ -	$ -	$ 451,006.30	$ 756.50	$ 20,421.77	$ 1,856.09	$ -	$ 474,040.66	$ 495,234.36	$ 21,193.70	LT
FIRE DEPARTMENT	TFR - RESCUE	89443674 NOTO, ANTHONY M.	12/15/2005 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 628.64	$ -	$ -	$ -	$ -	$ 24,121.28	$ -	$ -	$ 156.00	$ -	$ 24,277.28	$ 66,306.00	$ 42,028.72	MO
FIRE DEPARTMENT	TFR - PREVENTION	89540175 VILA, RICARDO J.	3/25/2016 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 324.25	$ -	$ -	$ -	$ -	$ 14,686.25	$ 2,461.31	$ 8,414.38	$ -	$ -	$ 25,561.94	$ 31,000.00	$ 5,438.06	LT
FIRE DEPARTMENT	TFR - RESCUE	89550659 TAMME, SUSAN	10/13/2017 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 351.55	$ -	$ -	$ 3.00	$ -	$ 15,345.95	$ 2,548.82	$ 6,645.00	$ 75.00	$ -	$ 24,614.77	$ 49,513.00	$ 24,898.23	LT
FIRE DEPARTMENT	TFR - RESCUE	89570346 EICHHOLZ, BRIAN S.	6/11/2019 N/A	EAR(S) CUMULATIVE TRAUMA	$ -	$ -	$ -	$ 3.00	$ -	$ 4,000.00	$ -	$ -	$ 54.00	$ -	$ 4,054.00	$ 8,154.00	$ 4,100.00	MO
FIRE DEPARTMENT	TFR - RESCUE	89590642 TORRES, RAYMOND A.	8/30/2021 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 560.19	$ -	$ -	$ -	$ -	$ 1,669.03	$ 1,988.06	$ -	$ -	$ -	$ 3,657.09	$ 22,500.00	$ 18,842.91	LT<7
FIRE DEPARTMENT	TFR - RESCUE	89610162 POTOCZNY, ANTHONY W.	4/6/2023 10/24/2023	SHOULDER(S) TWISTING	$ 65.00	$ -	$ -	$ -	$ -	$ 5,124.81	$ -	$ -	$ -	$ -	$ 5,124.81	$ 5,124.81	$ -	MO
FIRE DEPARTMENT Total					**$ 3,938.86**	**$ -**	**$ -**	**$ 6.00**	**$ -**	**$ 515,953.62**	**$ 7,754.69**	**$ 35,481.15**	**$ 2,141.09**	**$ -**	**$ 561,330.55**	**$ 677,832.17**	**$ 116,501.62**	
MOBILITY	MOB - PARKING	89610172 MBIANDA, KAMGA	4/8/2023 10/23/2023	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 608.95	$ -	$ -	$ 3.00	$ -	$ 5,711.47	$ -	$ 5,573.98	$ 28.00	$ -	$ 11,313.45	$ 11,313.45	$ -	LT
MOBILITY Total					**$ 608.95**	**$ -**	**$ -**	**$ 3.00**	**$ -**	**$ 5,711.47**	**$ -**	**$ 5,573.98**	**$ 28.00**	**$ -**	**$ 11,313.45**	**$ 11,313.45**	**$ -**	
PARKS AND RECREATION	P&R - PARKS	89610168 GOLIDAY, ROBERT K	4/11/2023 4/26/2023	EYE(S) FOREIGN BODY IN EYE	$ -	$ -	$ -	$ 3.00	$ -	$ 1,717.15	$ -	$ -	$ 9.00	$ -	$ 1,726.15	$ 1,726.15	$ -	MO
PARKS AND RECREATION Total					**$ -**	**$ -**	**$ -**	**$ 3.00**	**$ -**	**$ 1,717.15**	**$ -**	**$ -**	**$ 9.00**	**$ -**	**$ 1,726.15**	**$ 1,726.15**	**$ -**	
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89210000372839 GARCIA, DENNIS	2/12/1983 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 52,148.50	$ 319.80	$ -	$ -	$ -	$ 455,740.53	$ 2,987.40	$ 113,685.83	$ 8,146.04	$ -	$ 580,559.80	$ 701,643.40	$ 121,083.60	LT
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89230000408347 DUNN, RONALD	5/21/1985 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 6,329.31	$ -	$ -	$ -	$ -	$ 473,652.93	$ -	$ 117,695.90	$ 2,432.42	$ -	$ 593,781.25	$ 658,592.00	$ 64,810.75	LT
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89540194 HARRISON, ADRIENNE S	3/22/2016 11/10/2016	HAND ABSORPTION, INGESTION, INHALATION	$ -	$ -	$ -	$ 3.00	$ -	$ 2,284.13	$ -	$ -	$ 51.00	$ -	$ 2,335.13	$ 2,335.13	$ -	MO
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89540196 RODRIGUEZ, JOSE R.	3/26/2016 N/A	MULTIPLE BODY PARTS GUNSHOT	$ 802.09	$ -	$ 4,184.32	$ -	$ -	$ 93,463.17	$ 7,016.41	$ 386,962.23	$ 2,352.85	$ -	$ 489,794.66	$ 915,000.00	$ 425,205.34	LT
POLICE DEPARTMENT	35 - PD - INV. & SPECIAL OPS (prior 6/09)	89550653 HERNANDEZ, ROBERT A.	10/9/2017 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 890.79	$ -	$ -	$ -	$ -	$ 71,565.02	$ 3,314.72	$ 36,215.25	$ 939.50	$ -	$ 112,034.49	$ 198,500.00	$ 86,465.51	LT
POLICE DEPARTMENT	36 - PD - SUPPORT SERVICES MANAGER	89560797 CLARK, GEORGE A	12/22/2018 4/18/2019	LUMBAR OR SACRAL AREAS TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 3,625.34	$ -	$ -	$ 686.00	$ -	$ 4,311.34	$ 4,311.34	$ -	LT
POLICE DEPARTMENT	64 - PD - INVESTIGATIONS	89570050 REGO, TODD M.	1/9/2019 N/A	EAR(S) CUMULATIVE TRAUMA	$ 206.40	$ -	$ -	$ -	$ -	$ 13,507.69	$ -	$ -	$ 125.00	$ -	$ 13,632.69	$ 22,010.00	$ 8,377.31	MO
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89570057 VANDERFORD, BLAKE	2/2/2019 8/16/2019	LUMBAR OR SACRAL AREAS MOTOR VEHICLE	$ -	$ -	$ -	$ 3.00	$ -	$ 2,378.34	$ -	$ -	$ 51.00	$ -	$ 2,429.34	$ 2,429.34	$ -	MO
POLICE DEPARTMENT	39 - PD - TRAINING	89600374 ROMEO, MICHAEL	7/30/2022 4/24/2023	LOWER LEG INCLUDING CALF TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 1,901.22	$ -	$ -	$ 18.00	$ -	$ 1,919.22	$ 1,919.22	$ -	MO
POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII	89600379 MURILLO, MARTHA A	8/13/2022 6/26/2023	MULTIPLE BODY PARTS MOTOR VEHICLE	$ -	$ -	$ -	$ -	$ -	$ 15,336.64	$ 4,602.00	$ 1,730.54	$ 30.00	$ -	$ 21,699.18	$ 22,889.53	$ 1,190.35	LT
POLICE DEPARTMENT Total					**$ 60,377.09**	**$ 319.80**	**$ 4,184.32**	**$ 12.00**	**$ -**	**$ 1,133,455.01**	**$ 17,920.53**	**$ 656,289.75**	**$ 14,831.81**	**$ -**	**$ 1,822,497.10**	**$ 2,529,629.96**	**$ 707,132.86**	
REVENUE & FINANCE	R & F GENERAL	89610163 TOSELLI, CINDY	4/11/2023 5/15/2023	LUMBAR OR SACRAL AREAS FALL, SLIP, OR TRIP	$ -	$ -	$ -	$ 3.00	$ -	$ 1,219.31	$ -	$ -	$ 9.00	$ -	$ 1,228.31	$ 1,228.31	$ -	MO
REVENUE & FINANCE Total					**$ -**	**$ -**	**$ -**	**$ 3.00**	**$ -**	**$ 1,219.31**	**$ -**	**$ -**	**$ 9.00**	**$ -**	**$ 1,228.31**	**$ 1,228.31**	**$ -**	
WASTEWATER	WW - COLLECTIONS	89570740 RILEY, ANTONIO M	7/21/2019 3/4/2020	WRIST(S) & HAND(S) REPETITIVE MOTION - CTS	$ -	$ -	$ -	$ 3.00	$ -	$ -	$ -	$ -	$ 1,019.19	$ -	$ 1,019.19	$ 1,019.19	$ -	LT
WASTEWATER Total					**$ -**	**$ -**	**$ -**	**$ 3.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,019.19**	**$ -**	**$ 1,019.19**	**$ 1,019.19**	**$ -**	
WATER	W - DISTRIBUTION	89550670 ROGERS, DENISE	10/16/2017 12/1/2017	HAND CUMULATIVE TRAUMA	$ -	$ -	$ -	$ 3.00	$ -	$ 1,429.89	$ -	$ -	$ 27.00	$ -	$ 1,456.89	$ 1,456.89	$ -	MO
WATER Total					**$ -**	**$ -**	**$ -**	**$ 3.00**	**$ -**	**$ 1,429.89**	**$ -**	**$ -**	**$ 27.00**	**$ -**	**$ 1,456.89**	**$ 1,456.89**	**$ -**	
Grand Total					**$ 64,924.90**	**$ 319.80**	**$ 4,184.32**	**$ 33.00**	**$ -**	**$ 1,659,486.45**	**$ 25,675.22**	**$ 697,344.88**	**$ 18,065.09**	**$ -**	**$ 2,400,571.64**	**$ 3,224,206.12**	**$ 823,634.48**	

INCURRED OVER $25K

Commercial Risk Management

000 - CLIENT
Claims From: 01/01/1960 To: 12/31/2023
Activity From: 12/01/2023 To: 12/31/2023

CLAIM NUMBER CLAIMANT FULL NAME	DATE OF INJURY DATE CLOSED	PART OF BODY CAUSE OF INJURY	MEDICAL (ACTIVITY)	REHAB (ACTIVITY)	INDEMNITY (ACTIVITY)	LITIGATION (ACTIVITY)	OTHER (ACTIVITY)	MEDICAL (TO DATE)	REHAB (TO DATE)	INDEMNITY (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	CLAIM TYPE	LOCATION	DEPARTMENT
89330000377121 VIGIL, MICHAEL A	3/23/1995 N/A	MULTIPLE BODY PARTS STRUCK, KICKED, STABBED, BIT	$ 13,413.37	$ 374.40	$ 4,348.80	$ 3.00	$ -	$ 1,512,173.57	$ 59,075.69	$ 1,109,427.22	$ 10,383.45	$ -	$ 2,691,059.93	$ 3,568,640.49	$ 877,580.56	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89465862 BROWER, MICHAEL D.	11/14/2007 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 11,735.30	$ 459.00	$ 4,286.08	$ 3.00	$ -	$ 809,927.01	$ 14,371.64	$ 670,529.81	$ 6,609.85	$ -	$ 1,501,438.31	$ 2,000,000.00	$ 498,561.69	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89410023 CHASTAIN, JACK	10/4/2002 N/A	HEART NO OTHER - MISC.	$ -	$ -	$ 4,788.00	$ 3.00	$ -	$ 101,071.22	$ 197.20	$ 923,936.57	$ 6,778.50	$ -	$ 1,031,983.49	$ 1,979,957.20	$ 947,973.71	LT	FIRE DEPARTMENT	TFR - GENERAL
89300000371452 MOSLEY, AARON	1/7/1992 N/A	KNEE NO OTHER - MISC.	$ 126.38	$ -	$ 4,171.80	$ -	$ -	$ 157,700.52	$ 1,903.20	$ 1,189,151.04	$ 8,016.30	$ -	$ 1,356,771.06	$ 1,928,353.20	$ 571,582.14	LT	PARKS AND RECREATION	P&R - PARKS
89330000376445 CLARK, THOMAS	11/20/1994 N/A	INTERNAL ORGANS CONTACT WITH	$ 1,618.70	$ 398.50	$ 4,351.20	$ -	$ -	$ 353,790.76	$ 2,249.92	$ 1,104,930.68	$ 8,744.17	$ -	$ 1,469,715.53	$ 1,824,000.00	$ 354,284.47	LT	FIRE DEPARTMENT	TFR - FIRE SUPPRESSION
89320000375460 DILEO, JOHN PAUL	4/14/1994 N/A	HAND STRUCK, KICKED, STABBED, BIT	$ 1,494.23	$ -	$ 6,536.30	$ -	$ -	$ 255,683.42	$ -	$ 1,183,412.32	$ 16,051.12	$ -	$ 1,455,146.86	$ 1,702,209.52	$ 247,062.66	LT	WATER	W - DISTRIBUTION
89560211 MOORE, FRANCES M.	4/9/2018 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 256.80	$ -	$ -	$ -	$ -	$ 205,743.95	$ 14,386.35	$ 39,257.35	$ 4,998.52	$ -	$ 264,386.17	$ 341,200.00	$ 76,813.83	LT	POLICE DEPARTMENT	35 - PD - INV. & SPECIAL OPS (prior 6/09)
89444364 APPEL, STEVEN W.	8/1/2006 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 3,811.21	$ -	$ -	$ 3.00	$ -	$ 217,922.26	$ 3,464.57	$ 18,782.61	$ 1,938.40	$ -	$ 242,107.84	$ 335,000.00	$ 92,892.16	LT	FIRE DEPARTMENT	TFR - RESCUE
89540235 OWENS, ANNA M.	4/22/2016 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 72.00	$ 429.00	$ 3,883.50	$ -	$ -	$ 225,332.83	$ 12,425.40	$ 33,638.17	$ -	$ -	$ 271,396.40	$ 323,400.00	$ 52,003.60	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89521795 RATLIFF, ROOSEVELT	5/9/2014 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ -	$ -	$ -	$ 3.00	$ -	$ 223,175.19	$ 8,371.84	$ 19,006.90	$ 1,033.03	$ -	$ 251,586.96	$ 305,506.90	$ 53,919.94	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89466763 MASSUCCI, CHARLES J.	10/14/2008 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ -	$ -	$ -	$ 3.00	$ -	$ 40,714.22	$ -	$ -	$ 701.32	$ -	$ 41,415.54	$ 86,100.00	$ 44,684.46	MO	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89540490 SMITHEY, BRIAN C.	8/14/2016 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 37.54	$ -	$ -	$ 3.00	$ -	$ 31,499.94	$ 9,985.27	$ 863.00	$ 90.00	$ -	$ 42,438.21	$ 85,167.00	$ 42,728.79	LT<7	FIRE DEPARTMENT	TFR - GENERAL
89560570 FLANNIGAN, RYAN K	9/5/2018 N/A	MULTIPLE UPPER EXTREMITY TWISTING	$ 93.10	$ -	$ -	$ -	$ -	$ 27,971.14	$ 4,500.82	$ 10,229.59	$ 295.03	$ -	$ 42,996.58	$ 85,010.00	$ 42,013.42	LT	POLICE DEPARTMENT	39 - PD - TRAINING
89500410 JARBOE, RITA L	11/21/2012 9/23/2014	SHOULDER(S) PUSHING OR PULLING	$ -	$ -	$ -	$ 3.00	$ -	$ 69,706.39	$ 3,455.72	$ 11,065.28	$ 126.00	$ -	$ 84,353.39	$ 84,353.39	$ -	LT	PARKS AND RECREATION	P&R - PARKS
89530085 SARRASIN, ROBIN S	12/26/2015 4/25/2018	THUMB(S) PERSON IN ACT OF A CRIME	$ -	$ -	$ -	$ 3.00	$ -	$ 36,691.01	$ -	$ 8,718.91	$ 96.00	$ -	$ 45,505.92	$ 45,505.92	$ -	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89610316 CORNELIUS, SARAH K	7/4/2023 N/A	KNEE PERSON IN ACT OF A CRIME	$ 11,106.24	$ 764.40	$ -	$ 3.00	$ -	$ 16,882.68	$ 2,847.00	$ 19,835.07	$ 6.00	$ -	$ 39,570.75	$ 45,403.00	$ 5,832.25	LT	POLICE DEPARTMENT	36 - PD - SUPPORT SERVICES MANAGER
89454715 BASHAM, TROY A.	11/21/2006 11/13/2008	EAR(S) OTHER THAN PHYSICAL CAUSE OF INJURY	$ 34.00	$ -	$ -	$ -	$ -	$ 42,608.80	$ -	$ 2,561.30	$ 116.00	$ -	$ 45,286.10	$ 45,286.10	$ -	LT	FIRE DEPARTMENT	TFR - RESCUE
89540489 BELL, KEVIN	8/11/2016 N/A	THORACIC AREA STRIKE AGAINST OR STEP ON	$ 1,099.55	$ -	$ -	$ 3.00	$ -	$ 24,283.54	$ 7,595.76	$ 863.00	$ 4,896.58	$ -	$ 37,638.88	$ 44,950.00	$ 7,311.12	LT<7	LOGISTICS AND ASSET MANAGEMENT	L&AM - FLEET
89409000429787 JONES-BARBER, RONDA A.	5/24/2002 N/A	ELBOW NO OTHER - MISC.	$ 81.74	$ -	$ -	$ 3.00	$ -	$ 25,594.07	$ -	$ -	$ 122.70	$ -	$ 25,716.77	$ 44,389.67	$ 18,672.90	MO	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89488502 BENETATOS, PHILLIP DAVID	10/4/2010 N/A	LUMBAR OR SACRAL AREAS LIFTING	$ 28.00	$ -	$ -	$ 3.00	$ -	$ 13,014.86	$ 272.00	$ 3,358.60	$ 2,608.72	$ -	$ 19,254.18	$ 32,000.00	$ 12,745.82	LT	FIRE DEPARTMENT	TFR - RESCUE
89540233 SUFRIN, FEGUENS	4/21/2016 8/3/2017	MULTIPLE BODY PARTS FALL, SLIP, OR TRIP	$ -	$ -	$ -	$ 3.00	$ -	$ 14,075.76	$ 1,591.20	$ 16,089.99	$ 33.00	$ -	$ 31,789.95	$ 31,789.95	$ -	LT	SOLID WASTE	SW - COMMERCIAL
89540175 VILA, RICARDO J.	3/25/2016 N/A	HEART OTHER THAN PHYSICAL CAUSE OF INJURY	$ 324.25	$ -	$ -	$ -	$ -	$ 14,686.25	$ 2,461.31	$ 8,414.38	$ -	$ -	$ 25,561.94	$ 31,000.00	$ 5,438.06	LT	FIRE DEPARTMENT	TFR - PREVENTION
89610549 DRABINIAK, STEPHEN P	11/10/2023 N/A	MULTIPLE BODY PARTS PERSON IN ACT OF A CRIME	$ -	$ -	$ 2,394.00	$ -	$ -	$ -	$ -	$ 2,394.00	$ -	$ -	$ 2,394.00	$ 31,000.00	$ 28,606.00	LT	POLICE DEPARTMENT	34 - PD - ENFORCEMENT - DI, DII
89610040 GONZALEZ, HUMBERTO G	2/1/2023 10/24/2023	NECK-SOFT TISSUE REACHING	$ 97.85	$ 2,080.57	$ -	$ -	$ -	$ 10,180.34	$ 9,025.70	$ 11,061.81	$ -	$ -	$ 30,267.85	$ 30,267.85	$ -	LT	PARKS AND RECREATION	P&R - GENERAL
89532047 WALTON, LOUIS IV	1/6/2015 3/2/2017	KNEE TWISTING	$ -	$ -	$ -	$ 3.00	$ -	$ 25,931.22	$ -	$ -	$ 87.00	$ -	$ 26,018.22	$ 26,018.22	$ -	LT	POLICE DEPARTMENT	65 - PD - SPECIAL OPS
89610484 LAMBERT, JONATHAN A	9/17/2023 N/A	MULTIPLE BODY PARTS MOTOR VEHICLE	$ 8,513.82	$ -	$ 2,394.00	$ -	$ -	$ 9,853.84	$ -	$ 2,394.00	$ -	$ -	$ 12,247.84	$ 25,800.00	$ 13,552.16	LT	POLICE DEPARTMENT	35 - PD - INV. & SPECIAL OPS (prior 6/09)
89411040 COTO, FRANK JR	8/7/2003 4/3/2009	EAR(S) CONTINUAL NOISE	$ -	$ -	$ -	$ 3.00	$ -	$ 21,932.89	$ -	$ 3,666.00	$ 138.00	$ -	$ 25,736.89	$ 25,736.89	$ -	LT	FIRE DEPARTMENT	TFR - FIRE SUPPRESSION
89433169 TAYLOR, MARLIN H.	6/16/2005 N/A	EAR(S) OTHER THAN PHYSICAL CAUSE OF INJURY	$ -	$ -	$ -	$ 3.00	$ -	$ 11,868.60	$ -	$ 3,906.02	$ 108.00	$ -	$ 15,882.62	$ 25,238.60	$ 9,355.98	LT	FIRE DEPARTMENT	TFR - RESCUE
89540586 ROBINSON, TIMOTHY J	9/20/2016 N/A	EAR(S) OTHER THAN PHYSICAL CAUSE OF INJURY	$ -	$ -	$ -	$ 3.00	$ -	$ 10,622.75	$ -	$ 1,941.78	$ 119.22	$ -	$ 12,683.75	$ 25,000.00	$ 12,316.25	LT	FIRE DEPARTMENT	TFR - RESCUE
Total			**$ 53,944.08**	**$ 4,505.87**	**$ 37,153.68**	**$ 54.00**	**$ -**	**$ 4,510,639.03**	**$ 158,180.59**	**$ 6,399,435.40**	**$ 74,096.91**	**$ -**	**$ 11,142,351.93**	**$ 15,158,283.90**	**$ 4,015,931.97**			

DENIED CLAIMS

Commercial Risk Management

CLIENT
Denial Dates from: 12/01/2023 to 12/31/2023
DENIED CLAIM LIST

Claim #	Employee	Injury Date	Denial Date	Reason
89610423	BRITTNEY SMITH	08/31/2023	12/08/2023	The right is reserved to amend these defenses and to raise new defenses as additional facts become known. - The claimant is unable to meet the burden of proof under the presumption statute. The claimant is unable to satisfy the criteria required to support a claim under the Heart & Lung Act. Non compliant with recommended testing and follow up.
89610585	JOHN SMITH	12/07/2023	12/11/2023	The right is reserved to amend these defenses and to raise new defenses as additional facts become known. The condition of claimant is due to natural causes unrelated to his or her employment.
89610593	ANTONIO SMITH	12/13/2023	12/15/2023	The right is reserved to amend these defenses and to raise new defenses as additional facts become known.The condition of claimant is due to natural causes unrelated to his or her employment.

FISCAL YEAR COMPARATIVE

Commercial Risk Management

CLIENT
3 POLICY YEAR COMPARISON
BY LOCATION

LOCATION	10/1/2021 - 12/31/2021								10/1/2022 - 12/31/2022								10/1/2023 - 12/31/2023							
	TOT	MED	INC	LT	PAIDS	PAID ALL CLAIMS	INCURRED	INCURRED ALL CLAIMS	TOT	MED	INC	LT	PAIDS	PAID ALL CLAIMS	INCURRED	INCURRED ALL CLAIMS	TOT	MED	INC	LT	PAIDS	PAID ALL CLAIMS	INCURRED	INCURRED ALL CLAIMS
CHIEF OF STAFF	0	0	0	0	$ -	$ -	$ -	$ 647.70	0	0	0	0	$ -	$ -	$ -	$ 647.70	0	0	0	0	$ -	$ -	$ -	$ 647.70
CITY ATTORNEY	1	0	0	1	$ 2,847.54	$ 2,847.54	$ 7,999.36	$ 75,987.06	1	0	0	1	$ 3.00	$ 3.00	$ 3.00	$ 101,151.76	0	0	0	0	$ -	$ 510.00	$ -	$ 113,509.70
CITY CLERK	0	0	0	0	$ -	$ -	$ -	$ 36,430.58	0	0	0	0	$ -	$ -	$ -	$ 36,430.58	0	0	0	0	$ -	$ -	$ -	$ 36,430.58
CITY COUNCIL	0	0	0	0	$ -	$ 3.00	$ -	$ 17,079.34	0	0	0	0	$ -	$ 3.00	$ -	$ 17,091.34	0	0	0	0	$ -	$ 3.00	$ -	$ 17,103.34
CONTRACT ADMINISTRATION	0	0	0	0	$ -	$ 11,872.70	$ -	$ 159,361.70	0	0	0	0	$ -	$ 449.35	$ -	$ 99,745.15	0	0	0	0	$ -	$ 450.00	$ -	$ 100,195.15
CONVENTION CENTER AND TOURISM	1	1	0	0	$ 225.00	$ 9,507.72	$ 225.00	$ 1,493,244.92	0	0	0	0	$ -	$ 11,048.16	$ -	$ 1,493,256.92	0	0	0	0	$ -	$ 11,251.21	$ -	$ 1,633,262.92
DEVELOPMENT MANAGEMENT	1	0	0	1	$ -	$ 16,821.68	$ -	$ 278,415.04	1	1	0	0	$ 851.81	$ 863.81	$ 1,500.00	$ 287,682.54	1	1	0	0	$ -	$ 10,201.20	$ -	$ 308,280.00
ECONOMIC OPPORTUNITY	1	0	1	0	$ -	$ 513.21	$ -	$ 20,325.49	0	0	0	0	$ -	$ -	$ -	$ 20,325.49	0	0	0	0	$ -	$ -	$ -	$ 20,325.49
FIRE DEPARTMENT	47	31	0	16	$ 26,681.19	$ 1,077,376.37	$ 159,384.24	$ 73,860,281.43	39	26	0	13	$ 60,068.65	$ 732,613.21	$ 205,850.13	$ 77,660,380.16	28	22	0	6	$ 22,623.00	$ 532,890.67	$ 112,548.03	$ 80,967,958.80
HUMAN RESOURCES	1	1	0	0	$ 225.00	$ 228.00	$ 225.00	$ 132,899.76	0	0	0	0	$ -	$ -	$ -	$ 133,349.76	0	0	0	0	$ -	$ -	$ -	$ 133,876.85
INFRASTRUCTURE & MOBILITY	0	0	0	0	$ -	$ 1,856.79	$ -	$ 337,062.42	0	0	0	0	$ -	$ 489.06	$ -	$ 367,062.42	0	0	0	0	$ -	$ 414.10	$ -	$ 367,062.42
INTERNAL AUDIT	0	0	0	0	$ -	$ -	$ -	$ 18,791.75	0	0	0	0	$ -	$ -	$ -	$ 18,791.75	0	0	0	0	$ -	$ -	$ -	$ 18,791.75
LOGISTICS AND ASSET MANAGEMENT	5	2	2	1	$ 6,076.44	$ 32,899.53	$ 20,305.97	$ 1,833,860.69	4	2	1	1	$ 3,968.31	$ 27,513.06	$ 15,189.95	$ 2,017,982.74	3	2	1	0	$ 548.06	$ 16,425.51	$ 3,548.06	$ 2,077,531.05
MARKETING & COMMUNICATIONS	0	0	0	0	$ -	$ -	$ -	$ 506.75	0	0	0	0	$ -	$ -	$ -	$ 506.75	0	0	0	0	$ -	$ -	$ -	$ 506.75
MAYOR'S OFFICE	0	0	0	0	$ -	$ 149.00	$ -	$ 212,383.35	0	0	0	0	$ -	$ -	$ -	$ 212,383.35	0	0	0	0	$ -	$ -	$ -	$ 212,383.35
MOBILITY	2	1	0	1	$ 2,967.09	$ 86,588.81	$ 8,823.67	$ 5,141,286.80	5	2	1	2	$ 4,219.28	$ 32,872.89	$ 46,597.00	$ 5,344,035.33	12	5	4	3	$ 5,623.08	$ 34,255.63	$ 30,406.55	$ 5,540,252.20
NEIGHBORHOOD AFFAIRS	4	3	0	1	$ 2,521.03	$ 31,816.69	$ 5,592.38	$ 1,258,135.75	1	1	0	0	$ 1,112.12	$ 56,377.09	$ 1,503.00	$ 1,506,696.95	0	0	0	0	$ -	$ 25,981.73	$ -	$ 1,734,944.71
PARKS AND RECREATION	10	4	3	3	$ 5,766.92	$ 353,568.79	$ 13,292.44	$ 15,861,914.20	8	5	0	3	$ 13,685.64	$ 169,275.74	$ 40,152.78	$ 16,508,609.45	5	4	0	1	$ 4,057.15	$ 89,215.43	$ 9,265.44	$ 16,615,279.95
POLICE DEPARTMENT	72	32	22	18	$ 38,734.11	$ 798,679.51	$ 193,104.03	$ 79,706,343.77	57	39	10	8	$ 92,575.56	$ 986,099.49	$ 906,494.99	$ 83,543,593.60	49	34	7	8	$ 38,437.40	$ 867,419.76	$ 162,988.65	$ 88,064,941.22
PURCHASING	0	0	0	0	$ -	$ 4,976.16	$ -	$ 902,454.86	0	0	0	0	$ -	$ 2,378.84	$ -	$ 902,454.86	0	0	0	0	$ -	$ 4,367.92	$ -	$ 904,954.86
REVENUE & FINANCE	0	0	0	0	$ -	$ 2,488.50	$ -	$ 781,361.33	0	0	0	0	$ -	$ 15.00	$ -	$ 763,423.74	0	0	0	0	$ -	$ 50.52	$ -	$ 764,405.28
SOLID WASTE	6	4	1	1	$ 5,614.76	$ 33,089.74	$ 5,741.11	$ 15,736,870.12	9	6	1	2	$ 4,641.05	$ 43,762.69	$ 9,920.98	$ 16,041,993.54	6	4	0	2	$ 9,868.88	$ 121,406.14	$ 23,468.00	$ 16,384,841.49
TECHNOLOGY & INNOVATION	0	0	0	0	$ -	$ 6.00	$ -	$ 173,022.39	1	1	0	0	$ 1,190.19	$ 1,205.19	$ 2,300.00	$ 175,601.39	0	0	0	0	$ -	$ 12.00	$ -	$ 184,430.88
WASTEWATER	7	5	2	0	$ 1,753.22	$ 10,130.97	$ 3,704.25	$ 10,870,627.56	5	5	0	0	$ 2,144.64	$ 18,454.30	$ 6,635.06	$ 11,007,948.37	7	2	0	5	$ 5,727.96	$ 35,278.95	$ 30,003.00	$ 11,182,087.71
WATER	8	4	0	4	$ 2,655.92	$ 57,517.25	$ 8,459.00	$ 13,083,032.39	7	6	0	1	$ 4,923.75	$ 49,530.16	$ 10,476.82	$ 13,224,045.86	7	4	0	3	$ 9,477.81	$ 47,056.13	$ 18,683.44	$ 13,300,600.53
Total	**166**	**88**	**31**	**47**	**$ 96,068.22**	**$ 2,595,922.19**	**$ 426,856.45**	**$ 251,195,121.00**	**138**	**94**	**13**	**31**	**$ 189,384.00**	**$ 2,179,567.17**	**$ 1,246,623.71**	**$ 260,961,426.85**	**118**	**78**	**12**	**28**	**$ 96,363.34**	**$ 1,871,870.20**	**$ 390,911.17**	**$ 270,172,984.16**

FISCAL YEAR COMPARATIVE BY SUBGROUP

Commercial Risk Management

Client - Three Fiscal Year Comparison

By Subgroup

Period: 10/01/2021 To: 09/30/2022

Departments	Sum of Amount
TFR - RESCUE	($1,866,285.62)
TFR - GENERAL	($1,205,210.33)
P&R - RECREATION	($532,478.65)
TFR - PREVENTION	($293,144.41)
P&R - PARKS	($255,810.67)
TFR - OCC HEALTH/ANNUAL PHYSICAL	($255,757.70)
MOB - OPERATIONS	($241,028.50)
L&AM - FLEET	($222,302.83)
NCA - GENERAL	($172,542.14)
SW - GENERAL	($140,065.10)
W - DISTRIBUTION	($119,869.91)
WW - COLLECTIONS	($116,224.92)
W - PRODUCTION	($95,543.44)
P&R - GENERAL	($91,522.66)
T&SS - TRANSPORTATION DIVISION	($73,446.95)
SW - RESIDENTIAL	($73,307.16)
TFR - TRAINING	($52,290.18)
L&AM - FACILITIES	($50,718.10)
CADMIN - GENERAL	($45,198.14)
CC&T - GENERAL	($41,026.92)
NCA - NEIGHBORHOOD ENHANCEMENT	($36,311.00)
P&R - SPECIAL FACILITIES	($33,429.00)
P&R FORESTRY	($31,847.69)
DGM - GENERAL	($26,073.53)
MOB - PARKING	($24,417.74)
R & F GENERAL	($20,371.52)
SW - COMMERCIAL	($18,039.72)
HR - GENERAL	($17,017.09)
WW - GENERAL	($11,472.35)
SW-MCKAY BAY WTE	($6,239.66)
MOB - GENERAL	($4,068.66)
MO - GENERAL	($1,256.00)
EO - GENERAL	($513.21)
DGM - CONSTRUCTION SERVICES	($276.50)
T&I - GENERAL	($270.00)
TFR - HAZMAT	($98.86)
CC - GENERAL	($12.00)
Grand Total	**($6,175,488.86)**
Recovery Total	$ 308,252.11
Net Total	**$ (5,867,236.75)**

Period: 10/01/2022 To: 09/30/2023

Departments	Sum of Amount
TFR - RESCUE	$ (2,422,182.15)
TFR - FIRE SUPPRESSION	$ (1,049,498.83)
TFR - PREVENTION	$ (444,425.78)
NCA - GENERAL	$ (280,647.50)
P&R - PARKS	$ (254,736.42)
L&AM - FLEET	$ (192,861.73)
SW - GENERAL	$ (192,213.42)
SW - RESIDENTIAL	$ (119,448.77)
W - DISTRIBUTION	$ (112,950.24)
WW - AWTP	$ (107,378.53)
P&R - RECREATION	$ (107,064.00)
P&R - GENERAL	$ (99,408.88)
MOB - OPERATIONS	$ (94,019.11)
T&SS - TRANSPORTATION DIVISION	$ (79,656.31)
TFR - TRAINING	$ (76,869.35)
MOB - GENERAL	$ (70,222.97)
SW - COMMERCIAL	$ (64,576.20)
W - PRODUCTION	$ (59,149.34)
CC&T - GENERAL	$ (41,570.06)
P&R FORESTRY	$ (36,112.23)
MOB - PARKING	$ (31,966.12)
NCA - NEIGHBORHOOD ENHANCEMENT	$ (29,702.81)
L&AM - FACILITIES	$ (25,593.04)
WW - COLLECTIONS	$ (19,212.60)
SW-MCKAY BAY WTE	$ (18,641.12)
HR - GENERAL	$ (14,899.35)
T&I - GENERAL	$ (11,132.49)
WW - GENERAL	$ (10,012.99)
DGM - GENERAL	$ (5,419.11)
W - CONSUMER SERVICES	$ (5,039.94)
DGM - CONSTRUCTION SERVICES	$ (2,041.60)
R & F GENERAL	$ (1,324.93)
W - GENERAL	$ (619.53)
CA - GENERAL	$ (461.35)
NE - GENERAL	$ (225.00)
MO - GENERAL	$ (152.46)
TFR - HAZMAT	$ (98.86)
CC - GENERAL	$ (12.00)
Grand Total	**$ (6,081,547.12)**
Recovery Total	$ 370,535.70
Net Total	**$ (5,711,011.42)**

Period: 10/01/2023 To: 03/31/2024

Departments	Sum of Amount
TFR - RESCUE	$ (822,511.98)
TFR - GENERAL	$ (258,966.63)
W - DISTRIBUTION	$ (108,954.82)
TFR - FIRE SUPPRESSION	$ (102,085.30)
P&R - RECREATION	$ (97,802.55)
SW - GENERAL	$ (92,738.07)
L&AM - FLEET	$ (91,521.10)
P&R - PARKS	$ (81,202.79)
SW - RESIDENTIAL	$ (63,653.83)
WW - AWTP	$ (58,579.10)
MOB - OPERATIONS	$ (56,206.06)
NCA - GENERAL	$ (51,072.18)
T&SS - TRANSPORTATION DIVISION	$ (44,598.37)
SW - COMMERCIAL	$ (43,924.75)
TFR - PREVENTION	$ (43,670.98)
DGM - CONSTRUCTION SERVICES	$ (37,198.44)
P&R - GENERAL	$ (21,838.63)
CC&T - GENERAL	$ (21,066.25)
WW - COLLECTIONS	$ (14,277.99)
NCA - NEIGHBORHOOD ENHANCEMENT	$ (13,639.41)
MOB - PARKING	$ (9,634.06)
HR - GENERAL	$ (8,003.42)
L&AM - FACILITIES	$ (7,958.92)
MOB - GENERAL	$ (5,051.86)
CA - GENERAL	$ (2,466.33)
W - CONSUMER SERVICES	$ (2,099.40)
IA - GENERAL	$ (450.00)
CADMIN - GENERAL	$ (450.00)
DGM - GENERAL	$ (188.54)
MO - GENERAL	$ (152.00)
R & F GENERAL	$ (102.75)
T&I - GENERAL	$ (21.00)
WW - GENERAL	$ (18.00)
CC - GENERAL	$ (6.00)
Grand Total	**$ (2,162,111.51)**
Recovery Total	$ 147,687.09
Net Total	**$ (2,014,424.42)**

TIMELY REPORTED CLAIMS

Commercial Risk Management

890 - CLIENT
TIMELY CLAIMS REPORTING - 12/01/2023 - 12/31/2023

LOCATION	CLAIM NUMBER	NAME	CLAIM TYPE	DATE OF INJURY	DATE REPORTED	DATE RECEIVED	NUM DAYS
DEVELOPMENT & GROWTH MANAGEMENT	12345678	Doe, Karen	MO	12/6/2023	12/7/2023	12/8/2023	1
TOTAL CLAIMS	**1**	**TOTAL DAYS**	**1**			**AVERAGE DAYS**	**1**
FIRE DEPARTMENT	12345678	Doe, Justin	MO	12/4/2023	12/4/2023	12/6/2023	2
	12345678	Doe, Nicole	LT	12/6/2023	12/6/2023	12/8/2023	2
	12345678	Doe, Dustin	MO	12/11/2023	12/11/2023	12/11/2023	0
	12345678	Doe, Daniel	MO	12/27/2023	12/27/2023	1/11/2024	15
TOTAL CLAIMS	**4**	**TOTAL DAYS**	**19**			**AVERAGE DAYS**	**4.75**
LOGISTICS AND ASSET MANAGEMENT	12345678	Smith, Steven	MO	12/11/2023	12/11/2023	12/12/2023	1
TOTAL CLAIMS	**1**	**TOTAL DAYS**	**1**			**AVERAGE DAYS**	**1**
POLICE DEPARTMENT	12345678	Smith, Rebecca	MO	12/2/2023	12/2/2023	12/2/2023	0
	12345678	Smith, Patrick	MO	12/4/2023	12/4/2023	12/5/2023	1
	12345678	Smith, Stephanie	MO	12/4/2023	12/4/2023	12/5/2023	1
	12345678	Smith, Michael	MO	12/4/2023	12/4/2023	12/5/2023	1
	12345678	Smith, Luis	MO	12/27/2023	12/27/2023	12/29/2023	2
	12345678	Smith, Edward	MO	12/30/2023	12/30/2023	1/2/2024	3
TOTAL CLAIMS	**6**	**TOTAL DAYS**	**8**			**AVERAGE DAYS**	**1.33**
SOLID WASTE	12345678	Doe, Donald	MO	12/6/2023	12/6/2023	12/7/2023	1
	12345678	Doe, Thomas	MO	12/25/2023	12/26/2023	12/27/2023	1
TOTAL CLAIMS	**2**	**TOTAL DAYS**	**2**			**AVERAGE DAYS**	**1**
WASTEWATER	12345678	Doe, Chris	LT	12/7/2023	12/7/2023	12/7/2023	0
	12345678	Doe, Travis	LT	12/13/2023	12/13/2023	12/13/2023	0
	12345678	Doe, Bob	LT	12/13/2023	12/13/2023	12/13/2023	0
	12345678	Doe, Jose	MO	12/29/2023	12/29/2023	12/30/2023	1
TOTAL CLAIMS	**4**	**TOTAL DAYS**	**1**			**AVERAGE DAYS**	**0.25**
OVERALL TOTAL CLAIMS	**38**	**OVERALL TOTAL DAYS**	**81**			**OVERALL AVERAGE DAYS**	**2.13**

FREQUENCY REPORTS

Commercial Risk Management

FREQUENCY BY PART OF BODY

Commercial Risk Management

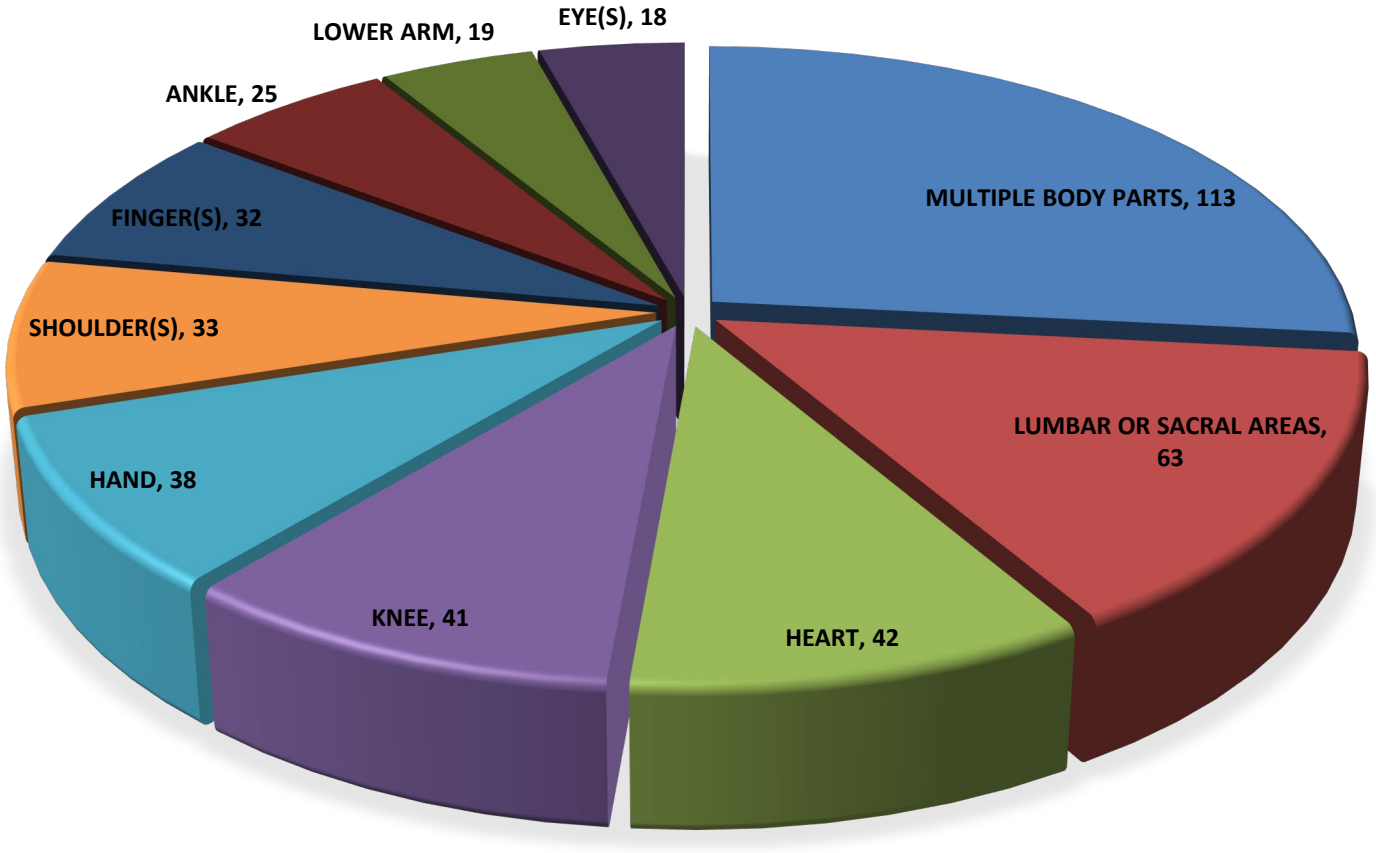
Client: CLIENT
FREQUENCY ANALYSIS REPORT
By Body Part
For Date of Accident Period 10/1/2022 - 9/30/2023
As Of 9/30/2023

Body Part	Open Claims	Total Med	Total LT	Total Inc	Total Claims	Total Paid	Total Reserve	Total Incurred	Claim %	Paid %	Reserve %	Incurred %
HEART	11	6	36	0	42	$ 252,121.50	$ 265,236.01	$ 517,357.51	6.82%	11.52%	29.42%	16.74%
MULTIPLE BODY PARTS	18	66	25	22	113	$ 813,799.12	$ 298,679.76	$ 1,112,478.88	18.34%	37.18%	33.13%	36.00%
LOWER ARM	0	13	2	4	19	$ 17,784.15	$ 225.00	$ 18,009.15	3.08%	0.81%	0.02%	0.58%
OTHER FACIAL SOFT TISSUE	0	7	1	4	12	$ 5,888.89	$ -	$ 5,888.89	1.95%	0.27%	0.00%	0.19%
EYE(S)	3	13	0	5	18	$ 4,313.61	$ 5,775.00	$ 10,088.61	2.92%	0.20%	0.64%	0.33%
LUMBAR OR SACRAL AREAS	15	45	12	6	63	$ 185,665.89	$ 41,991.45	$ 227,657.34	10.23%	8.48%	4.66%	7.37%
BRAIN	1	2	0	1	3	$ -	$ 1,500.00	$ 1,500.00	0.49%	0.00%	0.17%	0.05%
SKULL	3	8	4	3	15	$ 6,060.12	$ 2,775.00	$ 8,835.12	2.44%	0.28%	0.31%	0.29%
SHOULDER(S)	9	24	6	3	33	$ 81,222.02	$ 53,885.17	$ 135,107.19	5.36%	3.71%	5.98%	4.37%
ELBOW	2	6	2	2	10	$ 14,189.81	$ 5,201.50	$ 19,391.31	1.62%	0.65%	0.58%	0.63%
FINGER(S)	4	21	3	8	32	$ 53,014.89	$ 5,396.64	$ 58,411.53	5.19%	2.42%	0.60%	1.89%
WRIST(S) & HAND(S)	1	3	0	0	3	$ 6,902.64	$ 1,500.00	$ 8,402.64	0.49%	0.32%	0.17%	0.27%
LOWER LEG INCLUDING CALF	6	14	2	1	17	$ 18,791.54	$ 13,699.12	$ 32,490.66	2.76%	0.86%	1.52%	1.05%
UPPER ARM INCL. CLAVICLE/SCAPULA	4	5	4	1	10	$ 172,730.97	$ 19,079.57	$ 191,810.54	1.62%	7.89%	2.12%	6.21%
KNEE	10	22	13	6	41	$ 205,169.73	$ 81,219.52	$ 286,389.25	6.66%	9.37%	9.01%	9.27%
ANKLE	2	22	1	2	25	$ 27,722.45	$ 3,000.00	$ 30,722.45	4.06%	1.27%	0.33%	0.99%
UPPER LEG	1	3	2	3	8	$ 11,515.53	$ 1,349.12	$ 12,864.65	1.30%	0.53%	0.15%	0.42%
NOSE	0	0	1	0	1	$ 4,657.34	$ -	$ 4,657.34	0.16%	0.21%	0.00%	0.15%
NECK-SOFT TISSUE	3	3	1	1	5	$ 38,067.33	$ 11,512.21	$ 49,579.54	0.81%	1.74%	1.28%	1.60%
FOOT	3	9	1	3	13	$ 14,654.11	$ 8,289.64	$ 22,943.75	2.11%	0.67%	0.92%	0.74%
CHEST	0	5	1	1	7	$ 13,048.44	$ -	$ 13,048.44	1.14%	0.60%	0.00%	0.42%
HAND	5	23	6	9	38	$ 122,555.41	$ 23,381.89	$ 145,937.30	6.17%	5.60%	2.59%	4.72%
THUMB(S)	1	5	1	1	7	$ 10,088.43	$ 1,431.08	$ 11,519.51	1.14%	0.46%	0.16%	0.37%
EAR(S)	4	6	3	0	9	$ 19,771.31	$ 11,369.84	$ 31,141.15	1.46%	0.90%	1.26%	1.01%
ABDOMEN INCLUDING GROIN	1	5	1	2	8	$ 31,408.84	$ 36,274.30	$ 67,683.14	1.30%	1.44%	4.02%	2.19%
NECK INJURY-MULTIPLE	1	5	1	0	6	$ 21,967.89	$ 3,352.29	$ 25,320.18	0.97%	1.00%	0.37%	0.82%
WRIST	2	9	2	2	13	$ 18,700.29	$ 4,751.42	$ 23,451.71	2.11%	0.85%	0.53%	0.76%
HIP	1	3	2	1	6	$ 9,971.03	$ 529.99	$ 10,501.02	0.97%	0.46%	0.06%	0.34%
LUNGS	0	1	2	4	7	$ 885.51	$ -	$ 885.51	1.14%	0.04%	0.00%	0.03%
MOUTH	1	6	0	1	7	$ 813.28	$ -	$ 813.28	1.14%	0.04%	0.00%	0.03%
BUTTOCKS	0	0	0	1	1	$ -	$ -	$ -	0.16%	0.00%	0.00%	0.00%
Totals	**112**	**366**	**141**	**109**	**616**	**$ 2,188,659.80**	**$ 901,405.52**	**$ 3,090,065.32**				

FREQUENCY BY PART OF BODY GRAPH

Commercial Risk Management

"Client"
Top Ten Body Parts by Total Workers' Compensation Claims
Claims 10/01/2022-09/30/2023



As of 09/30/2023

FREQUENCY BY CAUSE OF INJURY

Commercial Risk Management

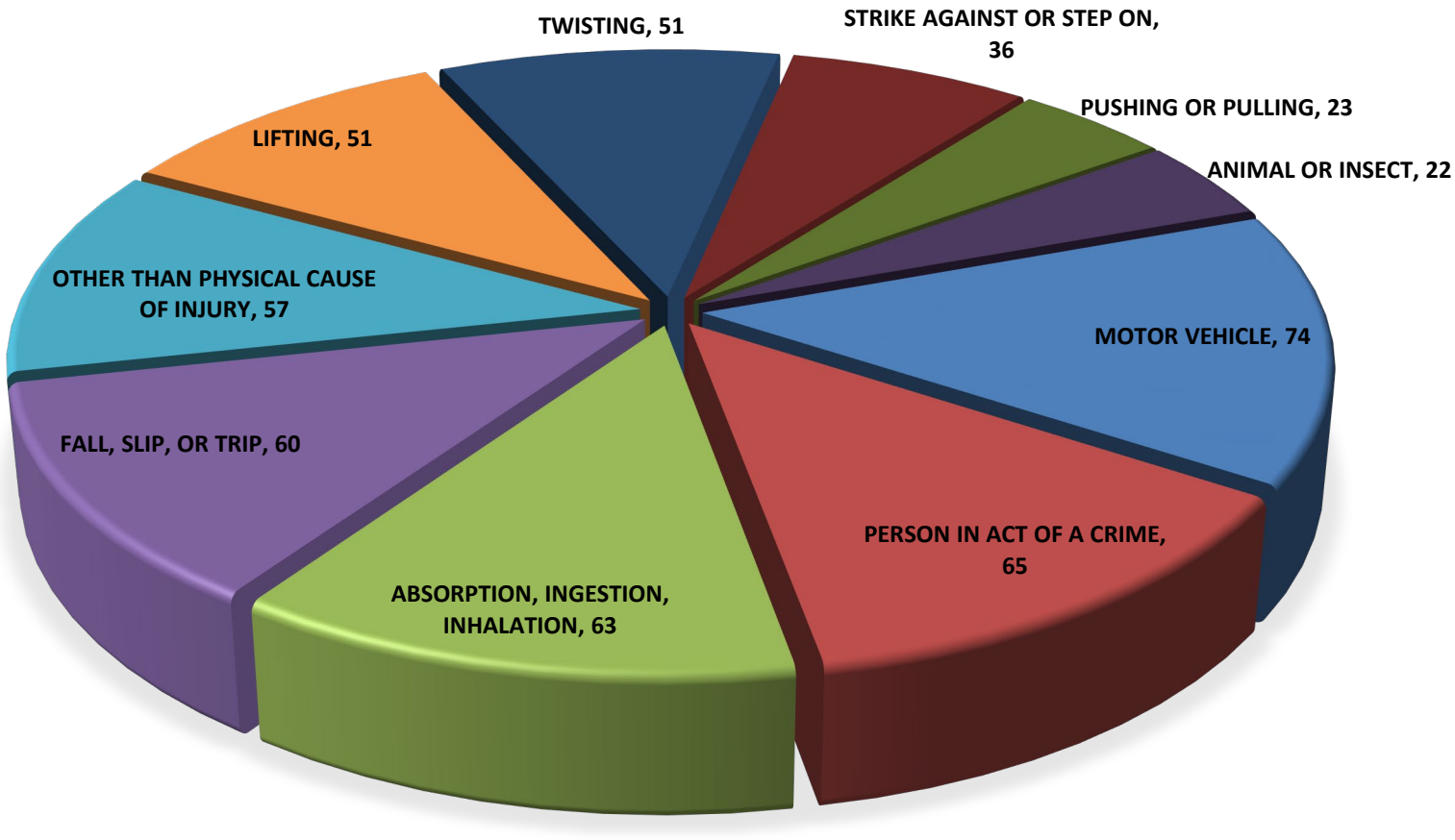
Client: CLIENT
FREQUENCY ANALYSIS REPORT
By Cause of Injury
For Date of Accident Period 10/1/2022 - 9/30/2023
As Of 9/30/2023

Cause of Injury	Open Claims	Total Med	Total LT	Total Inc	Total Claims	Total Paid	Total Reserve	Total Incurred	Claim %	Paid %	Reserve %	Incurred %
TEMPERATURE EXTREMES	1	7	2	2	11	$ 55,159.72	$ 1,725.00	$ 56,884.72	1.79%	2.52%	0.19%	1.84%
FALL, SLIP, OR TRIP	12	34	12	14	60	$ 219,982.66	$ 78,515.53	$ 298,498.19	9.74%	10.05%	8.71%	9.66%
MOTOR VEHICLE	19	46	15	13	74	$ 569,982.63	$ 268,091.29	$ 838,073.92	12.01%	26.04%	29.74%	27.12%
STRIKE AGAINST OR STEP ON	5	22	5	9	36	$ 30,192.91	$ 5,550.79	$ 35,743.70	5.84%	1.38%	0.62%	1.16%
PERSON IN ACT OF A CRIME	8	44	5	16	65	$ 139,844.92	$ 33,363.07	$ 173,207.99	10.55%	6.39%	3.70%	5.61%
OTHER THAN PHYSICAL CAUSE OF INJURY	12	9	47	1	57	$ 291,752.04	$ 266,511.01	$ 558,263.05	9.25%	13.33%	29.57%	18.07%
FIRE OR FLAME	0	3	0	0	3	$ 176.54	$ -	$ 176.54	0.49%	0.01%	0.00%	0.01%
STEAM OR HOT FLUIDS	0	0	1	0	1	$ 2,247.42	$ -	$ 2,247.42	0.16%	0.10%	0.00%	0.07%
CONTACT WITH HOT OBJECT	0	3	0	0	3	$ 1,858.64	$ -	$ 1,858.64	0.49%	0.08%	0.00%	0.06%
CAUGHT IN, UNDER OR BETWEEN	4	12	1	3	16	$ 78,455.97	$ 27,861.88	$ 106,317.85	2.60%	3.58%	3.09%	3.44%
STRUCK BY CO-WORKER, PATIENT	2	6	1	0	7	$ 25,773.74	$ 2,992.21	$ 28,765.95	1.14%	1.18%	0.33%	0.93%
FALLING OR FLYING OBJECT	1	7	0	2	9	$ 11,787.71	$ 1,950.00	$ 13,737.71	1.46%	0.54%	0.22%	0.44%
STRUCK, KICKED, STABBED, BIT	1	1	0	1	2	$ 466.80	$ 1,275.00	$ 1,741.80	0.32%	0.02%	0.14%	0.06%
PUSHING OR PULLING	6	11	8	4	23	$ 136,953.54	$ 59,758.14	$ 196,711.68	3.73%	6.26%	6.63%	6.37%
HAND TOOL, UTENSIL-NOT POWERED	0	4	0	2	6	$ 2,902.85	$ -	$ 2,902.85	0.97%	0.13%	0.00%	0.09%
CONTACT WITH ELECTRIC	0	2	0	1	3	$ 2,542.91	$ -	$ 2,542.91	0.49%	0.12%	0.00%	0.08%
FOREIGN BODY IN EYE	0	4	0	1	5	$ 3,051.25	$ -	$ 3,051.25	0.81%	0.14%	0.00%	0.10%
LIFTING	16	35	12	4	51	$ 301,424.17	$ 93,452.80	$ 394,876.97	8.28%	13.77%	10.37%	12.78%
EXPLOSION OR FLARE BACK	0	1	0	0	1	$ 576.31	$ -	$ 576.31	0.16%	0.03%	0.00%	0.02%
ANIMAL OR INSECT	3	16	2	4	22	$ 21,893.38	$ 9,223.10	$ 31,116.48	3.57%	1.00%	1.02%	1.01%
RUBBED OR ABRADED	0	1	1	0	2	$ -	$ -	$ -	0.32%	0.00%	0.00%	0.00%
SLIP OR TRIP DID NOT FALL	0	0	1	0	1	$ 1,808.65	$ -	$ 1,808.65	0.16%	0.08%	0.00%	0.06%
CUT, PUNCTURED	0	11	1	0	12	$ 34,559.63	$ -	$ 34,559.63	1.95%	1.58%	0.00%	1.12%
CUMULATIVE TRAUMA	7	9	7	0	16	$ 26,067.05	$ 19,752.59	$ 45,819.64	2.60%	1.19%	2.19%	1.48%
TWISTING	6	37	11	3	51	$ 168,058.53	$ 13,045.90	$ 181,104.43	8.28%	7.68%	1.45%	5.86%
FALL FROM DIFFERENT LEVEL	0	0	1	0	1	$ 584.09	$ -	$ 584.09	0.16%	0.03%	0.00%	0.02%
FALL ON SAME LEVEL	0	1	0	0	1	$ 323.12	$ -	$ 323.12	0.16%	0.01%	0.00%	0.01%
JUMPING	0	1	0	0	1	$ 1,396.82	$ -	$ 1,396.82	0.16%	0.06%	0.00%	0.05%
REACHING	1	1	1	0	2	$ 27,044.59	$ 8,512.21	$ 35,556.80	0.32%	1.24%	0.94%	1.15%
STRAIN OR INJURY	1	1	0	0	1	$ -	$ 1,500.00	$ 1,500.00	0.16%	0.00%	0.17%	0.05%
HAND TOOL OR MACHINE IN USE	1	2	1	1	4	$ 7,405.96	$ 1,275.00	$ 8,680.96	0.65%	0.34%	0.14%	0.28%
ABSORPTION, INGESTION, INHALATION	6	33	4	26	63	$ 24,385.25	$ 7,050.00	$ 31,435.25	10.23%	1.11%	0.78%	1.02%
Totals	**112**	**366**	**141**	**109**	**616**	**$ 2,188,659.80**	**$ 901,405.52**	**$ 3,090,065.32**				

FREQUENCY BY CAUSE OF INJURY GRAPH

Commercial Risk Management

"Client"
Top Ten Causes of Injury by Total Workers' Compensation Claims
Claims 10/01/2022-09/30/2023



As of 09/30/2023

FREQUENCY BY NATURE OF INJURY

Commercial Risk Management

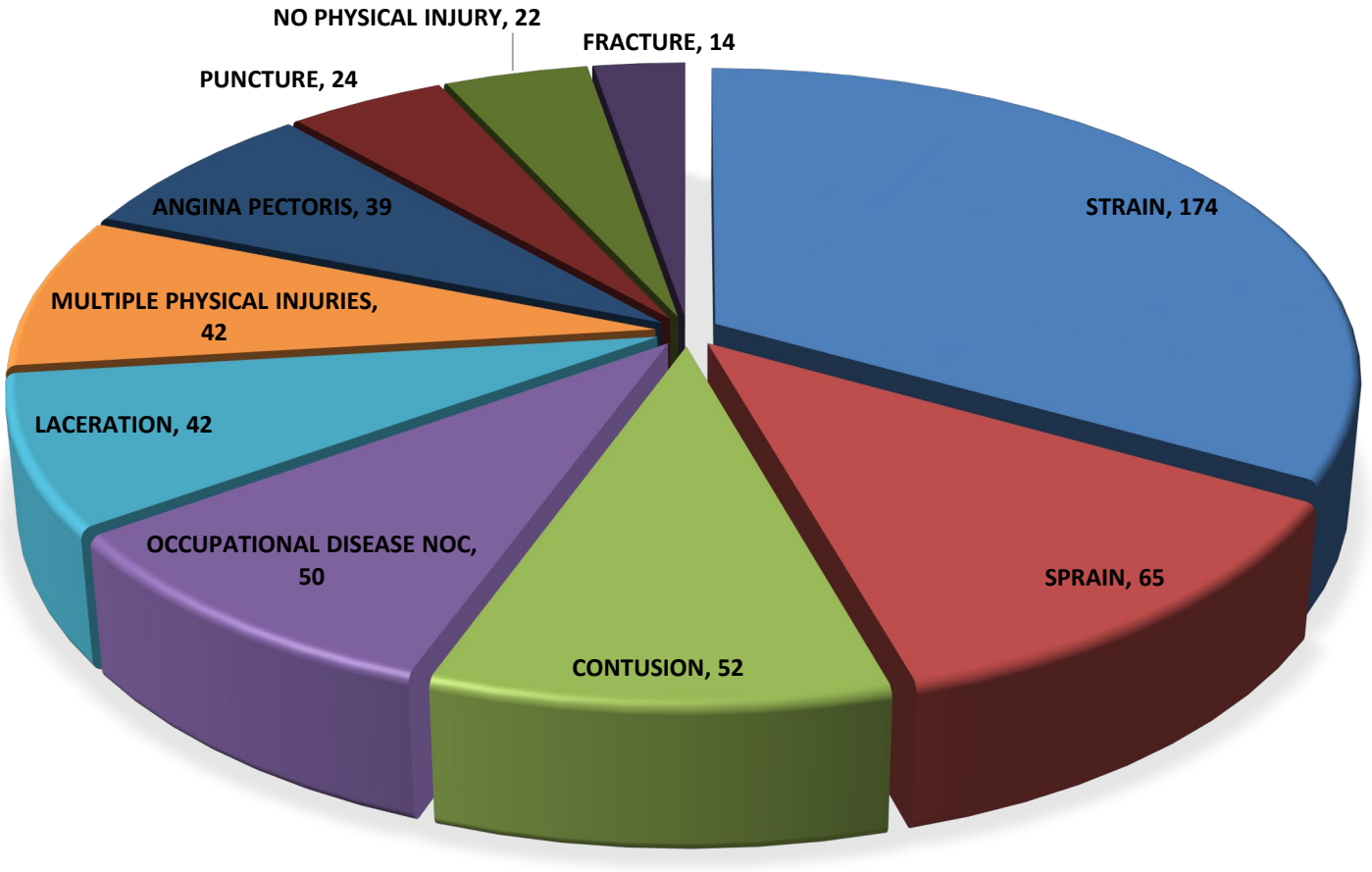
Client: CLIENT
FREQUENCY ANALYSIS REPORT
By Nature of Injury
For Date of Accident Period 10/1/2022 - 9/30/2023
As Of 9/30/2023

Nature of Injury	Open Claims	Total Med	Total LT	Total Inc	Total Claims	Total Paid	Total Reserve	Total Incurred	Claim %	Paid %	Reserve %	Incurred %
NO PHYSICAL INJURY	0	5	3	14	22	$ 6,269.51	$ -	$ 6,269.51	3.57%	0.29%	0.00%	0.20%
ANGINA PECTORIS	9	5	34	0	39	$ 177,067.44	$ 181,598.07	$ 358,665.51	6.33%	8.09%	20.15%	11.61%
BURN	0	6	1	0	7	$ 4,282.60	$ -	$ 4,282.60	1.14%	0.20%	0.00%	0.14%
CONTUSION	10	34	5	13	52	$ 70,693.62	$ 16,112.30	$ 86,805.92	8.44%	3.23%	1.79%	2.81%
CRUSHING	2	4	2	2	8	$ 154,367.75	$ 35,454.83	$ 189,822.58	1.30%	7.05%	3.93%	6.14%
DISLOCATION	1	1	0	0	1	$ -	$ 1,500.00	$ 1,500.00	0.16%	0.00%	0.17%	0.05%
ELECTRIC SHOCK	0	2	0	1	3	$ 2,542.91	$ -	$ 2,542.91	0.49%	0.12%	0.00%	0.08%
FOREIGN BODY	0	4	0	1	5	$ 3,051.25	$ -	$ 3,051.25	0.81%	0.14%	0.00%	0.10%
FRACTURE	6	8	6	0	14	$ 436,833.93	$ 208,915.74	$ 645,749.67	2.27%	19.96%	23.18%	20.90%
HEARING LOSS (TRAUMATIC ONLY)	0	1	0	0	1	$ 576.31	$ -	$ 576.31	0.16%	0.03%	0.00%	0.02%
HEAT PROSTRATION	1	6	2	2	10	$ 52,156.01	$ 1,725.00	$ 53,881.01	1.62%	2.38%	0.19%	1.74%
HERNIA	0	0	1	0	1	$ 22,355.30	$ (0.70)	$ 22,354.60	0.16%	1.02%	0.00%	0.72%
INFLAMMATION	0	3	1	2	6	$ 2,336.27	$ 4.17	$ 2,340.44	0.97%	0.11%	0.00%	0.08%
LACERATION	3	29	1	12	42	$ 51,183.17	$ 3,000.00	$ 54,183.17	6.82%	2.34%	0.33%	1.75%
MYOCARDIAL INFARCTION	2	1	2	0	3	$ 75,054.06	$ 83,637.94	$ 158,692.00	0.49%	3.43%	9.28%	5.14%
PUNCTURE	3	18	2	4	24	$ 25,116.43	$ 9,223.10	$ 34,339.53	3.90%	1.15%	1.02%	1.11%
RUPTURE	1	1	0	0	1	$ 5,605.40	$ 1,894.60	$ 7,500.00	0.16%	0.26%	0.21%	0.24%
SEVERANCE	0	1	0	0	1	$ 1,838.29	$ -	$ 1,838.29	0.16%	0.08%	0.00%	0.06%
SPRAIN	13	47	12	6	65	$ 294,937.39	$ 49,139.92	$ 344,077.31	10.55%	13.48%	5.45%	11.13%
STRAIN	40	118	37	19	174	$ 581,214.56	$ 229,779.79	$ 810,994.35	28.25%	26.56%	25.49%	26.25%
SYNCOPE	1	0	2	0	2	$ 234.00	$ 1,275.00	$ 1,509.00	0.32%	0.01%	0.14%	0.05%
OD/CT-RESPIRATORY DISORDERS	0	1	1	4	6	$ 885.51	$ -	$ 885.51	0.97%	0.04%	0.00%	0.03%
OD/CT-POISONING-CHEMICAL	3	5	0	2	7	$ 156.75	$ 4,500.00	$ 4,656.75	1.14%	0.01%	0.50%	0.15%
OD/CT-DERMATITIS	0	4	1	1	6	$ 1,360.44	$ -	$ 1,360.44	0.97%	0.06%	0.00%	0.04%
OCCUPATIONAL DISEASE NOC	3	29	2	19	50	$ 27,395.03	$ 2,550.00	$ 29,945.03	8.12%	1.25%	0.28%	0.97%
HEARING LOSS (NON-TRAUMATIC)	4	5	1	0	6	$ 17,148.16	$ 11,369.84	$ 28,518.00	0.97%	0.78%	1.26%	0.92%
MENTAL STRESS	0	1	3	0	4	$ 36,441.28	$ -	$ 36,441.28	0.65%	1.67%	0.00%	1.18%
CARPAL TUNNEL SYNDROME	1	1	1	0	2	$ 1,034.52	$ 465.48	$ 1,500.00	0.32%	0.05%	0.05%	0.05%
CUMULATIVE TRAUMA NOC	1	0	4	0	4	$ 4,328.09	$ 3,674.91	$ 8,003.00	0.65%	0.20%	0.41%	0.26%
MULTIPLE PHYSICAL INJURIES	7	23	13	6	42	$ 130,993.11	$ 54,085.53	$ 185,078.64	6.82%	5.99%	6.00%	5.99%
Totals	**112**	**366**	**141**	**109**	**616**	**$ 2,188,659.80**	**$ 901,405.52**	**$ 3,090,065.32**				

FREQUENCY BY NATURE OF INJURY GRAPH

Commercial Risk Management

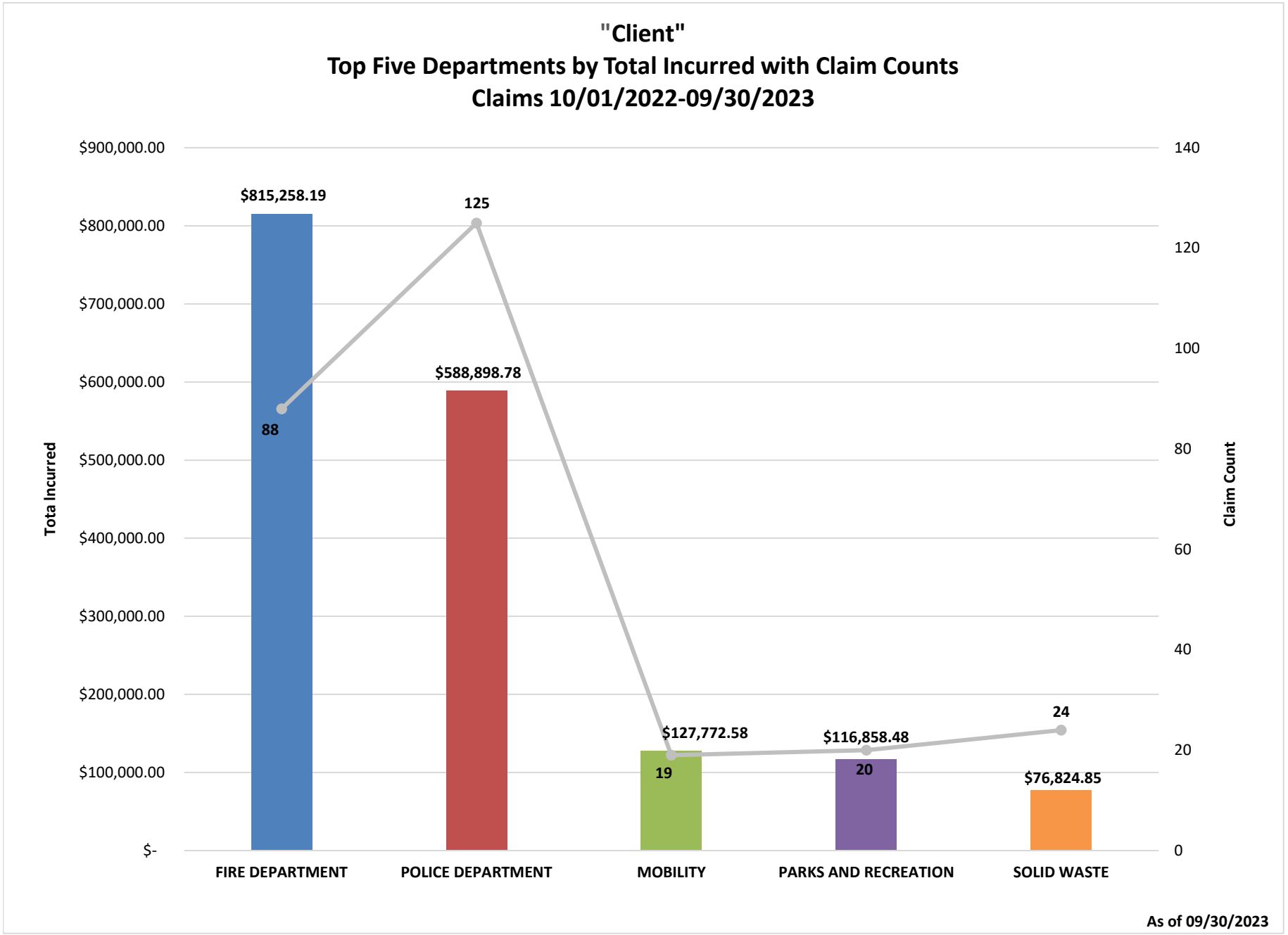
"Client"
Top Ten Nature of Injury by Total Workers' Compensation Claims
Claims 10/01/2022-09/30/2023



As of 09/30/2023

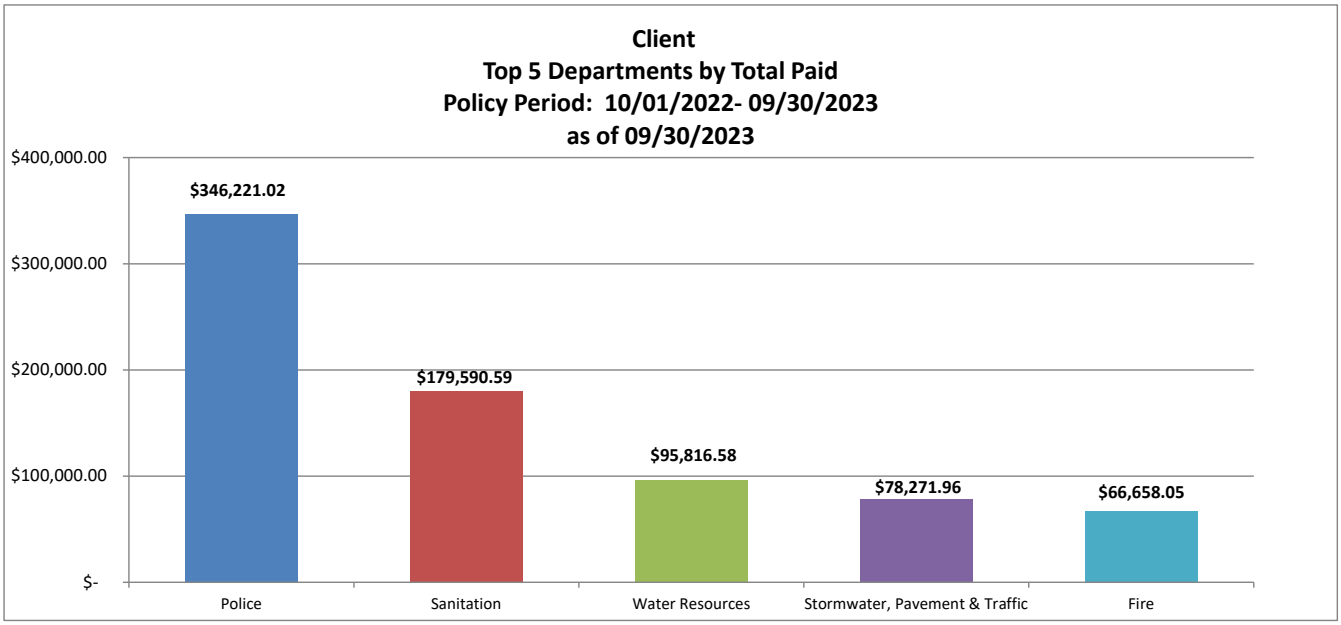
TOP FIVE DEPARTMENTS BY TOTAL INCURRED

Commercial Risk Management


"Client"
Top Five Departments by Total Incurred with Claim Counts
Claims 10/01/2022-09/30/2023
$900,000.00
$800,000.00
$700,000.00
$600,000.00
$500,000.00
$400,000.00
$300,000.00
$200,000.00
$100,000.00
$-
Tota Incurred
140
120
100
80
60
40
20
0
Claim Count
$815,258.19
$588,898.78
$127,772.58
$116,858.48
$76,824.85
88
125
19
20
24
FIRE DEPARTMENT
POLICE DEPARTMENT
MOBILITY
PARKS AND RECREATION
SOLID WASTE
As of 09/30/2023

TOP DEPARMENTS CAUSE OF INJURY GRAPH

Commercial Risk Management



Cause of Injury	Open Claims	Total Med	Total LT	Total Inc	Total Claims	Total Paid	Total Reserve	Total Incurred
LIFTING	7	14	0	3	17	$ 8,005.17	$ 8,412.88	$ 16,418.05
TWISTING	3	1	6	4	11	$ 36,612.52	$ 54,224.97	$ 90,837.49
CAUGHT IN, UNDER OR BETWEEN	1	2	1	0	3	$ 677.34	$ 1,502.50	$ 2,179.84
ABSORPTION, INGESTION, INHALATION	2	4	1	6	11	$ 2,882.17	$ 3,000.00	$ 5,882.17
FALL, SLIP, OR TRIP	2	3	3	7	13	$ 45,297.49	$ 56,935.34	$ 102,232.83
PERSON IN ACT OF A CRIME	16	27	16	27	70	$ 136,836.67	$ 190,924.13	$ 327,760.80
HAND TOOL, UTENSIL-NOT POWERED	0	1	0	0	1	$ 1,618.04	$ -	$ 1,618.04
MOTOR VEHICLE	5	4	5	5	14	$ 73,183.30	$ 121,330.46	$ 194,513.76
CUMULATIVE TRAUMA	2	1	3	3	7	$ 23,822.56	$ 6,991.25	$ 30,813.81
FALLING OR FLYING OBJECT	1	0	1	0	1	$ 11,061.05	$ 9,468.95	$ 20,530.00
OTHER THAN PHYSICAL CAUSE OF INJURY	0	0	2	0	2	$ 233.42	$ -	$ 233.42
Totals For Police	**42**	**60**	**39**	**56**	**155**	**$ 346,221.02**	**$ 460,544.09**	**$ 806,765.11**
MOTOR VEHICLE	3	3	4	0	7	$ 38,930.03	$ 11,047.41	$ 49,977.44
FALL, SLIP, OR TRIP	0	2	1	1	4	$ 3,083.71	$ -	$ 3,083.71
STRIKE AGAINST OR STEP ON	1	4	0	0	4	$ 10,283.15	$ 1,015.12	$ 11,298.27
TWISTING	1	1	3	0	4	$ 19,004.16	$ 3,784.88	$ 22,789.04
CUMULATIVE TRAUMA	2	2	4	0	6	$ 62,567.06	$ 18,540.77	$ 81,107.83
PUSHING OR PULLING	4	4	4	4	12	$ 45,722.48	$ 57,048.51	$ 102,770.99
Totals For Sanitation	**12**	**17**	**16**	**5**	**38**	**$ 179,590.59**	**$ 91,436.69**	**$ 271,027.28**
FALLING OR FLYING OBJECT	1	3	0	0	3	$ 4,830.52	$ 1,163.32	$ 5,993.57
FALL, SLIP, OR TRIP	1	3	0	1	4	$ 8,256.84	$ 22,550.35	$ 30,807.19
STRIKE AGAINST OR STEP ON	0	1	0	0	1	$ 4,083.23	$ -	$ 4,083.23
HAND TOOL, UTENSIL-NOT POWERED	2	3	1	1	5	$ 11,506.27	$ 26,015.87	$ 37,522.14
TWISTING	5	7	3	0	10	$ 41,585.63	$ 99,220.97	$ 141,079.60
MOTOR VEHICLE	3	1	2	1	4	$ 14,076.42	$ 33,481.75	$ 47,558.17
HAND TOOL OR MACHINE IN USE	0	0	3	1	4	$ 11,204.67	$ 3,000.00	$ 14,204.67
Totals For Water Resources	**13**	**19**	**9**	**4**	**32**	**$ 95,816.58**	**$ 185,432.26**	**$ 281,248.84**
FALL, SLIP, OR TRIP	2	8	1	2	11	$ 25,941.26	$ 2,898.98	$ 28,840.44
MOTOR VEHICLE	1	3	0	1	4	$ 3,754.45	$ 2,377.56	$ 6,132.01
LIFTING	2	3	2	1	6	$ 27,628.16	$ 31,487.92	$ 59,116.08
TEMPERATURE EXTREMES	3	3	1	1	5	$ 3,513.27	$ 64,816.69	$ 68,329.96
PUSHING OR PULLING	2	1	2	0	3	$ 14,628.80	$ 9,728.46	$ 24,357.26
CAUGHT IN, UNDER OR BETWEEN	3	1	3	3	7	$ 2,805.82	$ 12,224.18	$ 15,030.00
Totals For Stormwater, Pavement & Traffic	**13**	**19**	**9**	**8**	**36**	**$ 78,271.96**	**$ 123,533.79**	**$ 201,805.75**
ABNORMAL AIR PRESSURE	0	1	0	0	1	$ 5,785.30	$ -	$ 5,785.30
HAND TOOL, UTENSIL-NOT POWERED	1	2	0	0	2	$ 434.56	$ 1,500.00	$ 1,934.56
LIFTING	2	1	2	1	4	$ 2,758.26	$ 10,510.02	$ 13,268.28
OTHER THAN PHYSICAL CAUSE OF INJURY	8	9	13	2	24	$ 28,032.06	$ 92,715.59	$ 120,747.65
REACHING	0	1	0	0	1	$ 6,608.10	$ -	$ 6,608.10
TWISTING	7	4	6	2	12	$ 23,039.77	$ 76,998.93	$ 79,987.45
Totals For Fire	**18**	**18**	**21**	**5**	**44**	**$ 66,658.05**	**$ 181,724.54**	**$ 248,382.59**

UTILIZATION CHARGE/PAID BY PROVIDER

Commercial Risk Management

CLIENT
Date From: 12/01/2023 To: 12/31/2023

Tax ID	Provider	Charged	Paid
273584158	ABSOLUTE SOLUTIONS	$240.00	$240.00
823430528	ANESTHESIA DYNAMICS LLC	$23,200.00	$1,373.46
593503564	ANOOP K REDDY , M.D., P.A .	$1,450.00	$1,450.00
462417924	AXIOM NATIONAL, LLC	$1,100.00	$1,100.00
593051816	BAY AREA CHEST PHYSICIANS, P.A.	$161.00	$72.58
202928709	BAYCARE HEALTH SYSTEM, INC.	$2,974.00	$1,167.58
832099849	BAYCARE HOSPITAL WESLEY CHAPEL	$8,655.00	$3,188.93
752400186	COUNTRYSIDE SURGI-CENTER	$29,790.50	$7,992.34
454958012	DENTAL WORKS USA, LLC	$464.00	$464.00
591723249	E H RUFFOLO	$1,136.50	$186.00
593251533	EDWIN MELENDEZ	$450.00	$229.00
453463120	ESQUIRE DEPOSITION SOLUTIONS, LLC	$135.00	$135.00
852593357	EXCEL PAIN AND SPINE LLC	$17,290.00	$1,490.56
593156212	FLORIDA MEDICAL CLINIC	$70,789.35	$32,733.27
474004837	GALLOWAY ORTHOPEDICS	$1,500.00	$1,500.00
450491431	GULF COAST REHABILITATION SERVICES, INC	$1,396.35	$705.00
592632614	HAROLD R LINDE	$1,650.00	$936.00
200462190	HORIZON CLAIM SERVICES, INC.	$1,656.75	$1,656.75
873464999	INDI VASUDEVA NEPHROLOGY INC	$215.00	$120.00
813071184	ION PT NETWORK	$47,299.55	$47,035.02
201675563	PARAGON CASE MANAGEMENT	$29,107.35	$29,107.35
591212948	Radiology Associates of Clearwater	$310.00	$67.50
592922487	SPORTS & ORTHOPEDIC REHABILITATION SERVICES, INC.	$26,781.00	$17,742.20
410695603	ST JOSEPHS AREA HEALTH	$663.00	$54.40
590774199	ST. JOSEPH'S HOSPITAL	$24,839.29	$9,324.52
650553801	STORM REPORTING SERVICES, INC.	$104.40	$104.40
593677604	TAMPA BAY EMERGENCY PHYSICIANS, LLC	$985.00	$172.48
592469164	UNIVERSITY DIAGNOSTIC INST	$4,940.00	$1,221.16
593361808	Vipul V Kabaria MD PA	$2,849.00	$1,108.00
Total		**$302,132.04**	**$162,677.50**

SSN	Claimant	Charged	Paid
12345678	John Doe	$4,298.18	$4,298.18
12345678	Jane Doe	$2,913.00	$2,913.00
12345678	Tom Doe	$3,883.50	$3,883.50
12345678	Janet Doe	$2,140.28	$2,140.28
12345678	Robert Doe	$1,869.28	$1,869.28
Total		**$15,104.24**	**$15,104.24**

PAID BY SUBGROUP

Commercial Risk Management

CLIENT
Paid by Location
Date From: 12/01/2023 To: 12/31/2023

Location	Medical	Indemnity	Rehab	Litigation	Total
CHIEF OF STAFF	$0.00	$0.00	$0.00	$0.00	$0.00
CITY ATTORNEY	$0.00	$0.00	$507.00	$3.00	$510.00
CITY CLERK	$0.00	$0.00	$0.00	$0.00	$0.00
CITY COUNCIL	$0.00	$0.00	$0.00	$3.00	$3.00
CONTRACT ADMINISTRATION	$450.00	$0.00	$0.00	$0.00	$450.00
CONVENTION CENTER AND TOURISM	$0.00	$4,826.81	$0.00	$0.00	$4,826.81
DEVELOPMENT & GROWTH MANAGEMENT	$8,719.65	$0.00	$0.00	$9.00	$8,728.65
ECONOMIC OPPORTUNITY	$0.00	$0.00	$0.00	$0.00	$0.00
FIRE DEPARTMENT	$220,478.65	$64,502.50	$7,854.26	$1,914.00	$294,749.41
HUMAN RESOURCES & TALENT DEVELOPMENT	$0.00	$0.00	$0.00	$0.00	$0.00
INFRASTRUCTURE & MOBILITY	$208.00	$0.00	$0.00	$0.00	$208.00
INTERNAL AUDIT	$0.00	$0.00	$0.00	$0.00	$0.00
LOGISTICS AND ASSET MANAGEMENT	$1,920.66	$3,668.00	$0.00	$60.00	$5,648.66
MARKETING & COMMUNICATIONS	$0.00	$0.00	$0.00	$0.00	$0.00
MAYOR'S OFFICE	$0.00	$0.00	$0.00	$0.00	$0.00
MOBILITY	$13,064.66	$3,935.80	$390.00	$96.00	$17,486.46
NEIGHBORHOOD COMMUNITY AFFAIRS	$14,226.67	$3,244.08	$1,764.43	$24.00	$19,259.18
PARKS AND RECREATION	$13,932.95	$15,097.47	$4,274.94	$126.00	$33,431.36
POLICE DEPARTMENT	$302,848.02	$83,502.29	$28,141.04	$3,704.94	$418,196.29
PURCHASING	$2,832.34	$0.00	$187.20	$0.00	$3,019.54
REVENUE & FINANCE	$32.52	$0.00	$0.00	$18.00	$50.52
SOLID WASTE	$20,612.87	$9,138.52	$3,665.75	$2,582.36	$35,999.50
TECHNOLOGY & INNOVATION	$0.00	$0.00	$0.00	$12.00	$12.00
WASTEWATER	$10,885.82	$3,664.78	$163.80	$57.00	$14,771.40
WATER	$6,029.87	$11,727.96	$553.80	$66.00	$18,377.63
Total	**$616,242.68**	**$203,308.21**	**$47,502.22**	**$8,675.30**	**$875,728.41**

Claims Opened for this Time Period

Medical	**35**
Incident	**10**
Indemnity	**20**

WEEKLY INDEMNITY PAYMENTS

Commercial Risk Management

Payroll Report
CLIENT
As Of: 12/31/2023 History: 2 Weeks

Location	Employee Name	Injury Date	Disability Type Code	Effective Date	Comp Rate	Avg Weekly Wage	Claim ID	Check Number	Payee Name	Amount	Offset Amount	Paid Date	From Date	To Date
DEVELOPMENT & GROWTH MANAGEMENT	John Smith	6/8/2023	TP	1/9/2024	$1,197.00	$2,073.47	12345678	248243	John Smith	$2,394.00	$0.00	1/19/2024	1/9/2024	1/22/2024
								248360	John Smith	$2,394.00	$0.00	2/2/2024	1/23/2024	2/5/2024
								249164	John Smith	$2,394.00	$0.00	4/12/2024	4/2/2024	4/15/2024
								249296	John Smith	$2,394.00	$0.00	4/26/2024	4/16/2024	4/29/2024
								249413	John Smith	$2,394.00	$0.00	5/10/2024	4/30/2024	5/13/2024
										$21,546.00	**$0.00**			
FIRE DEPARTMENT	Janet Smith	12/20/2023	TT	12/26/2023	$1,197.00	$1,802.27	12345678	248104	Janet Smith	$2,394.00	$0.00	1/8/2024	12/26/2023	1/8/2024
								248245	Janet Smith	$2,394.00	$0.00	1/19/2024	1/9/2024	1/22/2024
								248362	Janet Smith	$2,394.00	$0.00	2/2/2024	1/23/2024	2/5/2024
								248552	Janet Smith	$2,394.00	$0.00	2/16/2024	2/6/2024	2/19/2024
								249299	Janet Smith	$2,394.00	$0.00	4/26/2024	4/16/2024	4/29/2024
								249417	Janet Smith	$2,394.00	$0.00	5/10/2024	4/30/2024	5/13/2024
										$23,940.00	**$0.00**			
	Donald Smith	1/23/2024	TT	1/31/2024	$1,260.00	$3,205.24	12345678	248370	Robert Smith	$1,260.00	$0.00	2/5/2024	1/31/2024	2/6/2024
								248549	Robert Smith	$1,260.00	$0.00	2/16/2024	2/7/2024	2/13/2024
										$2,520.00	**$0.00**			
PARKS AND RECREATION	John Doe	5/27/2021	TT	12/13/2023	$1,011.00	$1,576.36	12345678	247927	John Doe	$2,022.00	$0.00	12/21/2023	12/13/2023	12/26/2023
								248089	John Doe	$2,022.00	$0.00	1/5/2024	12/27/2023	1/9/2024
								248235	John Doe	$1,011.00	$0.00	1/19/2024	1/10/2024	1/15/2024
										$5,055.00	**$0.00**			
POLICE DEPARTMENT	Jane Doe	5/23/2023	TT	1/15/2024	$1,197.00	$2,618.21	12345678	248267	Jane Doe	$0.00	$0.00	1/25/2024	1/15/2024	1/28/2024
								248383	Jane Doe	$1,197.00	$0.00	2/8/2024	1/29/2024	2/4/2024
								248445	Jane Doe	$2,394.00	$0.00	2/9/2024	1/15/2024	1/28/2024
										$3,591.00	**$0.00**			
	Thomas Smith	4/19/2024	TP	4/20/2024	$1,260.00	$2,397.36	12345678	249379	Thomas Smith	$2,520.00	$0.00	5/3/2024	4/20/2024	5/3/2024
										$2,520.00	**$0.00**			
WASTEWATER	Susan Smith	12/13/2023	TT	12/14/2023	$934.64	$1,401.89	12345678	248034	Susan Smith	$1,869.28	$0.00	12/27/2023	12/14/2023	12/27/2023
								248117	Susan Smith	$1,869.28	$0.00	1/10/2024	12/28/2023	1/10/2024
								248246	Susan Smith	$373.86	$0.00	1/19/2024	1/11/2024	1/12/2024
										$4,112.42	**$0.00**			
	Nicole Smith	1/12/2024	TT	1/13/2024	$782.45	$1,173.61	12345678	248278	Nicole Smith	$312.98	$0.00	1/26/2024	1/20/2024	1/23/2024
								248278	Nicole Smith	$469.47	$0.00	1/26/2024	1/13/2024	1/15/2024
										$782.45	**$0.00**			
WATER	Robert Smith	10/30/2023	TP	11/7/2023	$1,012.58	$1,582.15	12345678	248031	Robert Smith	$120.93	$0.00	12/27/2023	12/10/2023	12/16/2023
										$120.93	**$0.00**			
				1/16/2024	$1,012.58	$1,582.15	12345678	248443	Robert Smith	$2,025.16	$0.00	2/9/2024	1/16/2024	1/29/2024
								248443	Robert Smith	$2,025.16	$0.00	2/9/2024	1/30/2024	2/12/2024
								248626	Robert Smith	$2,025.16	$0.00	2/23/2024	2/13/2024	2/26/2024
								248794	Robert Smith	$1,417.62	$0.00	3/8/2024	2/27/2024	3/6/2024
										$7,493.10	**$0.00**			

TRIANGLE REPORT

Commercial Risk Management

Client Workers' Compensation Triangle
Report Claims From: 10/01/2022 To: 09/30/2023 Activity From: 10/01/2022 To: 09/30/2023

Total Paid Activity by Reported Claims

Month/Year	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Grand Total
Oct 2022	**$ 784.91**												**$ 784.91**
PUBLIC INFRASTRUCTURE	$ 37.90												$ 37.90
PUBLIC SAFETY	$ 54.30												$ 54.30
PUBLIC SERVICES	$ 683.41												$ 683.41
SHERIFF	$ 9.30												$ 9.30
Nov 2022	**$ 30,309.47**	**$ 6,522.36**											**$ 36,831.83**
PUBLIC INFRASTRUCTURE	$ 976.28	$ -											$ 976.28
PUBLIC SAFETY	$ 6,275.17	$ -											$ 6,275.17
PUBLIC SERVICES	$ 2,073.79	$ -											$ 2,073.79
SHERIFF	$ 20,984.23	$ 6,522.36											$ 27,506.59
SUPERVISOR OF ELECTIONS		$ -											$ -
Dec 2022	**$ 16,751.53**	**$ 13,037.02**	**$ 3,810.14**										**$ 33,598.69**
PUBLIC INFRASTRUCTURE	$ 990.95	$ 260.15	$ -										$ 1,251.10
PUBLIC SAFETY	$ 3,225.16	$ 6.00	$ 13.00										$ 3,244.16
PUBLIC SERVICES	$ 4,107.30	$ 39.09	$ 2,598.34										$ 6,744.73
SHERIFF	$ 8,428.12	$ 12,702.33	$ 1,198.80										$ 22,329.25
SUPERVISOR OF ELECTIONS		$ 29.45											$ 29.45
Jan 2023	**$ 10,020.33**	**$ 8,884.29**	**$ 8,244.21**	**$ 4.20**									**$ 27,153.03**
PUBLIC INFRASTRUCTURE	$ 1,217.33	$ 1,011.44	$ 57.65	$ 4.20									$ 2,290.62
PUBLIC SAFETY	$ 2,204.67	$ 126.35	$ 3,125.14	$ -									$ 5,456.16
PUBLIC SERVICES	$ 3,465.12	$ 4,782.77	$ 3,787.49	$ -									$ 12,035.38
SHERIFF	$ 3,133.21	$ 2,689.18	$ 1,273.93	$ -									$ 7,096.32
SUPERVISOR OF ELECTIONS		$ 274.55											$ 274.55
Feb 2023	**$ 9,763.28**	**$ 18,534.08**	**$ 48,767.07**	**$ 22,187.11**	**$ 844.26**								**$ 100,095.80**
PUBLIC INFRASTRUCTURE		$ 1,457.65	$ -	$ 2,622.76	$ -								$ 4,080.41
PUBLIC SAFETY	$ 1,124.09		$ 8,205.59	$ 2,520.10	$ 816.71								$ 12,666.49
PUBLIC SERVICES	$ 6,730.28	$ 5,496.52	$ 33,197.60	$ 524.60									$ 45,949.00
SHERIFF	$ 1,908.91	$ 11,579.91	$ 7,363.88	$ 16,519.65	$ 27.55								$ 37,399.90
SUPERVISOR OF ELECTIONS		$ -											$ -
Mar 2023	**$ 3,807.17**	**$ 18,173.56**	**$ 9,887.44**	**$ 64,198.61**	**$ 13,074.78**	**$ 2,428.75**							**$ 111,570.31**
CLERK OF COURT						$ -							$ -
PUBLIC INFRASTRUCTURE	$ 88.80	$ 452.47		$ 1,921.95	$ 8,110.08								$ 10,573.30
PUBLIC SAFETY	$ 263.15	$ 6.00	$ 1,782.63	$ 2,640.12	$ 3,828.44	$ 1,769.75							$ 10,290.09
PUBLIC SERVICES	$ 1,059.07	$ 4,159.33	$ 7,217.21	$ 1,340.23		$ 3.00							$ 13,778.84
SHERIFF	$ 2,396.15	$ 13,530.56	$ 887.60	$ 58,296.31	$ 1,136.26	$ 656.00							$ 76,902.88
SUPERVISOR OF ELECTIONS		$ 25.20											$ 25.20

Total Paid Activity by Reported Claims

Month/Year	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Grand Total
Apr 2023	**$ 5,589.50**	**$ 5,076.45**	**$ 8,665.71**	**$ 12,415.07**	**$ 29,388.81**	**$ 14,926.17**	**$ 2,529.00**						**$ 78,590.71**
CLERK OF COURT						$ 98.58							$ 98.58
COUNTY ADMINISTRATION						$ -							$ -
PUBLIC INFRASTRUCTURE		$ 301.27		$ 251.12	$ 18,356.09		$ -						$ 18,908.48
PUBLIC SAFETY	$ 803.55		$ 1,384.10	$ 1,794.01	$ 3,366.66	$ 8,180.42	$ 2,200.54						$ 17,729.28
PUBLIC SERVICES	$ -	$ 1,370.95	$ 5,029.46	$ 908.12		$ 468.00	$ 328.46						$ 8,104.99
SHERIFF	$ 4,785.95	$ 3,404.23	$ 2,252.15	$ 9,461.82	$ 7,666.06	$ 6,179.17	$ -						$ 33,749.38
TAX COLLECTOR						$ -							$ -
May 2023	**$ 5,845.87**	**$ 9,199.72**	**$ 18,387.43**	**$ 21,254.02**	**$ 12,932.66**	**$ 22,139.78**	**$ 3,159.31**	**$ 191.86**					**$ 93,110.65**
CLERK OF COURT						$ 586.83							$ 586.83
COUNTY ADMINISTRATION						$ 30.40							$ 30.40
PUBLIC INFRASTRUCTURE		$ 1,318.27			$ 3,807.17		$ 33.25	$ 136.28					$ 5,294.97
PUBLIC SAFETY			$ 1,376.06	$ -	$ 6,760.47	$ 7,020.93	$ (375.87)	$ -					$ 14,781.59
PUBLIC SERVICES	$ 411.30	$ 2,338.18	$ 6,059.83	$ 383.80		$ 718.95	$ 378.81	$ 55.58					$ 10,346.45
SHERIFF	$ 5,434.57	$ 5,543.27	$ 10,951.54	$ 20,870.22	$ 2,365.02	$ 13,322.47	$ 3,123.12	$ -					$ 61,610.21
TAX COLLECTOR						$ 460.20							$ 460.20
Jun 2023	**$ 1,317.60**	**$ 6,587.01**	**$ 6,656.72**	**$ 16,476.59**	**$ 13,548.12**	**$ 16,610.51**	**$ 20,668.65**	**$ 10,310.84**	**$ 421.89**				**$ 92,597.93**
CLERK OF COURT						$ 3.00							$ 3.00
PUBLIC INFRASTRUCTURE	$ 1,158.00	$ 1,076.86			$ 4,852.68		$ 5,141.10	$ 3,148.89	$ 259.80				$ 15,637.33
PUBLIC SAFETY	$ 15.00	$ 6.00	$ 951.50	$ 8,247.30	$ 7,155.06	$ 14,779.56	$ 4,750.61	$ 2,505.70	$ 28.48				$ 38,439.21
PUBLIC SERVICES	$ 135.60	$ 3,981.75	$ 5,325.35	$ 6.00		$ 537.30		$ 2,032.82	$ 6.00				$ 12,024.82
SHERIFF	$ 9.00	$ 1,522.40	$ 379.87	$ 8,223.29	$ 1,540.38	$ 1,287.65	$ 10,776.94	$ 2,623.43	$ 127.61				$ 26,490.57
TAX COLLECTOR						$ 3.00							$ 3.00
Jul 2023	**$ 3,324.05**	**$ 17,263.39**	**$ 1,189.16**	**$ 9,543.88**	**$ 5,508.22**	**$ 20,409.43**	**$ 13,312.06**	**$ 19,313.08**	**$ 6,222.59**	**$ 3,221.83**			**$ 99,307.69**
PUBLIC INFRASTRUCTURE	$ 2,882.20	$ 563.17			$ 959.80		$ 3,129.00	$ 5,583.44	$ 1,732.23	$ -			$ 14,849.84
PUBLIC SAFETY			$ (1,083.14)	$ 568.50	$ 1,118.96	$ 18,203.28	$ -	$ 3,328.54	$ 2,278.73	$ -			$ 24,414.87
PUBLIC SERVICES	$ 16.00	$ 892.23	$ 2,085.10	$ 685.90		$ 1,349.50		$ 2,670.58	$ 1,502.16	$ -			$ 9,201.47
SHERIFF	$ 425.85	$ 15,807.99	$ 187.20	$ 8,289.48	$ 3,429.46	$ 806.65	$ 10,183.06	$ 7,730.52	$ 709.47	$ 3,221.83			$ 50,791.51
TAX COLLECTOR						$ 50.00							$ 50.00
Aug 2023	**$ 6,211.09**	**$ 15,566.89**	**$ 3,422.95**	**$ 29,455.67**	**$ 3,351.70**	**$ 10,038.74**	**$ 21,260.91**	**$ 39,745.75**	**$ 16,923.95**	**$ 9,971.73**	**$ 3,126.64**		**$ 159,076.02**
PUBLIC INFRASTRUCTURE	$ 5,221.09	$ 1,674.30			$ -		$ 1,590.75	$ 4,378.31	$ 2,511.71	$ 731.60	$ -		$ 16,107.76
PUBLIC SAFETY			$ 1,725.00	$ 168.44	$ 3,015.15	$ 6,024.98	$ 3,506.00	$ 29,874.51	$ 4,601.02	$ 688.09	$ -		$ 49,603.19
PUBLIC SERVICES	$ 990.00	$ 9,874.77	$ 1,697.95			$ 1,759.48	$ -	$ 3,080.92	$ 8,040.15	$ 38.00	$ -		$ 25,481.27
SHERIFF		$ 4,017.82		$ 29,287.23	$ 336.55	$ 2,254.28	$ 16,164.16	$ 2,412.01	$ 1,771.07	$ 8,514.04	$ 3,126.64		$ 67,883.80
SUPERVISOR OF ELECTIONS										$ -			$ -
Sep 2023	**$ 4,794.63**	**$ 996.15**	**$ 1,809.34**	**$ 8,339.56**	**$ 8,568.98**	**$ 10,399.78**	**$ 6,463.15**	**$ 22,156.47**	**$ 36,406.65**	**$ 52,562.48**	**$ 12,453.64**	**$ 1,407.05**	**$ 166,357.88**
CLERK OF COURT						$ 3.00						$ 21.36	$ 24.36
PUBLIC INFRASTRUCTURE	$ 4,767.63	$ 918.15			$ 2,922.72		$ 2,897.45	$ 1,010.75	$ 11,981.33	$ 2,236.72	$ 4,561.06	$ -	$ 31,295.81
PUBLIC SAFETY	$ 15.00	$ 6.00	$ 122.00	$ 154.00	$ 5,428.76	$ 4,934.60	$ 873.10	$ 15,897.43	$ 14,974.38	$ 4,910.41	$ 3,940.87	$ 6.85	$ 51,263.40
PUBLIC SERVICES	$ 3.00	$ 9.00	$ 1,479.34	$ 6.00		$ 2,732.49		$ 5,051.45	$ 3,969.51	$ 4,579.31	$ 1,075.25	$ 10.64	$ 18,915.99
SHERIFF	$ 9.00	$ 63.00	$ 208.00	$ 8,179.56	$ 217.50	$ 2,729.69	$ 2,692.60	$ 196.84	$ 5,481.43	$ 40,729.24	$ 2,876.46	$ 1,368.20	$ 64,751.52
SUPERVISOR OF ELECTIONS										$ 106.80			$ 106.80
Grand Total	**$ 98,519.43**	**$ 119,840.92**	**$ 110,840.17**	**$ 183,874.71**	**$ 87,217.53**	**$ 96,953.16**	**$ 67,393.08**	**$ 91,718.00**	**$ 59,975.08**	**$ 65,756.04**	**$ 15,580.28**	**$ 1,407.05**	**$ 999,075.45**

RECOVERY REPORT

Commercial Risk Management

GROUP:00- CLIENT
As Of: 12/31/2023
Recovery Type: All

Client	Claim ID	Claimant Name	Injury Date	Close Date	Pending Med	Request Date	Reimbursed	Requested	Outstanding Requested	Requested Thru Date	Type Of Request	Received Date
CITY	12345678	Kate Smith	6/4/1977	09/16/2022	$0.00	8/21/2017	$103,556.03	$103,556.03	$0.00	8/20/2017	FULL	12/4/2017 12:00:00 AM
						2/28/2018	$8,628.97	$8,628.97	$0.00	2/28/2018	FULL	4/2/2018 12:00:00 AM
						2/26/2019	$6,350.14	$6,350.14	$0.00	2/25/2019	FULL	3/4/2019 12:00:00 AM
						9/12/2019	$4,352.98	$4,352.98	$0.00		FULL	9/23/2019 12:00:00 AM
						3/31/2020	$7,388.31	$7,388.31	$0.00		FULL	3/30/2020 12:00:00 AM
						10/22/2020	$377,438.32	$377,438.32	$0.00	10/21/2020	FULL	4/30/2021 12:00:00 AM
		Claim Totals					**$507,714.75**	**$507,714.75**	**$0.00**			
	12345678	John Doe	9/27/1985		$23,154.38	10/15/2002	$166,277.64	$166,277.64	$0.00		FULL	
						6/7/2017	$33,126.40	$33,126.40	$0.00	5/31/2017	FULL	8/21/2017 12:00:00 AM
		Claim Totals					**$199,404.04**	**$199,404.04**	**$0.00**			
	12345678	Jose Smith	10/19/2008	10/20/2021	$0.00	11/10/2010	$73,933.74	$73,933.74	$0.00		FULL	3/27/2023 12:00:00 AM
		Claim Totals					**$73,933.74**	**$73,933.74**	**$0.00**			
	12345678	Cherri Doe	3/27/2015	12/22/2015	$0.00	4/6/2015	$2,000.00	$2,000.00	$0.00		FULL	10/16/2017 12:00:00 AM
		Claim Totals					**$2,000.00**	**$2,000.00**	**$0.00**			
	12345678	George Smith	1/29/2016	09/19/2017	$0.00	3/15/2016	$4,000.00	$4,000.00	$0.00		FULL	7/13/2017 12:00:00 AM
		Claim Totals					**$4,000.00**	**$4,000.00**	**$0.00**			
	12345678	Rachel Smith	1/30/2016		$0.00	6/24/2023	$5,500.00	$5,500.00	$0.00		FULL	6/24/2023 12:00:00 AM
		Claim Totals					**$5,500.00**	**$5,500.00**	**$0.00**			
	12345678	Donald Smith	8/9/2017	02/28/2018	$0.00	2/15/2018	$1,529.82	$1,529.82	$0.00		FULL	2/18/2018 12:00:00 AM
		Claim Totals					**$1,529.82**	**$1,529.82**	**$0.00**			
	12345678	Lynn Doe	8/10/2017	05/13/2021	$0.00	10/15/2021	$4,000.00	$4,000.00	$0.00		FULL	10/15/2021 12:00:00 AM
		Claim Totals					**$4,000.00**	**$4,000.00**	**$0.00**			
	12345678	Monice Smith	6/15/2023	08/15/2023	$0.00	6/16/2023	$3,254.01	$3,254.01	$0.00		FULL	9/14/2023 12:00:00 AM
		Claim Totals					**$3,254.01**	**$3,254.01**	**$0.00**			
	Report Total						**$801,336.36**	**$801,336.36**	**$0.00**			

SUBROGATION REPORT

Commercial Risk Management

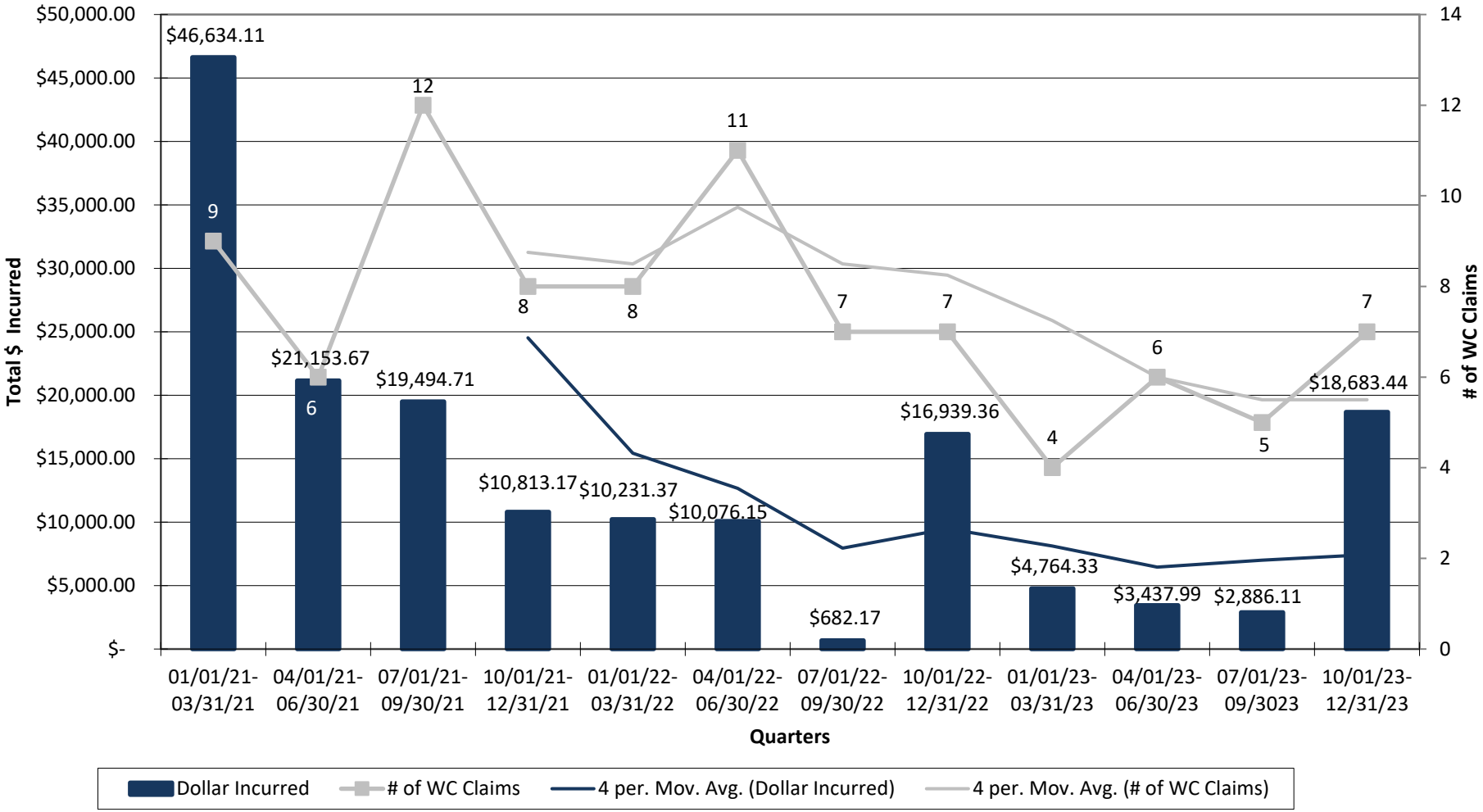
GROUP: 890 - Client
As Of: 12/31/2023 Recovery
Type: Subrogation

Client	Claim ID	Claimant Name	Injury Date	Close Date	Pending Med	Request Date	Reimbursed	Requested	Outstanding Requested	Requested Thru Date	Type Of Request	Received Date
CLIENT	12345678	Jose Smith	4/9/2020	06/01/2020	$0.00	4/15/2020	$4,040.04	$4,040.04	$0.00		FULL	2/24/2022 12:00:00 AM
		Claim Totals					**$4,040.04**	**$4,040.04**	**$0.00**			
	12345678	Cherri Doe	4/28/2020	05/05/2020	$0.00	5/4/2020	$516.09	$516.09	$0.00		FULL	2/1/2021 12:00:00 AM
		Claim Totals					**$516.09**	**$516.09**	**$0.00**			
	12345678	George Smith	8/27/2021	02/02/2022	$0.00	8/30/2021	$651.28	$651.28	$0.00		FULL	5/10/2023 12:00:00 AM
		Claim Totals					**$651.28**	**$651.28**	**$0.00**			
	12345678	Rachel Smith	10/23/2021	12/17/2021	$0.00	10/26/2021	$5,698.49	$5,698.49	$0.00		FULL	2/28/2022 12:00:00 AM
		Claim Totals					**$5,698.49**	**$5,698.49**	**$0.00**			
	12345678	Donald Smith	11/13/2021	11/15/2021	$0.00	5/31/2022	$1,140.86	$1,140.86	$0.00		FULL	1/24/2023 12:00:00 AM
		Claim Totals					**$1,140.86**	**$1,140.86**	**$0.00**			
	12345678	Lynn Doe	11/20/2021	07/15/2022	$0.00	11/23/2021	$1,950.00	$1,950.00	$0.00		FULL	4/18/2023 12:00:00 AM
		Claim Totals					**$1,950.00**	**$1,950.00**	**$0.00**			
	12345678	Monice Smith	11/28/2021	04/21/2023	$0.00	11/30/2021	$1,500.00	$1,500.00	$0.00		FULL	3/17/2022 12:00:00 AM
		Claim Totals					**$1,500.00**	**$1,500.00**	**$0.00**			
	12345678	Kate Smith	12/9/2021	03/10/2022	$0.00	1/7/2022	$857.39	$857.39	$0.00		FULL	12/18/2023 12:00:00 AM
		Claim Totals					**$857.39**	**$857.39**	**$0.00**			
	12345678	John Doe	12/21/2021	03/08/2022	$0.00	12/22/2021	$6,396.40	$6,396.40	$0.00		FULL	7/6/2022 12:00:00 AM
		Claim Totals					**$6,396.40**	**$6,396.40**	**$0.00**			
	12345678	Jane Doe	1/25/2022	03/01/2022	$0.00	1/26/2022	$1,507.55	$1,507.55	$0.00		FULL	3/14/2023 12:00:00 AM
		Claim Totals					**$1,507.55**	**$1,507.55**	**$0.00**			
	12345678	Anthony Smith	3/20/2022	06/21/2022	$0.00	3/29/2022	$970.25	$970.25	$0.00		FULL	9/7/2022 12:00:00 AM
		Claim Totals					**$970.25**	**$970.25**	**$0.00**			
	12345678	Charlotte Doe	4/13/2022	06/23/2022	$0.00	4/22/2022	$460.42	$460.42	$0.00		FULL	9/26/2022 12:00:00 AM
		Claim Totals					**$460.42**	**$460.42**	**$0.00**			
	12345678	Brenda Smith	5/4/2022	06/26/2023	$0.00	5/11/2022	$1,750.00	$1,750.00	$0.00		FULL	9/6/2023 12:00:00 AM
		Claim Totals					**$1,750.00**	**$1,750.00**	**$0.00**			
	12345678	Erin Doe	10/18/2022	03/27/2023	$0.00	10/26/2022	$851.81	$851.81	$0.00		FULL	10/3/2023 12:00:00 AM
		Claim Totals					**$851.81**	**$851.81**	**$0.00**			
	12345678	Chris Smith	6/15/2023	08/15/2023	$0.00	6/16/2023	$3,254.01	$3,254.01	$0.00		FULL	9/14/2023 12:00:00 AM
		Claim Totals					**$3,254.01**	**$3,254.01**	**$0.00**			
	Report Total						**$1,735,781.09**	**$1,735,781.09**	**$0.00**			

CLAIMS AND INCURRED QUARTERLY COMPARISON BY DEPARTMENT

Commercial Risk Management

Department Name
of Claims and $ Incurred for Workers' Compensation
(With 4 Quarter Running Average)
12 Most Recent Quarters through 12/31/2023

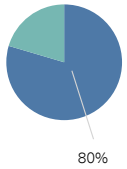


STEWARDSHIP REPORT

Claims 10/01/2022 - 09/30/2023

	Number of Claims	Total Paid	Average Total Paid
INC	110	$0.00	$0.00
LT	120	$1,631,922.31	$13,599.35
LT<7	10	$28,685.28	$2,868.53
MO	372	$528,046.21	$1,419.48
Grand Total	**612**	**$2,188,653.80**	**$3,576.23**

Closing Ratio FY 2022/2023



Claims 10/01/2021 - 09/30/2022

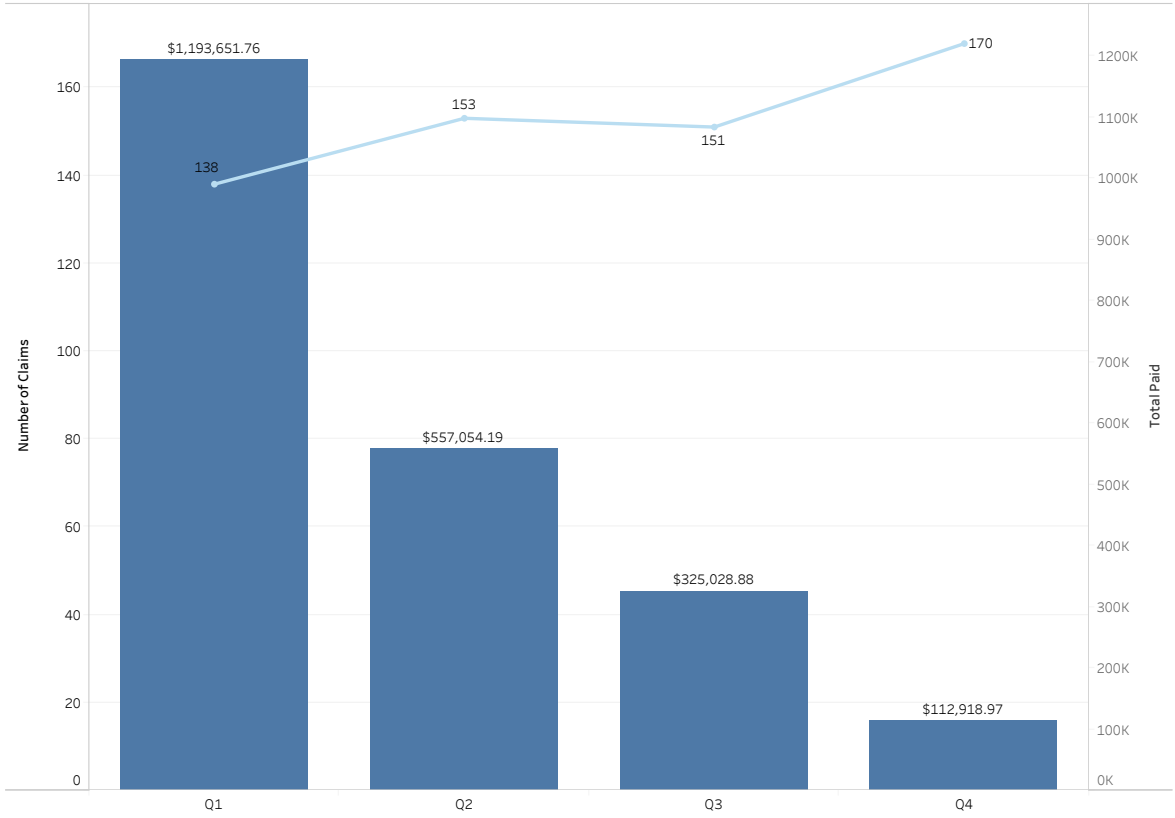
	Number of Claims	Total Paid	Average Total Paid
INC	105	$10.00	$0.10
LT	169	$1,280,363.03	$7,576.11
LT<7	21	$67,455.09	$3,212.15
MO	321	$435,304.39	$1,356.09
Grand Total	**616**	**$1,783,132.51**	**$2,894.70**

Closing Ratio FY 2021/2022

Claims: 10/01/2017 - 09/30/2022
Closing Ratio: 95%

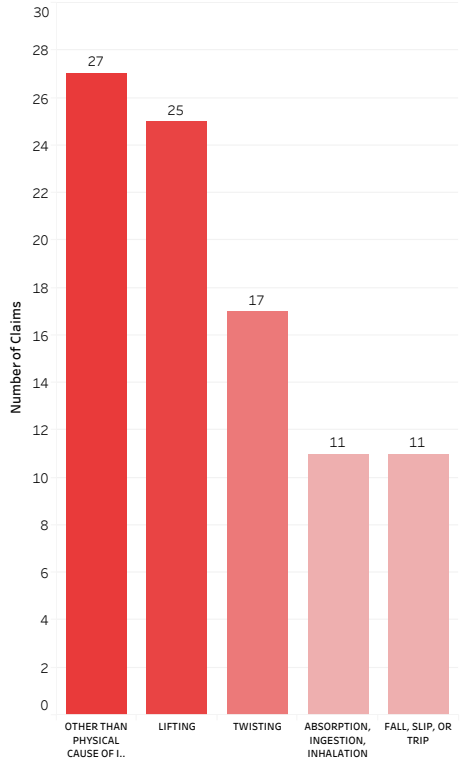
All Claims as of 09/30/2023
Total Open Claims: 668
Total Open Litigated: 184

Quarterly Comparison of Date of Injury and Paid Amounts as of 09/30/2023



Fire Department

Top 5 Causes of Injury by Number of Claims



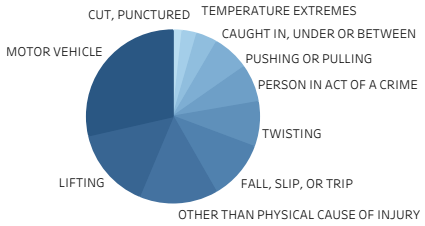
Top 5 Causes of Injury by Total Paid

Cause of Injury Overview

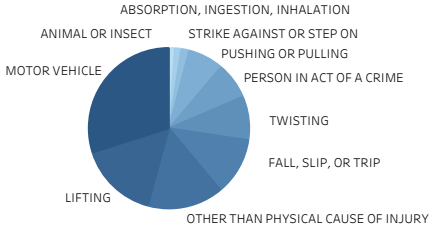
			Number of Claims	Total Paid	Total Incurred
FIRE DEPARTMENT	OTHER THAN PHYSICAL CAUSE OF INJURY	LT	20	$192,407.24	$356,713.69
		MO	6	$7,303.40	$14,785.46
	LIFTING	LT	4	$115,333.07	$135,621.43
		MO	21	$42,429.25	$84,230.88
	TWISTING	LT	3	$37,398.73	$37,398.73
		MO	14	$22,749.02	$24,014.83
	FALL, SLIP, OR TRIP	LT	3	$30,297.26	$73,200.00
		MO	8	$23,225.28	$27,840.01
	PUSHING OR PULLING	LT	1	$13,435.94	$30,811.00
		MO	3	$8,459.85	$8,458.86
	STRUCK BY CO-WORKER, PATIENT	LT	1	$20,815.40	$20,807.61
		MO	1	$816.28	$816.28
	FALLING OR FLYING OBJECT	MO	3	$11,787.71	$11,787.71
	ABSORPTION, INGESTION, INHALATION	LT	2	$772.44	$772.44
		LT<7	2	$2,046.84	$2,046.84
		MO	7	$7,414.28	$7,414.28
	STRIKE AGAINST OR STEP ON	LT	1	$5,159.92	$6,591.00
		MO	6	$2,742.00	$4,242.00
	CUMULATIVE TRAUMA	LT	1	$0.00	$0.00
		MO	3	$5,399.80	$9,000.00
	CAUGHT IN, UNDER OR BETWEEN	MO	3	$4,516.87	$4,516.87
	TEMPERATURE EXTREMES	MO	3	$4,508.07	$4,508.07
	STEAM OR HOT FLUIDS	LT<7	1	$2,247.42	$2,247.42
	CONTACT WITH HOT OBJECT	MO	1	$1,858.64	$1,858.64
	CUT, PUNCTURED	MO	3	$1,507.75	$1,507.75
	ANIMAL OR INSECT	MO	2	$1,273.42	$1,273.42
	REACHING	MO	1	$450.00	$450.00
	HAND TOOL, UTENSIL-NOT POWERED	MO	1	$402.51	$402.51
	FIRE OR FLAME	MO	2	$176.54	$176.54
	MOTOR VEHICLE	LT	1	$0.00	$1,500.00
		MO	1	$0.00	$1,500.00
Grand Total			**129**	**$566,934.93**	**$876,494.27**

Cause of Injury Overview

Top 10 Causes of Injury by Total Paid



Top 10 Causes of Injury by Number of Claims



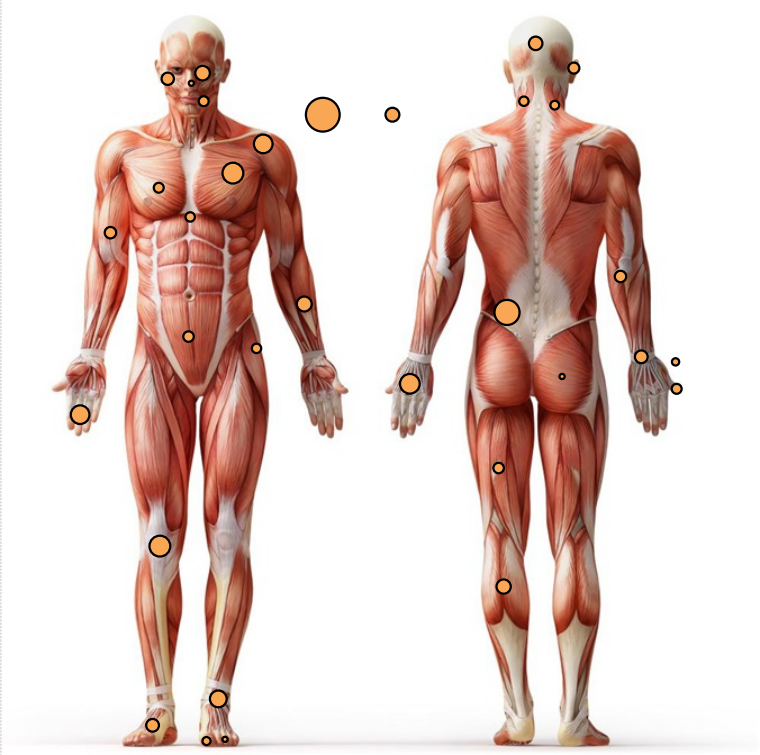
Cause of Injury Overview

Cause of Injury	Number of Claims	Total Paid	Total Incurred
MOTOR VEHICLE	74	$569,982.63	$838,073.92
LIFTING	51	$301,424.17	$394,877.67
OTHER THAN PHYSICAL CAUSE OF INJURY	55	$291,752.04	$558,263.05
FALL, SLIP, OR TRIP	60	$219,976.66	$298,498.65
TWISTING	51	$168,058.53	$181,104.43
PERSON IN ACT OF A CRIME	65	$139,844.92	$173,207.99
PUSHING OR PULLING	23	$136,953.54	$196,711.68
CAUGHT IN, UNDER OR BETWEEN	16	$78,455.97	$106,317.85
TEMPERATURE EXTREMES	11	$55,159.72	$56,884.72
CUT, PUNCTURED	12	$34,559.63	$34,559.63
STRIKE AGAINST OR STEP ON	36	$30,192.91	$35,743.70
REACHING	2	$27,044.59	$35,556.80
CUMULATIVE TRAUMA	17	$26,067.05	$47,319.64
STRUCK BY CO-WORKER, PATIENT	7	$25,773.74	$28,765.95
ABSORPTION, INGESTION, INHALATION	63	$24,385.25	$31,435.25
ANIMAL OR INSECT	22	$21,893.38	$31,116.48
FALLING OR FLYING OBJECT	9	$11,787.71	$13,737.71
HAND TOOL OR MACHINE IN USE	4	$7,405.96	$8,680.96
FOREIGN BODY IN EYE	5	$3,051.25	$3,051.25
HAND TOOL, UTENSIL-NOT POWERED	6	$2,902.85	$2,902.85
CONTACT WITH ELECTRIC CURRENT/LIGHTNING	3	$2,542.91	$2,542.91
STEAM OR HOT FLUIDS	1	$2,247.42	$2,247.42
CONTACT WITH HOT OBJECT	3	$1,858.64	$1,858.64
SLIP OR TRIP DID NOT FALL	1	$1,808.65	$1,808.65
JUMPING	1	$1,396.82	$1,396.82
FALL FROM DIFFERENT LEVEL	1	$584.09	$584.09
EXPLOSION OR FLARE BACK	1	$576.31	$576.31
STRUCK, KICKED, STABBED, BIT	2	$466.80	$1,741.80
FALL ON SAME LEVEL	1	$323.12	$323.12
FIRE OR FLAME	3	$176.54	$176.54
BROKEN GLASS	2	$0.00	$0.00
HOLDING OR CARRYING	1	$0.00	$0.00
PANDEMIC	1	$0.00	$0.00
RUBBED OR ABRADED	2	$0.00	$0.00
Grand Total	**612**	**$2,188,653.80**	**$3,090,066.48**

"Other than Physical Causes of Injury" Claims: 41 Heart, 4 Mental Stress/Disorder, 3 Dizzy, 2 Possible Stroke, 2 Uncontrolable Shaking/Quivering, 2 Passing Out, and 1 Migraine

Injury by Body Part

Body Parts by Number of Claims



Overall Injury by Body Part

Body Part	Number of Claims	Total Paid	Total Incurred
MULTIPLE BODY PARTS	118	$841,393.80	$1,145,301.36
HEART	41	$252,121.50	$517,357.51
KNEE	41	$205,169.73	$286,389.25
UPPER ARM INCL. CLAVICLE/SCAPULA	10	$172,724.97	$191,810.54
LUMBAR OR SACRAL AREAS	62	$162,194.22	$198,957.34
HAND	36	$122,555.41	$145,937.30
SHOULDER(S)	32	$77,549.01	$131,435.17
FINGER(S)	32	$53,014.89	$58,411.53
NECK-SOFT TISSUE	5	$38,067.33	$49,579.54
ABDOMEN INCLUDING GROIN	8	$31,408.84	$67,683.84
ANKLE	25	$27,722.45	$30,722.45
NECK INJURY-MULTIPLE	6	$21,967.89	$25,320.18
EAR(S)	9	$19,771.31	$31,141.15
LOWER LEG INCLUDING CALF	17	$18,791.54	$32,490.66
WRIST	13	$18,700.29	$23,451.71
LOWER ARM	19	$17,784.15	$18,009.15
FOOT	13	$14,654.11	$22,943.75
ELBOW	10	$14,189.81	$19,391.31
CHEST	7	$13,048.44	$13,048.44
UPPER LEG	8	$11,515.53	$12,864.65
THUMB(S)	7	$10,088.43	$11,519.51
HIP	6	$9,971.03	$10,501.02
WRIST(S) & HAND(S)	3	$6,902.64	$8,402.64
SKULL	15	$6,060.12	$8,835.12
OTHER FACIAL SOFT TISSUE	12	$5,888.89	$5,888.89
NOSE	1	$4,657.34	$4,657.34
EYE(S)	18	$4,313.61	$10,088.61
GREAT TOE	4	$3,841.95	$3,841.95
LUNGS	6	$885.51	$885.51
NO PHYSICAL INJURY	16	$882.78	$882.78
MOUTH	7	$813.28	$813.28
TOE(S)	1	$3.00	$3.00
BRAIN	3	$0.00	$1,500.00
BUTTOCKS	1	$0.00	$0.00
Grand Total	612	$2,188,653.80	$3,090,066.48

LIABILITY SAMPLE REPORTS

Commercial Risk Management

FUND ACCOUNT REPORT

Commercial Risk Management

Client ID: 000
Client Name: Test Client
Period: 11/01/2022 To: 11/30/2022

Paid Date	Service Date	Thru Date	Tran Type	Payee ID	Payee Name	Clm Num	Employee Name	Check #	Amount	Line of Business	Balance
11/1/2022					BEGINNING BAL						($11,183,287.84)
11/7/2022	11/4/2022	11/4/2022	Loss	000000000	John Doe	1234AL0002-01	John Doe	5595	($1,808.69)	Liability	($11,185,096.53)
11/8/2022	11/7/2022	11/7/2022	Loss	000000000	First Church of Christ ,Scientist	1234GL0008-01	Company	5600	($1,410.85)	Liability	($11,186,507.38)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234AL0031-02	John Doe	5618	($242.25)	Liability	($11,186,749.63)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234AL0002-01	John Doe	5618	($1,770.42)	Liability	($11,188,520.05)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234AL0002-01	John Doe	5618	($1,044.30)	Liability	($11,189,564.35)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234EP0241-01	John Doe	5618	($2,619.45)	Liability	($11,192,183.80)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234EP0088-01	John Doe	5618	($1,565.90)	Liability	($11,193,749.70)
11/14/2022	11/14/2022	11/14/2022	Litigation	650220140	Johnson, Anselmo, Murdoch, Burke, George	1234GL0008-01	John Doe	5618	($1,007.35)	Liability	($11,194,757.05)
11/17/2022	11/17/2022	11/17/2022	Litigation	592121026	DE IORIO BEAULIEU & FULLER MD	1234AL0154-02	John Doe	5620	($4,500.00)	Liability	($11,199,257.05)
11/17/2022	11/17/2022	11/17/2022	Loss	000000000	John Doe	1234GL0008-01	John Doe	5623	($782.40)	Liability	($11,200,039.45)
11/21/2022	7/12/2022	7/12/2022	Void Check	592121026	DE IORIO BEAULIEU & FULLER MD	1234AL0154-02	John Doe	5176	$3,000.00	Liability	($11,197,039.45)
11/21/2022	11/21/2022	11/21/2022	Loss	000000000	Nestor & Doreen Care	1234GL0008-01	John Doe	5629	($895.65)	Liability	($11,197,935.10)
11/21/2022	11/21/2022	11/21/2022	Loss	000000000	John Doe	1234GL0008-01	John Doe	5632	($400.00)	Liability	($11,198,335.10)
11/22/2022	11/22/2022	11/22/2022	Loss	81-494100	AW Collision of Fort Myers	1234AL0007-01	John Doe	5664	($9,294.32)	Liability	($11,207,629.42)
11/29/2022	11/29/2022	11/29/2022	Litigation	591237100	HENDERSON, FRANKLIN, STARNES & HOLT, PA	1234LE0288-01	John Doe	5667	($6,046.00)	Liability	($11,213,675.42)
11/29/2022	11/29/2022	11/29/2022	Litigation	591237100	HENDERSON, FRANKLIN, STARNES & HOLT, PA	1234AL0229-01	John Doe	5667	($4,795.38)	Liability	($11,218,470.80)
11/29/2022	11/29/2022	11/29/2022	Litigation	591237100	HENDERSON, FRANKLIN, STARNES & HOLT, PA	1234GL0232-01	John Doe	5667	($1,163.00)	Liability	($11,219,633.80)
11/29/2022	11/29/2022	11/29/2022	Litigation	591237100	HENDERSON, FRANKLIN, STARNES & HOLT, PA	1234LE0083-01	John Doe	5667	($6,975.52)	Liability	($11,226,609.32)
11/29/2022	11/29/2022	11/29/2022	Loss	844704170	The Doan Group	1234AL0010-01	John Doe	5668	($115.00)	Liability	($11,226,724.32)

Check #	PAYEE	Amount	Transaction Date
5176	DE IORIO BEAULIEU & FULLER MD	($3,000.00)	11/21/2022
5595	John Doe	$1,808.69	11/7/2022
5600	First Church of Christ ,Scientist	$1,410.85	11/8/2022
5618	Johnson, Anselmo, Murdoch, Burke, George	$8,249.67	11/14/2022
5620	DE IORIO BEAULIEU & FULLER MD	$4,500.00	11/17/2022
5623	John Doe	$782.40	11/17/2022
5629	Nestor & Doreen Care	$895.65	11/21/2022
5632	John Doe	$400.00	11/21/2022
5664	AW Collision of Fort Myers	$9,294.32	11/22/2022
5667	HENDERSON, FRANKLIN, STARNES & HOLT, PA	$18,979.90	11/29/2022
5668	The Doan Group	$115.00	11/29/2022

Policy	Checks	Void/Refund	Net Total
C80 - 15	$6,046.00	$0.00	$6,046.00
C80 - 16	$12,352.35	$3,000.00	$9,352.35
C80 - 17	$10,387.97	$0.00	$10,387.97
C80 - 18	$4,238.90	$0.00	$4,238.90
C80 - 19	$13,411.26	$0.00	$13,411.26
TOTAL	**$46,436.48**	**$3,000.00**	**$43,436.48**

POLICY YEAR SUMMARY

Commercial Risk Management

LIABILITY POLICY YEAR SUMMARY

Test Client - Account Evaluation thru 11/30/2022

Policy Inception	Policy Number	Total Claims	Open Claims	Monthly Paid	Total Paid	Total Reserves	Total Incurred	Total Recoveries	Net Incurred
10/1/2022	123-19	16	11	13,411.26	14,280.12	19,819.88	34,100.00	0.00	34,100.00
10/1/2021	123-18	148	91	4,238.90	118,412.17	595,069.51	713,481.68	65,279.74	648,201.94
10/1/2020	123-17	249	97	10,387.97	302,842.81	662,199.59	965,042.40	90,827.14	874,215.26
10/1/2019	123-16	247	95	9,352.35	669,512.50	688,398.06	1,357,910.56	105,837.06	1,252,073.50
10/1/2018	123-15	292	80	6,046.00	1,229,247.26	598,211.14	1,827,458.40	158,262.17	1,669,196.23
10/1/2017	123-14	295	43	0.00	611,999.42	410,017.94	1,022,017.36	95,733.83	926,283.53
10/1/2016	123-13	240	1	0.00	728,283.99	322,965.24	1,051,249.23	81,038.81	970,210.42
10/1/2015	123-12	170	0	0.00	491,866.48	200,804.44	692,670.92	0.00	692,670.92
10/1/2014	123-11	162	0	0.00	587,716.57	106,439.33	694,155.90	0.00	694,155.90
10/1/2013	123-10	131	0	0.00	581,311.62	0.00	581,311.62	0.00	581,311.62
10/1/2012	123-9	209	0	0.00	537,981.34	31.94	538,013.28	0.00	538,013.28
10/1/2011	123-8	229	0	0.00	1,074,674.92	2,803.54	1,077,478.46	28,073.78	1,049,404.68
10/1/2010	123-7	263	1	0.00	681,950.80	20,657.16	702,607.96	51,478.29	651,129.67
10/1/2009	123-6	669	0	0.00	693,154.37	0.00	693,154.37	0.00	693,154.37
10/1/2008	123-5	676	0	0.00	1,543,930.40	0.00	1,543,930.40	100,000.00	1,443,930.40
10/1/2007	123-4	810	0	0.00	807,547.91	0.00	807,547.91	0.00	807,547.91
10/1/2006	123-3	744	0	0.00	511,904.52	0.00	511,904.52	0.00	511,904.52
10/1/2005	123-2	6	0	0.00	114,949.77	0.00	114,949.77	0.00	114,949.77
10/1/2004	123-1	7	0	0.00	106,799.25	0.00	106,799.25	0.00	106,799.25
GRAND TOTALS		**5563**	**419**	**43,436.48**	**11,408,366.22**	**3,627,417.77**	**15,035,783.99**	**776,530.82**	**14,259,253.17**

LIABILITY CLAIMS RECEIVED REPORT

Commercial Risk Management

Liability Claims Received
From 11/1/2022 to 11/30/2022

Claim ID	Claimant	Date Received	Liability Type	Accident Description
1234AL5678-01	John Doe	11/2/2022	Auto Liability Property Damage	IV struck OV
1234GL5678-01	Company	11/4/2022	General Liability Property Damage	Utility repair caused property damage
1234GL5678-02	John Doe	11/4/2022	General Liability Property Damage	Struck an object in the road and had vehicle damage
1234GL5678-03	John Doe	11/17/2022	General Liability Property Damage	damaged eyeglasses
1234AL5678-01	John Doe	11/17/2022	Auto Liability Property Damage	IV struck OV
1234GL5678-01	John Doe	11/18/2022	General Liability Property Damage	Property damage from hurricane Ian
1234GL5678-01	John Doe	11/18/2022	General Liability Property Damage	Property damage from hurricane Ian
1234GL5678-01	John Doe	11/21/2022	General Liability Property Damage	Sewer back up
1234GL5678-01	John Doe	11/21/2022	General Liability Property Damage	Sewer back up
1234GL5678-01	John Doe	11/21/2022	General Liability Property Damage	Home damaged by flying debris
1234GL5678-01	John Doe	11/21/2022	General Liability Property Damage	Home damaged by flying debris during hurricane Ian
1234GL5678-01	John Doe	11/21/2022	General Liability Property Damage	Home damaged by flying debris during hurricane Ian
1234GL5678-01	John Doe	11/21/2022	Law Enforcement Property Damage	lost property
1234GL5678-01	John Doe	11/22/2022	General Liability Property Damage	debris in potable water lines
1234GL5678-01	John Doe	11/22/2022	General Liability Bodily Injury	slip / fall
1234GL5678-01	John Doe	11/29/2022	General Liability Bodily Injury	Slip/Fall

LOSS EXPERIENCE REPORTS

Commercial Risk Management

ACTIVITY ANALYSIS

Commercial Risk Management

Test Client - Current Year All Claims Report
Claims From: 10/01/2022 To: 11/30/2022
Activity From: 11/01/2022 To: 11/30/2022

CLAIM NUMBER CLAIMANT FULL NAME	DATE OF OCC DATE CLOSED	LIABILITY CLAIM TYPE	MEDICAL/BI (ACTIVITY)	INDEMNITY/PD (ACTIVITY)	LITIGATION (ACTIVITY)	OTHER (ACTIVITY)	EXPENSE (ACTIVITY)	DEDUCTIBLE (ACTIVITY)	LOSS (ACTIVITY)	MEDICAL/BI (TO DATE)	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234AL0001-01 John Doe	10/7/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,500.00	$ 3,500.00	Fire Operations	FIRE
1234AL0002-01 John Doe	10/6/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,808.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,808.69	$ 1,808.69	$ 2,000.00	$ 191.31	Transportation Traffic	PUBLIC WORKS
1234AL0003-01 Company	10/12/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 868.86	$ 868.86	$ 1,000.00	$ 131.14	Right of Way Maintenance	PUBLIC WORKS
1234AL0007-01 John Doe	10/31/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,294.32	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,294.32	$ 9,294.32	$ 13,000.00	$ 3,705.68	Facilities Administration	PUBLIC WORKS
1234AL0010-01 John Doe	11/14/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.00	$ 115.00	$ 12,000.00	$ 11,885.00	Right of Way Maintenance	PUBLIC WORKS
1234AL0013-01 John Doe	11/24/2022 N/A	Auto Liability Collision Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1234AL0013-02 John Doe	11/24/2022 N/A	Auto Liability Bodily Injury	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1234AL0013-03 John Doe	11/24/2022 N/A	Auto Liability Bodily Injury	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1231AL0014-01 John Doe	11/22/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1234GL0004-01 John Doe	10/10/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Potholes	PUBLIC WORKS
1234GL0008-01 Company	10/28/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,410.85	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,410.85	$ 1,410.85	$ 1,800.00	$ 389.15	Utilities Collection/Distrib	UTILITIES
1234GL0009-01 John Doe	10/27/2022 11/4/2022	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Traffic	PUBLIC WORKS
1234GL0011-01 John Doe	10/24/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 782.40	$ -	$ -	$ -	$ -	$ -	$ -	$ 782.40	$ 782.40	$ 800.00	$ 17.60	Finance Administration	FINANCE
1223GL0012-01 John Doe	11/12/2022 N/A	Law Enforcement Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1234PR0005-01 John Doe	10/14/2022 N/A	Property Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	SUBROGATION	SUBROGATION
1234PR0006-01 John Doe	10/27/2022 N/A	Property Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	SUBROGATION	SUBROGATION
Totals			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,411.26**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 14,280.12**	**$ 14,280.12**	**$ 34,100.00**	**$ 19,819.88**		

OPEN CLAIMS REPORT

Commercial Risk Management

Test Client - Open Claims Report
Open Claims From: 10/01/2004 To: 10/30/2022
As of: 10/30/2022

CLAIM NUMBER CLAIMANT FULL NAME	DATE OF OCC DATE CLOSED	LIABILITY CLAIM TYPE	MEDICAL/BI (TO DATE)	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234NC0116-01 Miscellaneous Legal Expense	10/1/2010 N/A	Non Covered	$ -	$ -	$ 44,750.34	$ -	$ -	$ -	$ 570.50	$ 45,320.84	$ 65,978.00	$ 20,657.16	Human Resources	FINANCE
1234GL0274-01 Doe, John	5/22/2018 N/A	General Liability Bodily Injury	$ -	$ -	$ 14,795.89	$ -	$ -	$ -	$ 50,000.00	$ 64,795.89	$ 82,500.00	$ 17,704.11	Transportation Maintenance	PUBLIC WORKS
1234PR0169-01 Doe, John	11/28/2021 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 750.00	$ 750.00	Utilities Collection/Distrib	UTILITIES
1234PR0169-01 Doe, John	11/16/2021 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.00	$ 115.00	$ 7,500.00	$ 7,385.00	Patrol Bureau	POLICE
1234PR0169-01 Doe, John	2/21/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,500.00	$ 3,500.00	Investigative Services Bureau	POLICE
1234PR0169-01 Doe, John	7/14/2022 N/A	Auto Liability Collision Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,500.00	$ 7,500.00	Patrol Bureau	POLICE
1234PR0169-01 Doe, John	6/16/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Wtr Reclamation-Col Sys	UTILITIES
1234PR0169-01 Doe, John	12/1/2021 N/A	Employment Liability Wrongful Discharge	$ -	$ -	$ 14,819.65	$ -	$ -	$ -	$ -	$ 14,819.65	$ 60,000.00	$ 45,180.35	Utilities Administration	UTILITIES
1234PR0169-01 Doe, John	11/25/2021 N/A	General Liability Bodily Injury	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Traffic	PUBLIC WORKS
1234PR0169-01 Doe, John	6/21/2022 N/A	General Liability Bodily Injury	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Parks and Rec General Adm	PARKS & REC
1234PR0169-01 Doe, John	2/5/2022 N/A	General Liability Bodily Injury	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	DCD Administration	DCD
1234PR0169-01 Doe, John	7/26/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	FIRE
1234PR0169-01 Doe, John	9/18/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 887.00	$ 887.00	$ 900.00	$ 13.00	Transportation Maintenance	PUBLIC WORKS
1234PR0169-01 Doe, John	9/16/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.00	$ 140.00	$ 150.00	$ 10.00	Utility Field Service	UTILITIES
1234PR0169-01 Doe, John	8/30/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 351.45	$ 351.45	$ 359.00	$ 7.55	Potholes	PUBLIC WORKS
1234PR0169-01 Doe, John	3/13/2022 N/A	Law Enforcement Bodily Injury	$ -	$ -	$ 9,729.03	$ -	$ -	$ -	$ -	$ 9,729.03	$ 160,000.00	$ 150,270.97	Patrol Bureau	POLICE
1234PR0169-01 Doe, John	10/7/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,500.00	$ 3,500.00	Fire Operations	FIRE
1234PR0169-01 Doe, John	10/6/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Traffic	PUBLIC WORKS
1234PR0169-01 Doe, John	10/12/2022 N/A	Auto Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ 868.86	$ 868.86	$ 1,000.00	$ 131.14	Right of Way Maintenance	PUBLIC WORKS
1234PR0169-01 Doe, John	10/10/2022 N/A	General Liability Property Damage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Potholes	PUBLIC WORKS
Total			**$ -**	$ -	**$ 427,349.72**	**$ -**	**$ 6,000.00**	**$ -**	**$ 227,964.30**	**$ 661,314.02**	**$ 2,630,959.00**	**$ 1,969,644.98**		

CLOSED CLAIMS REPORT

Commercial Risk Management

Test Client - Closed Claims Report
Claims From: 10/01/2004 To: 11/30/2022
Closed From: 08/01/2022 To: 08/31/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM STATUS	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	CLAIM TYPE	DIVISION	LOCATION
1234EP0294-01	Doe, John	7/31/2018	8/31/2022	CLOSED	$ 2,000.00	$ 2,000.00	Employment Liability Discrimination	Utilities Administration	UTILITIES
1234AL0222-01	Doe, John	9/22/2020	8/31/2022	CLOSED	$ -	$ -	Auto Liability Bodily Injury	Patrol Bureau	POLICE
1234PR0225-01	Doe, John	6/28/2021	8/4/2022	CLOSED	$ -	$ -	Property Loss	SUBROGATION	SUBROGATION
1234AL0007-01	Doe, John	11/16/2021	8/31/2022	CLOSED	$ 2,391.01	$ 2,391.01	Auto Liability Property Damage	Patrol Bureau	POLICE
1234EP0012-01	Doe, John	12/2/2021	8/31/2022	CLOSED	$ 2,749.50	$ 2,749.50	Employment Liability All Other	Fire Administration	FIRE
1234GL0031-01	Doe, John	2/24/2022	8/31/2022	CLOSED	$ 2,284.00	$ 2,284.00	Law Enforcement Property Damage	Police Operations Adm	POLICE
1234PR0061-01	Doe, John	4/7/2022	8/4/2022	CLOSED	$ -	$ -	Property Loss	SUBROGATION	SUBROGATION
1234GL0059-01	Doe, John	5/1/2022	8/31/2022	CLOSED	$ -	$ -	General Liability Property Damage	Utilities Administration	UTILITIES
1234GL0087-01	Doe, John	6/22/2022	8/31/2022	CLOSED	$ 946.55	$ 946.55	General Liability Property Damage	Utilities Collection/Distrib	UTILITIES
1234GL0078-01	Doe, John	6/27/2022	8/31/2022	CLOSED	$ 582.00	$ 582.00	General Liability Property Damage	Utilities Collection/Distrib	UTILITIES
1234GL0086-01	Doe, John	7/15/2022	8/31/2022	CLOSED	$ -	$ -	General Liability Property Damage	Right of Way Maintenance	PUBLIC WORKS
1234PR0099-01	Doe, John	7/16/2022	8/15/2022	CLOSED	$ -	$ -	Property Loss	SUBROGATION	SUBROGATION
1234AL0100-01	Doe, John	8/2/2022	8/23/2022	CLOSED	$ -	$ -	Auto Liability Property Damage	Patrol Bureau	POLICE
1234GL0097-01	Doe, John	8/6/2022	8/31/2022	CLOSED	$ 1,614.23	$ 1,614.23	General Liability Property Damage	Patrol Bureau	POLICE
Total					**$ 12,567.29**	**$ 12,567.29**			

ACTIVE CLAIMS REPORT

Commercial Risk Management

Test Client - Active Claims Report
Claims From: 10/01/2004 To: 10/30/2022
Active From: 10/01/2022 To: 10/30/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM STATUS	LITIGATION STATUS	MEDICAL/BI (ACTIVITY)	INDEMNITY/PD (ACTIVITY)	LITIGATION (ACTIVITY)	OTHER (ACTIVITY)	EXPENSE (ACTIVITY)	DEDUCTIBLE (ACTIVITY)	LOSS (ACTIVITY)	TOTAL PAID (ACTIVITY)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	CLAIM TYPE	DIVISION	LOCATION
C815GL0096-01	Doe, John	1/8/2019	N/A	OPEN	No	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 55,000.00	$ 45,000.00	General Liability Bodily Injury	Transportation Maintenance	PUBLIC WORKS
C815GL0252-01	Doe, John	7/4/2019	N/A	OPEN	Yes	$ -	$ -	$ 177.49	$ -	$ -	$ -	$ -	$ 177.49	$ 15,550.19	$ 35,000.00	$ 19,449.81	General Liability Property Damage	Parks Maintenance	PARKS & REC
C815LE0286-01	Doe, John	9/18/2019	1/13/2022	CLOSED	Yes	$ -	$ -	$ 97.50	$ -	$ -	$ -	$ -	$ 97.50	$ 28,026.50	$ 28,110.63	$ 84.13	Law Enforcement Wrongful Arrest	Patrol Bureau	POLICE
C815LE0288-01	Doe, John	3/31/2019	N/A	OPEN	Yes	$ -	$ -	$ 7,873.77	$ -	$ -	$ -	$ -	$ 7,873.77	$ 46,417.59	$ 130,000.00	$ 83,582.41	Law Enforcement Bodily Injury	Patrol Bureau	POLICE
C816AL0229-01	Doe, John	5/2/2020	N/A	OPEN	Yes	$ -	$ -	$ 4,806.50	$ -	$ -	$ -	$ -	$ 4,806.50	$ 7,492.50	$ 155,000.00	$ 147,507.50	Auto Liability Bodily Injury	Fire Operations	FIRE
C817LE0083-01	Doe, John	12/21/2020	N/A	OPEN	Yes	$ -	$ -	$ 2,868.50	$ -	$ -	$ -	$ -	$ 2,868.50	$ 14,368.45	$ 53,000.00	$ 38,631.55	General Liability Bodily Injury	Patrol Bureau	POLICE
C818GL0131-01	Doe, John	9/16/2022	N/A	OPEN	No	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.00	$ 140.00	$ 140.00	$ 150.00	$ 10.00	General Liability Property Damage	Utility Field Service	UTILITIES
C818GL0132-01	Doe, John	8/30/2022	N/A	OPEN	No	$ -	$ -	$ -	$ -	$ -	$ -	$ 351.45	$ 351.45	$ 351.45	$ 359.00	$ 7.55	General Liability Property Damage	Potholes	PUBLIC WORKS
C819AL0001-01	Doe, John	10/7/2022	N/A	OPEN	No	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,500.00	$ 3,500.00	Auto Liability Property Damage	Fire Operations	FIRE
C819AL0003-01	Company	10/12/2022	N/A	OPEN	No	$ -	$ -	$ -	$ -	$ -	$ -	$ 868.86	$ 868.86	$ 868.86	$ 1,000.00	$ 131.14	Auto Liability Property Damage	Right of Way Maintenance	PUBLIC WORKS
Total						**$ -**	**$ -**	**$ 15,823.76**	**$ -**	**$ -**	**$ -**	**$ 11,360.31**	**$ 27,184.07**	**$ 123,215.54**	**$ 461,119.63**	**$ 337,904.09**			

LOSS BY CLAIM TYPE REPORT

Commercial Risk Management

Test Client - Liabilty Claims by Claim Type Report
Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM TYPE	CLAIM STATUS	LITIGATION STATUS	DESCRIPTION OF ACCIDENT	MEDICAL/BI (TO DATE)	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234AL0009-02	Doe, John	12/20/2021	N/A	Auto Liability Bodily Injury	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30,000.00	$ 30,000.00	Wtr Reclamation-SW Plant	UTILITIES
1234AL0093-02	Doe, John	8/2/2022	N/A	Auto Liability Bodily Injury	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00	Fire Operations	FIRE
				Auto Liability Bodily Injury Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 80,000.00**	**$ 80,000.00**		
1234AL0028-01	Doe, John	3/4/2022	N/A	Auto Liability Collision Damage	OPEN	No	IV rear ended OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000.00	$ 4,000.00	Patrol Bureau	POLICE
1234AL0111-01	Police	7/14/2022	N/A	Auto Liability Collision Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,500.00	$ 7,500.00	Patrol Bureau	POLICE
				Auto Liability Collision Damage Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 11,500.00**	**$ 11,500.00**		
1234AL0004-01	Doe, John	11/28/2021	N/A	Auto Liability Property Damage	OPEN	No	IV backed into OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 750.00	$ 750.00	Utilities Collection/Distrib	UTILITIES
1234AL0005-01	Company	11/24/2021	4/18/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
				Auto Liability Property Damage Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 750.00**	**$ 750.00**		
1234EP0010-01	Doe, John	10/7/2021	6/29/2022	Employment Liability All Other	CLOSED	No	Employment claim	$ -	$ -	$ 3,192.75	$ -	$ -	$ -	$ -	$ 3,192.75	$ 3,192.75	$ -	Fire Administration	FIRE
				Employment Liability All Other Total				**$ -**	**$ -**	**$ 3,192.75**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,192.75**	**$ 3,192.75**	**$ -**		
1234EP0088-01	Civil Rights,	3/23/2022	N/A	Employment Liability Discrimination	OPEN	Yes	complaint filed for race discrimination	$ -	$ -	$ 6,303.15	$ -	$ -	$ -	$ -	$ 6,303.15	$ 48,000.00	$ 41,696.85	DCD Administration	DCD
				Employment Liability Discrimination Total				**$ -**	**$ -**	**$ 6,303.15**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 6,303.15**	**$ 48,000.00**	**$ 41,696.85**		
1234EP0036-01	Doe, John	10/20/2021	8/31/2022	Employment Liability Practices Non-Monetary	CLOSED	No	Employment claim/ request for arbitration	$ -	$ -	$ 4,927.90	$ -	$ -	$ -	$ -	$ 4,927.90	$ 4,927.90	$ -	DCD Administration	DCD
				Employment Liability Practices Non-Monetary Total				**$ -**	**$ -**	**$ 4,927.90**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,927.90**	**$ 4,927.90**	**$ -**		
1234EP0033-01	Doe, John	12/1/2021	N/A	Employment Liability Wrongful Discharge	OPEN	Yes	EEOC complaint	$ -	$ -	$ 14,819.65	$ -	$ -	$ -	$ -	$ 14,819.65	$ 60,000.00	$ 45,180.35	Utilities Administration	UTILITIES
				Employment Liability Wrongful Discharge Total				**$ -**	**$ -**	**$ 14,819.65**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 14,819.65**	**$ 60,000.00**	**$ 45,180.35**		
1234GL0008-01	Doe, John	10/13/2021	N/A	General Liability Bodily Injury	OPEN	No	slip / fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000.00	$ 20,000.00	Wtr Reclamation-Everest Plant	UTILITIES
1234GL0095-01	Doe, John	2/5/2022	N/A	General Liability Bodily Injury	OPEN	No	claim is for a breach of duty during an inspection	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	DCD Administration	DCD
				General Liability Bodily Injury Total				$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 20,000.00**	**$ 20,000.00**		
1234AL0133-01	Doe, John	9/7/2022	N/A	General Liability Property Damage		No	Hit a pothole	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Potholes	PUBLIC WORKS
1234GL0014-01	Doe, John	1/11/2022	1/31/2022	General Liability Property Damage	CLOSED	No	hit a road shoulder and damaged a tire	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Maintenance	PUBLIC WORKS
				General Liability Property Damage Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		
1234LE0056-01	Doe, John	3/13/2022	N/A	Law Enforcement Bodily Injury	OPEN	No	Victim Drowned	$ -	$ -	$ 9,729.03	$ -	$ -	$ -	$ -	$ 9,729.03	$ 160,000.00	$ 150,270.97	Patrol Bureau	POLICE
1234LE0058-01	Doe, John	3/13/2022	6/22/2022	Law Enforcement Bodily Injury	CLOSED	No	Claimant drowned	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
				Law Enforcement Bodily Injury Total				**$ -**	**$ -**	**$ 9,729.03**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,729.03**	**$ 160,000.00**	**$ 150,270.97**		
1234GL0021-01	Doe, John	2/4/2022	2/22/2022	Law Enforcement Property Damage	CLOSED	No	hit a pothole on the road shoulder	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Maintenance	PUBLIC WORKS
				Law Enforcement Property Damage Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		
1234PR0018-01	Doe, John	12/4/2021	N/A	Property Loss	OPEN	No	21-026663 12.04.21 directional signs, Do Not Enter, sign	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	SUBROGATION	SUBROGATION
1234PR0025-01	Doe, John	1/26/2022	2/25/2022	Property Loss	CLOSED	No	22-002047 01/26/2022 sidewalk	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	SUBROGATION	SUBROGATION
				Property Loss Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		
				Grand Total				**$ -**	**$ -**	**$ 38,972.48**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 38,972.48**	**$ 388,370.65**	**$ 349,398.17**		

AUTO – PROPERTY DAMAGE CLAIM REPORT

Commercial Risk Management

Test Client
Claims for Auto Liability Property Damage
Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM TYPE	CLAIM STATUS	LITIGATION STATUS	DESCRIPTION OF ACCIDENT	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234AL0001-01	Doe, John	10/21/2021	4/18/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 3,146.81	$ 3,146.81	$ 3,146.81	$ -	Facilities Administration	PUBLIC WORKS
1234AL0004-01	Doe, John	11/28/2021	N/A	Auto Liability Property Damage	OPEN	No	IV backed into OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 750.00	$ 750.00	Utilities Collection/Distrib	UTILITIES
1234AL0005-01	Company	11/24/2021	4/18/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234AL0006-01	Doe, John	12/6/2021	6/29/2022	Auto Liability Property Damage	CLOSED	No	IV backed into OV	$ -	$ -	$ -	$ -	$ -	$ 1,383.56	$ 1,383.56	$ 1,383.56	$ -	Utilities Collection/Distrib	UTILITIES
2345AL0007-01	Doe, John	11/16/2021	8/31/2022	Auto Liability Property Damage	CLOSED	No	Iv struck 2 Other vehicles	$ -	$ -	$ -	$ -	$ -	$ 2,391.01	$ 2,391.01	$ 2,391.01	$ -	Patrol Bureau	POLICE
1234AL0007-02	Doe, John	11/16/2021	N/A	Auto Liability Property Damage	OPEN	No	IV struck 2 Vehicles	$ -	$ -	$ -	$ -	$ -	$ 115.00	$ 115.00	$ 7,500.00	$ 7,385.00	Patrol Bureau	POLICE
1234AL0009-01	Doe, John	12/20/2021	N/A	Auto Liability Property Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 115.00	$ 115.00	$ 7,500.00	$ 7,385.00	Wtr Reclamation-Everest Plant	UTILITIES
1234AL0024-01	Doe, John	2/21/2022	N/A	Auto Liability Property Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,500.00	$ 3,500.00	Investigative Services Bureau	POLICE
1234AL0024-02	Doe, John	2/21/2022	6/29/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Investigative Services Bureau	POLICE
1234AL0055-01	Doe, John	4/18/2022	6/29/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 2,988.77	$ 2,988.77	$ 2,988.77	$ -	Patrol Bureau	POLICE
1234AL0064-01	Doe, John	5/18/2022	6/6/2022	Auto Liability Property Damage	CLOSED	No	IV backed into OV	$ -	$ -	$ -	$ 115.00	$ -	$ 5,469.57	$ 5,584.57	$ 5,584.57	$ -	Fire Support Services	FIRE
1234AL0077-01	Company	6/20/2022	8/31/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 4,991.54	$ 4,991.54	$ 4,991.54	$ -	Utilities Collection/Distrib	UTILITIES
1234AL0080-01	Doe, John	6/12/2022	N/A	Auto Liability Property Damage	OPEN	No	IV backed into OV	$ -	$ -	$ -	$ -	$ -	$ 3,234.34	$ 3,234.34	$ 3,500.00	$ 265.66	Patrol Bureau	POLICE
1234AL0082-01	Doe, John	7/7/2022	N/A	Auto Liability Property Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 2,651.94	$ 2,651.94	$ 5,000.00	$ 2,348.06	DCD Administration	DCD
1234AL0085-01	Company	7/1/2022	7/14/2022	Auto Liability Property Damage	CLOSED	No	IV struck an object	$ -	$ -	$ -	$ -	$ -	$ 3,600.00	$ 3,600.00	$ 3,600.00	$ -	Patrol Bureau	POLICE
1234AL0093-01	Doe, John	8/2/2022	N/A	Auto Liability Property Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,000.00	$ 10,000.00	Fire Operations	FIRE
1234AL0098-01	Doe, John	8/10/2022	N/A	Auto Liability Property Damage	OPEN	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ 5,789.47	$ 5,789.47	$ 10,000.00	$ 4,210.53	Patrol Bureau	POLICE
1234AL0100-01	Doe, John	8/2/2022	8/23/2022	Auto Liability Property Damage	CLOSED	No	IV struck OV	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Patrol Bureau	POLICE
1234AL0130-01	Doe, John	6/16/2022	N/A	Auto Liability Property Damage	OPEN	No	50-50 Accident MVA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Wtr Reclamation-Col Sys	UTILITIES
				Auto Liability Property Damage Total				**$ -**	**$ -**	**$ -**	**$ 115.00**	**$ -**	**$ 35,877.01**	**$ 35,992.01**	**$ 71,836.26**	**$ 35,844.25**		

GENERAL – BODILY INJURY CLAIM REPORT

Commercial Risk Management

Test Client
Claims for General Liability Bodily Injury
Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM TYPE	CLAIM STATUS	LITIGATION STATUS	DESCRIPTION OF ACCIDENT	MEDICAL/BI (TO DATE)	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234GL0008-01	Doe, John	10/13/2021	N/A	General Liability Bodily Injury	OPEN	No	slip / fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000.00	$ 20,000.00	Wtr Reclamation-Everest Plant	UTILITIES
1234GL0011-01	Doe, John	12/13/2021	1/19/2022	General Liability Bodily Injury	CLOSED	No	slip/fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	UEP	PUBLIC WORKS
1234GL0016-01	Doe, John	11/25/2021	N/A	General Liability Bodily Injury	OPEN	No	Motorcycle rider injured in a MVA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Traffic	PUBLIC WORKS
1234GL0022-01	Doe, John	1/10/2022	N/A	General Liability Bodily Injury	OPEN	No	Claimant was injured after her vehicle struck a water valve cover	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,000.00	$ 25,000.00	Utilities Collection/Distrib	UTILITIES
1234GL0023-01	Doe, John	11/13/2021	N/A	General Liability Bodily Injury	OPEN	Yes	Claimant stepped in a pothole and was injured	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 70,000.00	$ 70,000.00	Transportation Maintenance	PUBLIC WORKS
1234GL0072-01	Doe, John	5/18/2022	N/A	General Liability Bodily Injury	OPEN	No	slip/fall on broken manhole cover	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,000.00	$ 25,000.00	Wtr Reclamation-Col Sys	UTILITIES
1234GL0083-01	Doe, John	6/21/2022	N/A	General Liability Bodily Injury	OPEN	No	slip/fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Parks and Rec General Adm	PARKS & REC
1234GL0095-01	Doe, John	2/5/2022	N/A	General Liability Bodily Injury	OPEN	No	claim is for a breach of duty during an inspection	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	DCD Administration	DCD
1234GL0118-01	Doe, John	9/3/2022	N/A	General Liability Bodily Injury	OPEN	No	slip and fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,000.00	$ 25,000.00	Parks Maintenance	PARKS & REC
1234GL0142-01	Doe, John	5/16/2022	N/A	General Liability Bodily Injury	OPEN	No	slip / fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
1234GL0143-01	Doe, John	5/16/2022	N/A	General Liability Bodily Injury	OPEN	No	Slip/Fall	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
				General Liability Bodily Injury Total				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 165,000.00**	**$ 165,000.00**		

GENERAL – PROPERTY DAMAGE CLAIM REPORT

Commercial Risk Management

Test Client
Claims for General Liability Property Damage
Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

CLAIM NUMBER	CLAIMANT NAME	DATE OF INCIDENT	DATE CLOSED	CLAIM TYPE	CLAIM STATUS	LITIGATION STATUS	DESCRIPTION OF ACCIDENT	INDEMNITY/PD (TO DATE)	LITIGATION (TO DATE)	OTHER (TO DATE)	EXPENSE (TO DATE)	DEDUCTIBLE (TO DATE)	LOSS (TO DATE)	TOTAL PAID (TO DATE)	TOTAL INCURRED (TO DATE)	TOTAL RESERVES (TO DATE)	DIVISION	LOCATION
1234AL0133-01	Doe, John	9/7/2022	N/A	General Liability Property Damage	OPEN	No	Hit a pothole	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Potholes	PUBLIC WORKS
1234GL0002-01	Doe, John	10/4/2021	10/29/2021	General Liability Property Damage	CLOSED	No	sewer back up	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0003-01	Doe, John	11/10/2021	4/18/2022	General Liability Property Damage	CLOSED	No	Fire truck struck a mailbox	$ -	$ -	$ -	$ -	$ -	$ 90.00	$ 90.00	$ 90.00	$ -	Fire Operations	FIRE
1234GL0014-01	Doe, John	1/11/2022	1/31/2022	General Liability Property Damage	CLOSED	No	hit a road shoulder and damaged a tire	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Maintenance	PUBLIC WORKS
1234GL0015-01	Doe, John	12/15/2021	1/31/2022	General Liability Property Damage	CLOSED	No	Road paint on claimant's vehicle	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Traffic	PUBLIC WORKS
1234GL0017-01	Doe, John	1/3/2022	2/7/2022	General Liability Property Damage	CLOSED	No	Hit a parking block at Horton boat ramp and damaged a tire	$ -	$ -	$ -	$ -	$ -	$ 446.22	$ 446.22	$ 446.22	$ -	Parks Maintenance	PARKS & REC
1234GL0020-01	Doe, John	1/4/2022	6/29/2022	General Liability Property Damage	CLOSED	No	Sewer back up	$ -	$ -	$ -	$ -	$ -	$ 1,004.00	$ 1,004.00	$ 1,004.00	$ -	Wtr Reclamation-Col Sys	UTILITIES
1234GL0029-01	Doe, John	2/27/2022	4/18/2022	General Liability Property Damage	CLOSED	No	Boat damaged while passing in the Chiquita lock	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Marine Services	PARKS & REC
1234GL0030-01	Doe, John	2/22/2022	4/18/2022	General Liability Property Damage	CLOSED	No	Boat damaged while passing through Chiquita Lock	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Marine Services	PARKS & REC
1234GL0059-01	Doe, John	5/1/2022	8/31/2022	General Liability Property Damage	CLOSED	No	damage to his home from well drilling in the neighborhood	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Administration	UTILITIES
1234GL0063-01	Doe, John	1/18/2022	6/29/2022	General Liability Property Damage	CLOSED	No	PW crew damaged passing vehicle while weed whipping	$ -	$ -	$ -	$ 149.10	$ -	$ 1,597.85	$ 1,746.95	$ 1,797.85	$ 50.90	Right of Way Maintenance	PUBLIC WORKS
1234GL0069-01	Company	4/27/2022	6/29/2022	General Liability Property Damage	CLOSED	No	phone line damaged	$ -	$ -	$ -	$ -	$ -	$ 888.90	$ 888.90	$ 888.90	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0103-01	Doe, John	4/1/2022	N/A	General Liability Property Damage	OPEN	No	sprinkler damaged by swale repair	$ -	$ -	$ -	$ -	$ -	$ 70.99	$ 70.99	$ 72.00	$ 1.01	Transportation Maintenance	PUBLIC WORKS
1234GL0109-01	Doe, John	8/10/2022	9/7/2022	General Liability Property Damage	CLOSED	No	Resident struck a mailbox	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0119-01	Doe, John	9/12/2022	9/19/2022	General Liability Property Damage	CLOSED	No	Pothole damaged a tire	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
1234GL0122-01	Doe, John	8/30/2022	N/A	General Liability Property Damage	OPEN	No	Sewer backup	$ -	$ -	$ -	$ -	$ -	$ 1,686.95	$ 1,686.95	$ 1,700.00	$ 13.05	Utilities Collection/Distrib	UTILITIES
1233GL0134-01	Doe, John	9/28/2022	N/A	General Liability Property Damage	OPEN	No	Property damage from hurricane Ian	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Maintenance	PUBLIC WORKS
1234GL0135-01	Doe, John	9/28/2022	N/A	General Liability Property Damage	OPEN	No	Property damage from hurricane Ian	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Transportation Maintenance	PUBLIC WORKS
1234GL0136-01	Doe, John	8/9/2022	N/A	General Liability Property Damage	OPEN	No	Sewer back up	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0137-01	Doe, John	7/11/2022	N/A	General Liability Property Damage	OPEN	No	Sewer back up	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0138-01	Doe, John	9/28/2022	N/A	General Liability Property Damage	OPEN	No	Home damaged by flying debris	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
1234GL0139-01	Doe, John	9/28/2022	N/A	General Liability Property Damage	OPEN	No	Home damaged by flying debris during hurricane Ian	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
1234GL0140-01	Doe, John	9/28/2022	N/A	General Liability Property Damage	OPEN	No	Home damaged by flying debris during hurricane Ian	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Right of Way Maintenance	PUBLIC WORKS
1234GL0141-01	Doe, John	9/9/2022	N/A	General Liability Property Damage	OPEN	No	debris in potable water lines	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Utilities Collection/Distrib	UTILITIES
1234GL0144-01	Doe, John	9/6/2022	N/A	General Liability Property Damage	OPEN	No	Hit a pothole	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	Potholes	PUBLIC WORKS
				General Liability Property Damage Total				**$ -**	**$ -**	**$ -**	**$ 149.10**	**$ -**	**$ 5,784.91**	**$ 5,934.01**	**$ 5,998.97**	**$ 64.96**		

FREQUENCY REPORTS

Commercial Risk Management

FREQUENCY BY CLAIM TYPE REPORT

Commercial Risk Management

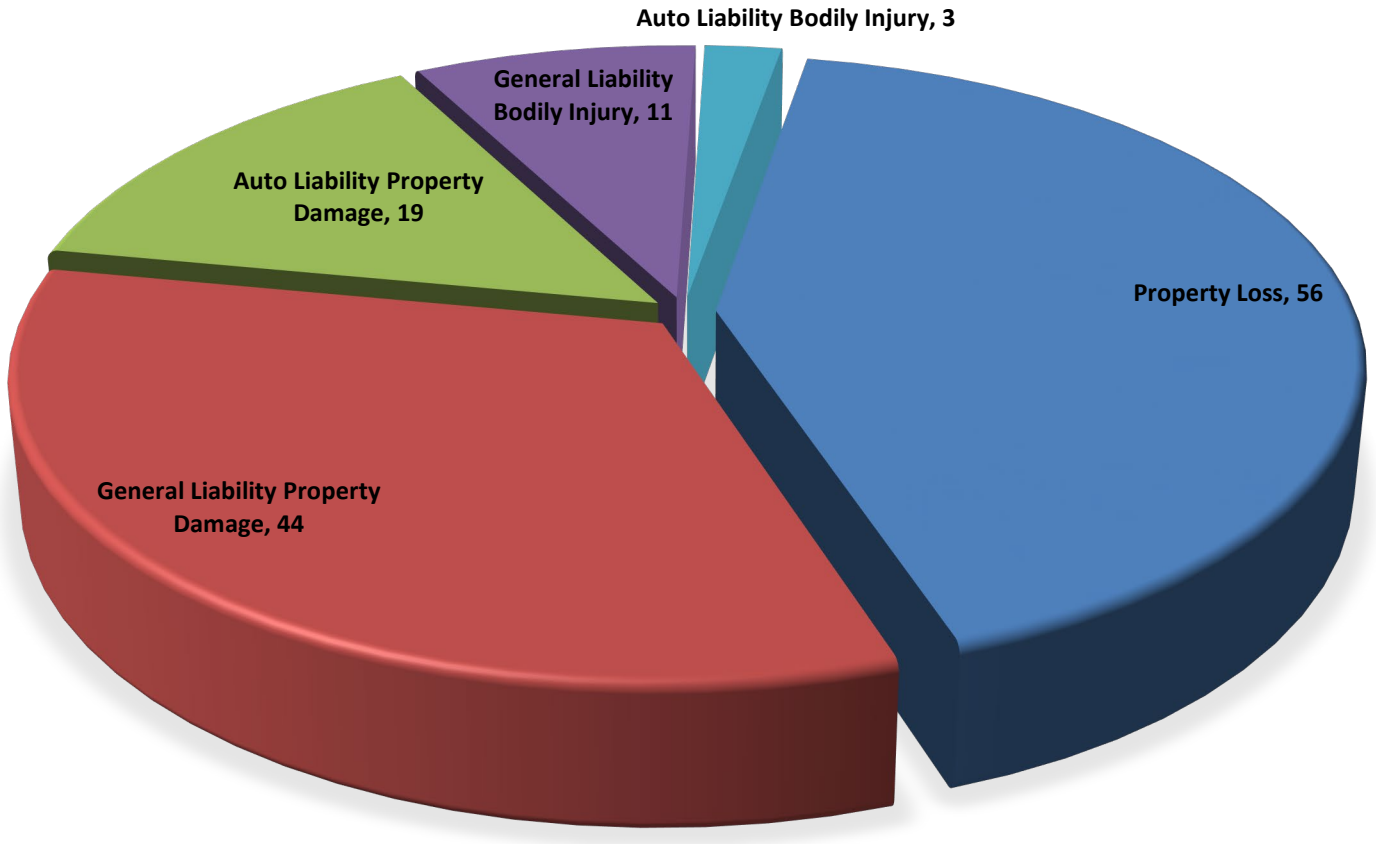
Test Client
Frequency Analysis by Claim Type
Liability Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

Claim Type	Claim Count	Open Claims	Closed Claims	Total Paid	Total Incurred	Total Reserve	Percentage of Total Paid	Percentage of Total Incurred	Percentage of Total Reserves
Auto Liability Bodily Injury	3	3	0	$ -	$ 105,000.00	$ 105,000.00	0.00%	14.75%	17.45%
Auto Liability Collision Damage	3	2	1	$ 1,693.00	$ 13,193.00	$ 11,500.00	1.54%	1.85%	1.91%
Auto Liability Property Damage	19	9	10	$ 35,992.01	$ 71,836.26	$ 35,844.25	32.71%	10.09%	5.96%
Employment Liability All Other	2	0	2	$ 5,942.25	$ 5,942.25	$ -	5.40%	0.83%	0.00%
Employment Liability Discrimination	1	1	0	$ 6,303.15	$ 48,000.00	$ 41,696.85	5.73%	6.74%	6.93%
Employment Liability Practices Non-Monetary	1	0	1	$ 4,927.90	$ 4,927.90	$ -	4.48%	0.69%	0.00%
Employment Liability Wrongful Discharge	3	3	0	$ 28,277.20	$ 120,000.00	$ 91,722.80	25.70%	16.86%	15.25%
General Liability Bodily Injury	11	10	1	$ -	$ 165,000.00	$ 165,000.00	0.00%	23.18%	27.42%
General Liability Property Damage	44	21	23	$ 13,969.96	$ 14,587.70	$ 617.74	12.70%	2.05%	0.10%
Law Enforcement Bodily Injury	2	1	1	$ 9,729.03	$ 160,000.00	$ 150,270.97	8.84%	22.48%	24.98%
Law Enforcement Property Damage	3	0	3	$ 3,185.57	$ 3,185.57	$ -	2.90%	0.45%	0.00%
Property Loss	56	44	12	$ -	$ -	$ -	0.00%	0.00%	0.00%
Grand Total	**148**	**94**	**54**	**$ 110,020.07**	**$ 711,672.68**	**$ 601,652.61**	**100.00%**	**100.00%**	**100.00%**

TOP FIVE CLAIM TYPES BY FREQUENCY GRAPH

Commercial Risk Management

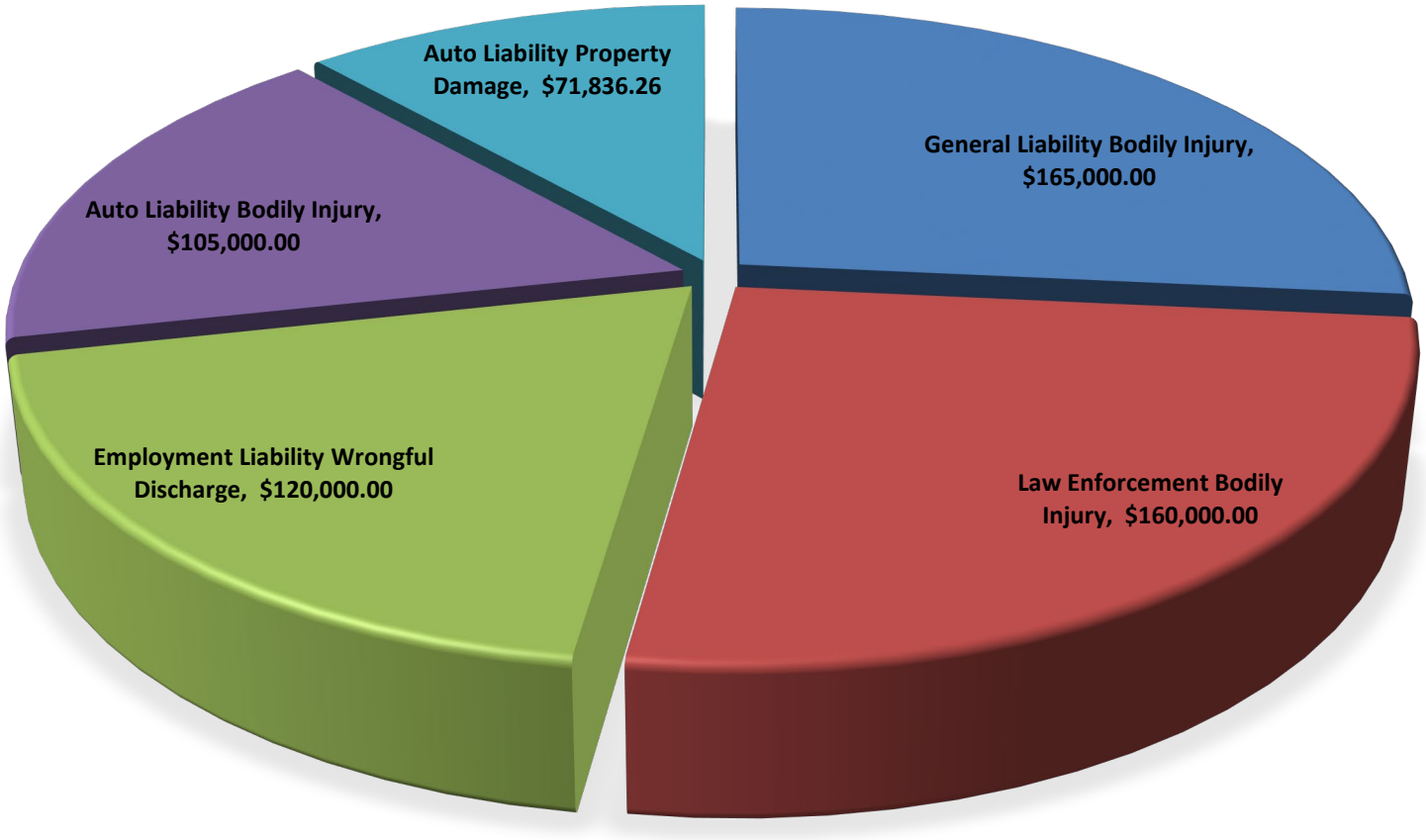
Test Client - Liability Claims
Top 5 Claim Types by Frequency
Claims From: 10/01/2021 To: 09/30/2022
As of 09/30/2022



TOP FIVE CLAIM TYPES BY TOTAL INCURRED GRAPH

Commercial Risk Management

Test Client - Liability Claims
Top 5 Claim Types by Total Incurred
Claims From: 10/01/2021 To: 09/30/2022
As of 09/30/2022



TOP FIVE DEPARTMENTS BY TOTAL INCURRED REPORT

Commercial Risk Management

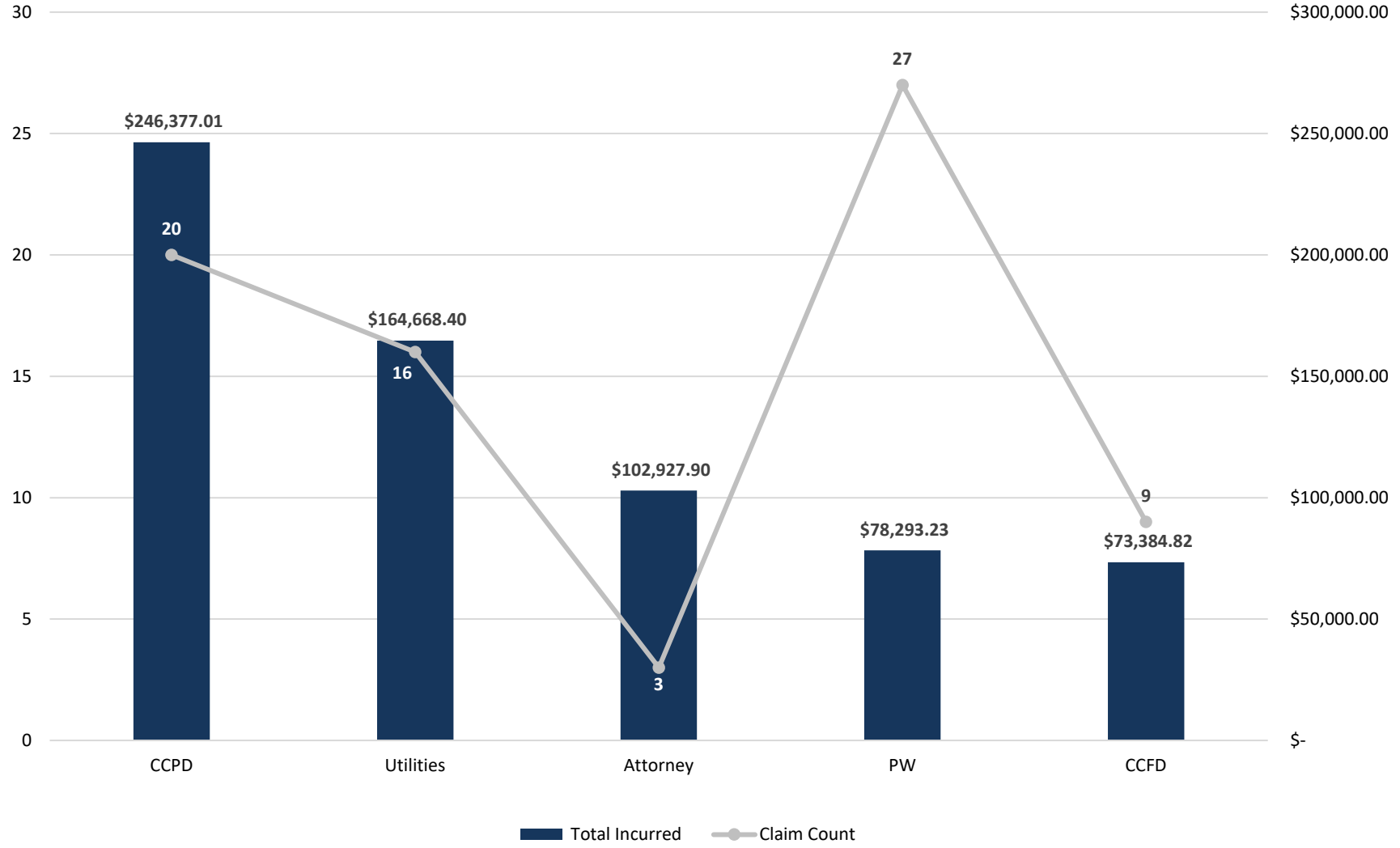
Test Client
Frequency Analysis by Claim Type and Dept
Liability Claims From: 10/01/2021 To: 09/30/2022
As of: 09/30/2022

Claim Type	Claim Count	Open Claims	Closed Claims	Total Paid	Total Incurred	Total Reserve	Percentage of Total Paid	Percentage of Total Incurred	Percentage of Total Reserves
Attorney	**3**	**2**	**1**	**$ 21,585.20**	**$ 102,927.90**	**$ 81,342.70**	**21.74%**	**14.73%**	**13.57%**
Employment Liability Discrimination	1	1	0	$ 6,303.15	$ 48,000.00	$ 41,696.85	6.35%	6.87%	6.96%
Employment Liability Practices Non-Monetary	1	0	1	$ 4,927.90	$ 4,927.90	$ -	4.96%	0.71%	0.00%
Employment Liability Wrongful Discharge	1	1	0	$ 10,354.15	$ 50,000.00	$ 39,645.85	10.43%	7.16%	6.62%
CCFD	**9**	**4**	**5**	**$ 13,363.04**	**$ 73,384.82**	**$ 60,021.78**	**13.46%**	**10.50%**	**10.02%**
Auto Liability Bodily Injury	1	1	0	$ -	$ 50,000.00	$ 50,000.00	0.00%	7.16%	8.34%
Auto Liability Collision Damage	1	0	1	$ 1,693.00	$ 1,693.00	$ -	1.70%	0.24%	0.00%
Auto Liability Property Damage	2	1	1	$ 5,584.57	$ 15,584.57	$ 10,000.00	5.62%	2.23%	1.67%
Employment Liability All Other	2	0	2	$ 5,942.25	$ 5,942.25	$ -	5.98%	0.85%	0.00%
General Liability Property Damage	3	2	1	$ 143.22	$ 165.00	$ 21.78	0.14%	0.02%	0.00%
CCPD	**20**	**9**	**11**	**$ 37,348.25**	**$ 246,377.01**	**$ 209,028.76**	**37.61%**	**35.27%**	**34.88%**
Auto Liability Bodily Injury	1	1	0	$ -	$ 25,000.00	$ 25,000.00	0.00%	3.58%	4.17%
Auto Liability Collision Damage	2	2	0	$ -	$ 11,500.00	$ 11,500.00	0.00%	1.65%	1.92%
Auto Liability Property Damage	9	4	5	$ 18,118.59	$ 33,479.78	$ 15,361.19	18.25%	4.79%	2.56%
Employment Liability Wrongful Discharge	1	1	0	$ 3,103.40	$ 10,000.00	$ 6,896.60	3.13%	1.43%	1.15%
General Liability Property Damage	4	0	4	$ 4,113.23	$ 4,113.23	$ -	4.14%	0.59%	0.00%
Law Enforcement Bodily Injury	2	1	1	$ 9,729.03	$ 160,000.00	$ 150,270.97	9.80%	22.90%	25.07%
Law Enforcement Property Damage	1	0	1	$ 2,284.00	$ 2,284.00	$ -	2.30%	0.33%	0.00%
CM	**1**	**1**	**0**	**$ -**	**$ -**	**$ -**	**0.00%**	**0.00%**	**0.00%**
General Liability Bodily Injury	1	1	0	$ -	$ -	$ -	0.00%	0.00%	0.00%
Maintenance	**1**	**0**	**1**	**$ 446.22**	**$ 446.22**	**$ -**	**0.45%**	**0.06%**	**0.00%**
General Liability Property Damage	1	0	1	$ 446.22	$ 446.22	$ -	0.45%	0.06%	0.00%
P & R	**4**	**2**	**2**	**$ -**	**$ 25,000.00**	**$ 25,000.00**	**0.00%**	**3.58%**	**4.17%**
General Liability Bodily Injury	2	2	0	$ -	$ 25,000.00	$ 25,000.00	0.00%	3.58%	4.17%
General Liability Property Damage	2	0	2	$ -	$ -	$ -	0.00%	0.00%	0.00%
PW	**27**	**18**	**9**	**$ 7,710.32**	**$ 78,293.23**	**$ 70,582.91**	**7.76%**	**11.21%**	**11.78%**
Auto Liability Property Damage	1	0	1	$ 3,146.81	$ 3,146.81	$ -	3.17%	0.45%	0.00%
General Liability Bodily Injury	5	4	1	$ -	$ 70,000.00	$ 70,000.00	0.00%	10.02%	11.68%
General Liability Property Damage	18	13	5	$ 3,661.94	$ 4,244.85	$ 582.91	3.69%	0.61%	0.10%
Law Enforcement Property Damage	2	0	2	$ 901.57	$ 901.57	$ -	0.91%	0.13%	0.00%
Property Loss	1	1	0	$ -	$ -	$ -	0.00%	0.00%	0.00%
Transportation	**1**	**0**	**1**	**$ -**	**$ -**	**$ -**	**0.00%**	**0.00%**	**0.00%**
General Liability Property Damage	1	0	1	$ -	$ -	$ -	0.00%	0.00%	0.00%
Utilities	**16**	**9**	**7**	**$ 18,738.05**	**$ 164,668.40**	**$ 145,930.35**	**18.87%**	**23.57%**	**24.35%**
Auto Liability Bodily Injury	1	1	0	$ -	$ 30,000.00	$ 30,000.00	0.00%	4.29%	5.01%
Auto Liability Property Damage	2	2	0	$ -	$ 750.00	$ 750.00	0.00%	0.11%	0.13%
Employment Liability Wrongful Discharge	1	1	0	$ 14,819.65	$ 60,000.00	$ 45,180.35	14.92%	8.59%	7.54%
General Liability Bodily Injury	3	3	0	$ -	$ 70,000.00	$ 70,000.00	0.00%	10.02%	11.68%
General Liability Property Damage	9	2	7	$ 3,918.40	$ 3,918.40	$ -	3.95%	0.56%	0.00%
Water Rec	**1**	**1**	**0**	**$ 115.00**	**$ 7,500.00**	**$ 7,385.00**	**0.12%**	**1.07%**	**1.23%**
Auto Liability Property Damage	1	1	0	$ 115.00	$ 7,500.00	$ 7,385.00	0.12%	1.07%	1.23%
Grand Total	**83**	**46**	**37**	**$ 99,306.08**	**$ 698,597.58**	**$ 599,291.50**	**100.00%**	**100.00%**	**100.00%**

TOP FIVE DEPARTMENTS BY TOTAL INCURRED GRAPH

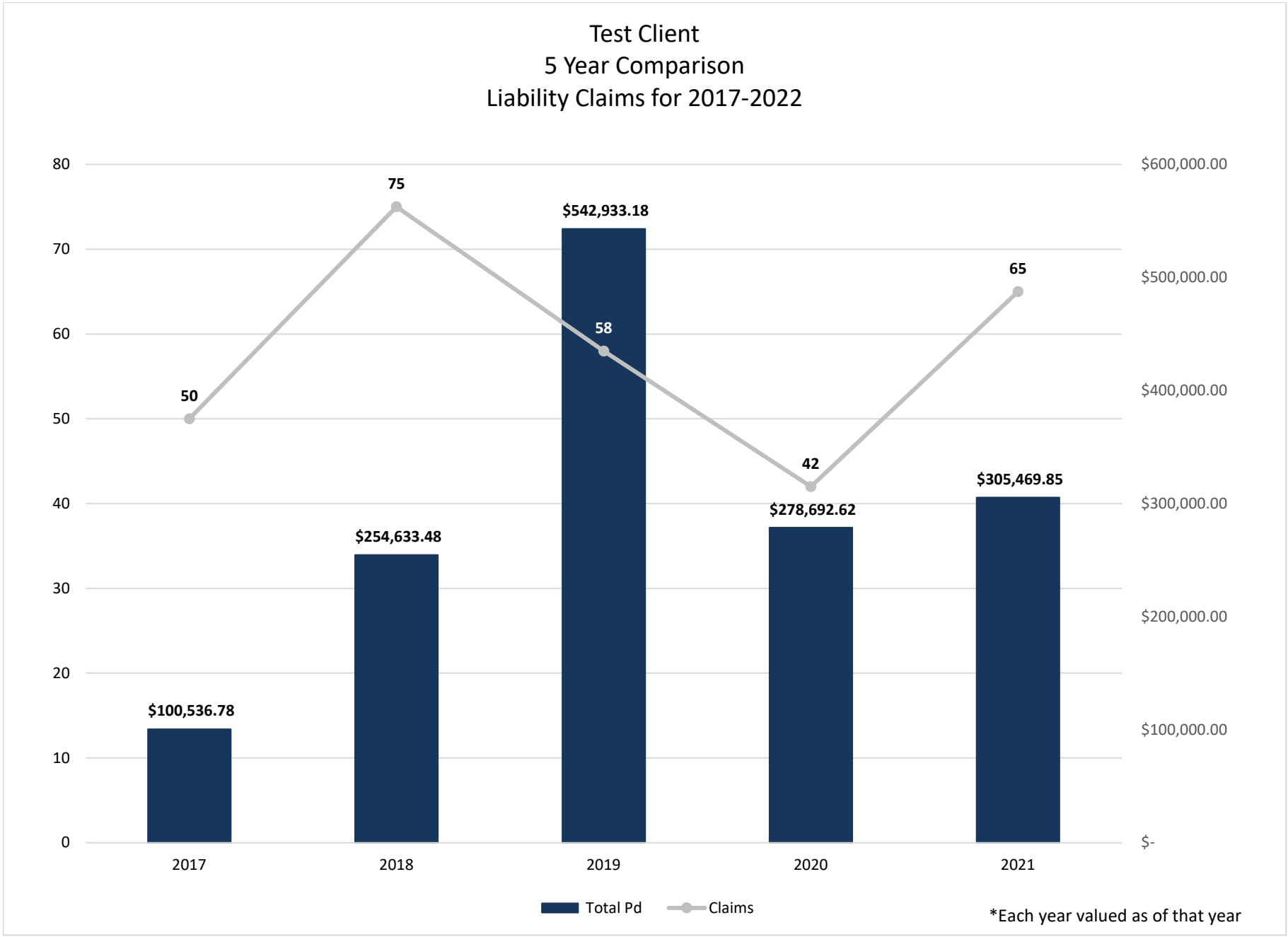
Commercial Risk Management

Test Client - Liability Claims
Top 5 Departments by Total Incurred
Claims From: 10/01/2021 To: 09/30/2022
As of 09/30/2022



FIVE YEAR COMPARISON GRAPH

Commercial Risk Management


Test Client
5 Year Comparison
Liability Claims for 2017-2022
80
70
60
50
40
30
20
10
0
$600,000.00
$500,000.00
$400,000.00
$300,000.00
$200,000.00
$100,000.00
$-
50
75
58
42
65
$100,536.78
$254,633.48
$542,933.18
$278,692.62
$305,469.85
2017
2018
2019
2020
2021
Total Pd
Claims
*Each year valued as of that year

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): Commercial Risk Management, Inc.

Agency Giving Reference: City of Lake Worth Beach

Contact Person Name: Ms. Therese Howell-Poitier

Address: 7 North Dixie Highway, Lake Worth Beach, FL 33460

Telephone: 561-586-1781

E-Mail: tpoitier@lakeworthbeachfl.gov

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?	Satisfactory	
2	How would you rate the experience and efficiency of the firm's staff?	Satisfactory	
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?	Satisfactory	
4	How would you rate the firm's overall quality of work?	Satisfactory	
5	Would your agency use this firm to provide services again? (Circle One)	**YES/ Satisfactory**	**NO/ Unsatisfactory**

Additional Comments: _____

_____

_____

_____

***This form must be completed and signed by the person providing the reference.**

Therese K

Signature

HR Manager - Risk
Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): Commercial Risk Management, Inc.

Agency Giving Reference: City of Boca Raton

Contact Person Name: Mr. Richard Ignoffo

Address: 201 West Palmetto Park Road, Boca Raton, FL 33432

Telephone: 561-393-7970

E-Mail: RIgnoffo@bocaraton-fl.gov

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?	✓	
2	How would you rate the experience and efficiency of the firm's staff?	✓	
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?	✓	
4	How would you rate the firm's overall quality of work?	✓	
5	Would your agency use this firm to provide services again? (Circle One)	**YES/ Satisfactory**	**NO/ Unsatisfactory**

Additional Comments: Commercial Risk Management has been excellent in improving the City's Risk Management Program. This Vendor has assisted in making the claim process more efficient and effective. Outstanding Customer service from top to bottom!!

***This form must be completed and signed by the person providing the reference.**

Signature

RISK MANAGER
Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): Commercial Risk Management, Inc.

Agency Giving Reference: Hillsborough Transit Authority

Contact Person Name: Mr. Jason Wright

Address: 1201 East 7th Avenue, 3rd Floor, Tampa, Fl 33605

Telephone: 813-384-6622

E-Mail: wrightj@gohart.org

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?	✓	
2	How would you rate the experience and efficiency of the firm's staff?	✓	
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?	✓	
4	How would you rate the firm's overall quality of work?	✓	
5	Would your agency use this firm to provide services again? (Circle One)	YES/ !!! Satisfactory	NO/ Unsatisfactory

Additional Comments: Not only do they provide excellent service on our WC and Liability claims, they handled the transition process from our former TPA flawlessly. I cannot imagine going back to our old way of doing things!

*This form must be completed and signed by the person providing the reference.

Jason Wright
Signature

Risk Manager
Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): Commercial Risk Management, Inc.

Agency Giving Reference: Pasco County Board of County Commissioners

Contact Person Name: Mr. Alex Davis

Address: 7536 State Street, New Port Richey, FL 34654

Telephone: 727-516-1389

E-Mail: asdavis@pascocountyfl.net

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?	✓	
2	How would you rate the experience and efficiency of the firm's staff?	✓	
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?	✓	
4	How would you rate the firm's overall quality of work?	✓	
5	Would your agency use this firm to provide services again? (Circle One)	**YES/ Satisfactory**	**NO/ Unsatisfactory**

Additional Comments: We have recently expanded services with CRM. I highly recommend their WC & GL services. Happy to discuss

***This form must be completed and signed by the person providing the reference.**

Signature

Risk Manager
Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): Commercial Risk Management, Inc.

Agency Giving Reference: Polk County Board of County Commissioners

Contact Person Name: Mr. Mitch St. Jean

Address: P.O.Box 9005, Drawer AS06, Bartow, FL 33831

Telephone: 863-534-5268

E-Mail: mitchstjean@polk-county.net

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?	Excellent	
2	How would you rate the experience and efficiency of the firm's staff?	Excellent	
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?	Excellent	
4	How would you rate the firm's overall quality of work?	Excellent	
5	Would your agency use this firm to provide services again? (Circle One)	Yes	

Additional Comments: _____

***This form must be completed and signed by the person providing the reference.**

Signature

Claims Manager
Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

PROPOSER BACKGROUND INFORMATION FORM

All information supplied in connection with this form is subject to review and verification. Any and all determinations concerning this information will be used to determine eligibility for participation in the award. Inaccurate or incomplete answers may result in your Proposal being deemed "Non-Responsive."

(1) How many years has your organization been in business under your present business name?

50 years

(2) State of Florida occupational license type and number: W860374

(3) County (state county) Business Tax Receipt type and number: 0017816

(4) City of Miramar Business Tax Receipt type and number: N/A

NOTE: A CITY OF MIRAMAR BUSINESS TAX RECEIPT IS NOT REQUIRED IF THE BUSINESS IS NOT LOCATED WITHIN THE CITY OF MIRAMAR)

PROPOSERS MUST INCLUDE A COPY OF EACH LICENSE LISTED WITH PROPOSAL

(5) Describe experience providing Services and or commodities for similar (government) organizations:

Commercial Risk Management, Inc. has provided claims administrative services to Florida municipalities that have elected to self-insure since 1980 and we currently administer 23 active municiple clients. Our roster of services includes workers' compensation and liability claims administration, telephonic nurse case management, accounting, loss control consulting, excess insurance placement, and actionable analytics.

(6) Have you ever had a contract terminated (either as a prime contractor or subcontractor) for failure to comply, breach, or default?

_____ yes X no

(IF YES, PLEASE ENCLOSE A DETAILED EXPLANATION ON SEPARATE SHEET)

Exceptions and Deviations

Contract Terms and Conditions Exception

Proposers must identify clause by number and name and specify Exception. **Exceptions must be fully explained using a chart in the form of the chart set forth on the bottom portion of this page**. The City reserves the right to reject any Proposal for noncompliance with one (1) or more of the requirements.

CLAUSE NUMBER	CLAUSE TITLE	EXCEPTION
		NONE

Susan E Theis
Proposer's Signature

FAILURE TO SUBMIT ALL INFORMATION RESPONSIVE TO THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

PROPOSER'S DISCLOSURE OF SUBCONTRACTORS AND SUPPLIERS

Please list all subcontractors and suppliers to be used in connection with performance of the Contract (use additional pages, if necessary). The City strongly encourages the participation of Local Businesses and/or CBE / SBE/ FCBE Firms. Please specify the category for each subcontractor or supplier.

Company Name: Velocity Medical Management

Address: P.O. Box 70307

City, State, & Zip Code: Fort Lauderdale, FL 33307

Local Business X CBE Firm _____ SBE Firm _____

Company Name: MedComp Consulting

Address: 151 Nob Hill Road

Suite 225

City, State, & Zip Code: Plantation, FL 33324

Local Business X CBE Firm _____ SBE Firm WBE

PROPOSER'S DISCLOSURE OF SUBCONTRACTORS AND SUPPLIERS (CONTINUED)

Company Name: Taylor Safety Services Inc.

Address: 6010 NW 68th Manor

City, State, & Zip Code: Parkland, FL 33067

Local Business __X___ CBE Firm _____ SBE Firm _____

Company Name: _____

Address: _____

City, State, & Zip Code: _____

Local Business _____ CBE Firm _____ SBE Firm _____

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

BUSINESS/VENDOR PROFILE SURVEY

Name of Business: Commercial Risk Management, Inc.

Address: P.O. Box 18366, Tampa, Florida 33679

Phone No.: 813-289-3900 **Email:** stheis@crm-su.com

Contact Person (Regarding This Form): Susan E Theis

Type of Business (check the appropriate type):

- ☐ **CONSTRUCTION SERVICES -** Firms involved in the process of building, altering, repairing, improving or demolishing any structure, building or real property.

- ☐ **ARCHITECTURE AND ENGINEERING (A&E) SERVICES -** Firms involved in architectural design, engineering services, inspections and environmental consulting (materials and soil testing) and surveying.

- ☑ **PROFESSIONAL SERVICES -** Includes those services that require special licensing, educational degrees, and unusually highly specialized expertise.

- ☐ **BUSINESS SERVICES -** Involves any services that are labor intensive and not a construction related or professional service.

- ☐ **COMMODITIES -** Includes all tangible personal property services, including equipment, leases of equipment, printing, food, building materials, office supplies.

- ☐ A CBE or SBE firm: a Small Business Enterprise (SBE) or a County Business Enterprise (CBE), has a Broward County Business Tax Receipt, is located in, and doing Business in Broward County, and certified by the Broward County Office of Economic Development and Small Business Development.
  Business is claiming the CBE/SBE Preference; YES____ NO X

  Please attach the Broward County Office of Economic Development and Small Business Development certification to this form.

- ☐ A firm that is certified by the State of Florida Unified Certification Program (UC) or the State of Florida Office of Supplier Diversity as a Florida Certified Business Enterprise (FCBE).
  A copy of FCBE Certification must be attached to this form

  Business is claiming local Business Preference YES _____ NO X
  (Choose below as applicable)

- ☐ **Businesses Employing Miramar Residents -** Business is located outside of the City of Miramar City limits and employs a minimum of 10 full time equivalent ("FTE") Miramar residents, or Miramar residents constitute 20 % of the FTE of the company's local workforce (in Broward and Miami-Dade Counties), whichever is larger.
  Business Employing Miramar Residents Affidavit MUST be submitted with RFP Response.

- ☐ Business with a location within Miramar, is in compliance with all City licensing requirements and is current on all City taxes.
  Attach a copy of a current Miramar Business Tax Receipt to this form.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE"

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name

Business name, if different from above
Commercial Risk Management, Inc.

Check appropriate box: ☐ Individual/ Sole proprietor ☑ Corporation ☐ Partnership ☐ Other ► ..... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
2002 North Lois Avenue, Suite 600

Requester's name and address (optional)
City of Miramar

City, state, and ZIP code
Tampa, Florida 33607

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
| | | | | | | | | |

or

Employer identification number
5 9 1 3 4 6 4 1 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ► *Susan E Theis* Date ► May 21, 2025

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

PRICE PROPOSAL SHEET (CONT.)

Proposers must complete BOTH options below to provide cost proposal. The City reserves the right to select the cost proposal most advantageous to the City. The selected option will be the cost proposal used for the award of points.

OPTION# 1: FLAT ANNUAL FEE AND DEPOSIT (INCLUSIVE OF ALL COSTS)

If you do not offer the requested pricing, please indicate "N/A" or if pricing is included or at no additional charge indicate "Included" or "No Additional Charge" where applicable.

Service	Per Claimant Fee	Life of Partnership
Workers Compensation		
Medical Only		
Indemnity		
Total Workers' Compensation		$55,275
Liability		
General Bodily Injury		
General Property Damage		
Auto Bodily Injury		
Auto Property Damage		
Auto Physical Damage		
Professional Liability		
Sexual Misconduct		
Property		
Total Liability		$24,000
Ancillary Services		
Administration		Included
Data Management		Included
Account Management (Designated)		Included
Banking/SIMMS Fee		Fees paid by City of Miramar
Claim Reporting - Web or e-Fax		Included
Medicare Reporting Cost		Included
Electronic Incidents-Notice of Injury		Included
Voucher		Included
Loss Funding		Included
Loss Notice Program Rpt. Level $ 50,000		Included
Detailed Status Rpt. Level $ 50,000		Included
Meetings		Included
Total Ancillary Services		Included except banking fees
Data Conversion Fee		

Electronic transfer of all claim and detailed data.		Included
Physical file reconciliation to master loss run report.		Included
Service	**Per Claimant Fee**	**Life of Partnership**
Claim review from Notice of Injury to most current Information		Included
Overall reconciliation to transferred date		Included
Receipt and storage of all open claim's files		Included
Data Mapping		Included
Data conversion		Included
Data reconciliation		Included
Physical file audit		Included
Physical file reconciliation		Included
Total Data Conversion Fee		Included
Other Fee in addition to Option 1 or 2		
System Access for two (2) users		Included
Risk Control Consulting Services-**State # of Hours**		$100 per hour
Loss Control -**State # of Hours**		$100 per hour
Custom/Ad hoc reports		Included
Subrogation and /or liens fee percentage		Included and No fee percentage
Bill Review fee to include State fee schedule reduction		$6.50 per bill with 24% of savings
Electronic Data Interchange filed with State of Florida		Included
Percentage of Utilization Review and Reasonable & Customary Savings		24% of savings
Settlement Authority $ 5,000		
Client education		Included
Self-Insurance Qualifications		Included
Managed Care (Paid off File)		ALAE
Acknowledges		
Information Technology Services		
Standard Loss run reports		Included
Custom/Ad hoc reports		Included
Standard loss run reports include but are not limited to the following:		

Claims alpha listing report		Included
Disbursement report		Included
Register by location report		Included
Detail loss run by claimant name report		Included
Detail loss run – total pages only report		Included
Service	**Per Claimant Fee**	**Life of Partnership**
Loss listing report		Included
Payment check register report		Included
Potential recovery report		Included
Summary sheet – all claims open or closed by fiscal year report		Included
Total:		
Grand Total:		$79,275

THIS IS AN OPTION# 1: FLAT ANNUAL FEE MINIMUM AND DEPOSIT

Taxpayer Identification Number (TIN)

591346411

PROPOSER: Commercial Risk Management, Inc.
(Company Name)

Susan E Theis
(Signature)

Susan E Theis, President/CEO
(Printed Name & Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM SHALL DEEM YOUR PROPOSAL "NON-RESPONSIVE"

9. Price Proposal Option # 1

CITY OF MIRAMAR
REQUEST FOR PROPOSAL RFP No. 25-03-14
THIRD PARTY CLAIMS ADIMISTRATION SERVICES

Commercial Risk Management, Inc. is proposing a three-year flat fee pricing for workers' compensation and liability claims servicing for all new reported claims as of April 1, 2026 through March 31, 2029, and the takeover and handling of all prior open and closed claims. A 3% increase will be applied April 1, 2029 with a proposed three-year flat fee through March 31, 2032. The fees are for the life of contract and are invoiced monthly or quarterly.

04-01-26/03-31-27	$79,275
04-01-27/03-31-28	$79,275
04-01-28/03-31-29	$79,275
04-01-29/03-31-30	$81,653
04-01-30/03-31-31	$81,653
04-01-31/03-31-32	$81,653

- No administrative fee
- No data transfer fee
- No percentage of recovery from subrogation, excess, or SDTF
- No charge for system access or number of users
- MMSEA Section 111 reporting included
- No charge for 1099 reporting on an annual basis
- Monthly and special reports provided based on City of Miramar's request

Additional Services

- Medical triage one time per file $75
- Telephonic nurse case management $85 per hour
- Loss control services $100 per hour

Allocated loss adjustment expenses are those items chargeable to a specific claim. These items include, but are not limited to, legal fees, surveillance, investigators, outside medical utilization review, outside medical management, attorneys, costs for copies of records and medical records and these costs are not included in our service fee.

OPTION# 2: LIFE OF CONTRACT – PER CLAIM FLAT FEE (INCLUSIVE OF ALL COSTS)

If you do not offer the requested pricing, please indicate "N/A" or if pricing is included or at no additional charge indicate "Included" or "No Additional Charge" where applicable.

Service	Per Claimant Fee	Life of Partnership
Workers Compensation		
Medical Only	$165	
Indemnity	$1100	
Total Workers' Compensation		
Liability		
General Bodily Injury	$900	
General Property Damage	$400	
Auto Bodily Injury	$900	
Auto Property Damage	$400	
Auto Physical Damage	$300	
Professional Liability	$900	
Sexual Misconduct	$900	
Property	$400	
Total Liability		
Ancillary Services		
Administration		Included
Data Management		Included
Account Management (Designated)		Included
Banking/SIMMS Fee		Fees paid by City of Miramar
Claim Reporting - Web or e-Fax		Included
Medicare Reporting Cost		Included
Electronic Incidents-Notice of Injury		Included
Voucher		Included
Loss Funding		Included
Loss Notice Program Rpt. Level $ 50,000		Included
Detailed Status Rpts. Rpt. Level $ 50,000		Included
Meetings		Included
Total Ancillary Services		Included except banking fees
Data Conversion Fee		
Electronic transfer of all claim and detailed data.		Included
Physical file reconciliation to master loss run report.		Included
Claim review from Notice of Injury to most current Information		Included

Service	Per Claimant Fee	Life of Partnership
Overall reconciliation to transferred date		Included
Receipt and storage of all open claim's files		Included
Data Mapping		Included
Data conversion		Included
Data reconciliation		Included
Physical file audit		Included
Physical file reconciliation		Included
Total Data Conversion Fee		Included
Other Fee in addition to Option 1 or 2		
System Access for two (2) users		Included
Risk Control Consulting Services-**State # of Hrs.**		$100 per hour
Loss Control -**State # of Hrs.**		$100 per hour
Custom/Ad hoc reports		Included
Subrogation and /or liens fee percentage		Included and No fee percentage
Bill Review fee to include State fee schedule reduction		$6.50 per bill with 24% of savings
Electronic Data Interchange filed with State of Florida		Included
Percentage of Utilization Review and Reasonable & Customary Savings		24% of savings
Settlement Authority $ 5,000		
Client education		Included
Self-Insurance Qualifications		Included
Managed Care (Paid off File)		ALAE
Acknowledges		
Information Technology Services		
Standard Loss run reports		Included
Custom/Ad hoc reports		Included
Standard loss run reports include but are not limited to the following:		
Claims alpha listing report		Included
Disbursement report		Included
Register by location report		Included
Detail loss run by claimant name report		Included
Detail loss run – total pages only report		Included
Loss listing report		Included
Payment check register report		Included
Potential recovery report		Included

Service	Per Claimant Fee	Life of Partnership
Summary sheet – all claims open or closed by fiscal year report		Included
Total:		
Grand Total:		Based on number of claims reported

THIS IS AN OPTION#2: LIFE OF CONTRACT – PER CLAIM FLAT FEE

Taxpayer Identification Number (TIN) 591346411

PROPOSER: Commercial Risk Management, Inc.
(Company Name)

Susan E Theis
(Signature)

Susan E Theis, President/CEO
(Printed Name and Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR RESPONSE "NON-RESPONSIVE."

9. Price Proposal Option # 2

CITY OF MIRAMAR
REQUEST FOR PROPOSAL RFP No. 25-03-14
THIRD PARTY CLAIMS ADIMISTRATION SERVICES

Commercial Risk Management, Inc. is proposing a three-year fee pricing for workers' compensation and liability claims servicing for all new reported claims as of April 1, 2026 through March 31, 2029, and no charge for the takeover and handling of all prior open and closed claims. A 3% increase will be applied April 1, 2029 with a proposed three-year fee through March 31, 2032. The fees are for the life of contract and are invoiced monthly or quarterly.

April 1, 2026 – March 31, 2029	
WC Medical Only	$165
WC Indemnity	$1,100
General Bodily Injury	$900
General Property Damage	$400
Auto Bodily Injury	$900
Auto Property Damage	$400
Auto Physical Damage	$300
Professional Liability	$900
Sexual Misconduct	$900
Property	$400

April 1, 2029 – March 31, 2032	
WC Medical Only	$170
WC Indemnity	$1,133
General Bodily Injury	$927
General Property Damage	$412
Auto Bodily Injury	$927
Auto Property Damage	$412
Auto Physical Damage	$309
Professional Liability	$927
Sexual Misconduct	$927
Property	$412

- No administrative fee
- No data transfer fee
- No percentage of recovery from subrogation, excess, or SDTF
- No charge for system access or number of users
- MMSEA Section 111 reporting included
- No charge for 1099 reporting on an annual basis
- Monthly and special reports provided based on City of Miramar's request

Reasons for transfer of a medical only claim to a lost time claim. The claim type will remain a medical only claim until the claim truly becomes a lost time claim.

- The claimant has an extensive medical history coupled with the severity of the injury.
- The claim is reported as questionable by the employer or other party to the claim.
- There are contradictions between the accident report, the claimant's statement, and the medical history on the medical reports.
- Misrepresentation.
- Multiple claims (frequent offender).
- Significant monetary expenditures are anticipated because of a treatment plan recommended by the authorized treating physician.
- There is exposure for surgery which means lost time will now come into play.

Additional Services

- Medical triage one time per file $75
- Telephonic nurse case management $85 per hour
- Loss control services $100 per hour

Allocated loss adjustment expenses are those items chargeable to a specific claim. These items include, but are not limited to, legal fees, surveillance, investigators, outside medical utilization review, outside medical management, attorneys, costs for copies of records and medical records and these costs are not included in our service fee.

ADDENDA ACKNOWLEDGEMENT FORM

Addendum #	Date Received
1	May 22, 2025

PROPOSER: Commercial Risk Management, Inc.
(Company Name)

Susan E Theis
(Signature)

Susan E Theis President/CEO
(Printed Name and Title)

FAILURE TO SUBMIT ALL INFORMATION RESPONSIVE TO THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

DRUG-FREE WORKPLACE AFFIDAVIT

FLORIDA STATE STATUTE 287.087

Identical Tie Bids: Preference shall be given to business with drug-free workplace programs.

Section 287.087 of the Florida Statutes provides:

287.087 Preference to businesses with drug-free workplace programs. Whenever two (2) or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid, proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

(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 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 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.

Susan E Theis _____

Vendor's Signature

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
}
COUNTY OF BROWARD } ss:

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Miramar, its elected officials, and Commercial Risk Management, Inc. or its Contractors, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: Susan E Theis

Title: President/CEO

Sworn to (or affirmed) and subscribed before me
by means of ☑ physical presence or ☐ online notarization,
this 12th day of May 2025 (year), by Melody C Smithson.

Notary Public
State of Florida at Large

My commission expires:

MELODY C. SMITHSON
MY COMMISSION # HH 620230
EXPIRES: December 10, 2028

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-COLLUSIVE AFFIDAVIT

State of Florida)
) ss:
County of Hillsborough)

I, Susan E Theis, the undersigned authority, being first duly sworn, deposes and says that:

a) He/she is the (Owner, Partner, Officer, Representative or Agent) of Commercial Risk Management, Inc., the Proposer that has submitted the attached Proposal;

b) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

c) Such Proposal is genuine and is not collusive or a sham Proposal;

d) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Services for which the attached Proposal has been submitted; or to refrain from proposing in connection with such Service; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Services;

e) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

NON-COLLUSIVE AFFIDAVIT (CONTINUED)

Signed, sealed and delivered
in the presence of:

Witness Lorie D Dove

By: _____

Witness Jennifer Moyer

Susan E Theis
(Printed Name)

President/CEO
(Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-COLLUSIVE AFFIDAVIT (CONTINUED)

ACKNOWLEDGMENT

State of Florida)

) ss:

County of Hillsborough)

BEFORE ME, the undersigned authority, personally appeared Susan E Theis, to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that he/she executed said Affidavit for the purpose therein expressed.

WITNESS my hand and official seal this 16th day of May, 2025.

Notary Public
State of Florida at Large

My commission expires:

MELODY C. SMITHSON
MY COMMISSION # HH 620230
EXPIRES: December 10, 2028

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-DISCRIMINATION AFFIDAVIT

I, the undersigned, hereby duly sworn, depose and say that the organization, business or entity represented herein shall not discriminate against any person in its operations, activities or delivery of services under any agreement it enters into with the City of Miramar. The same shall affirmatively comply with all applicable provisions of federal, state and local equal employment laws and shall not engage in or commit any discriminatory practice against any person based on race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation or any other factor which cannot be lawfully used as a basis for service delivery.

By: Susan E Theis

Title: President/CEO

Sworn to (or affirmed) and subscribed before me
by means of ☐ physical presence or ☐ online notarization,
this 16th day of May, 2025(year), by Melody C Smithson.

Notary Public
State of Florida at Large

My commission expires:

MELODY C. SMITHSON
MY COMMISSION # HH 620230
EXPIRES: December 10, 2028

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

State of Florida

Affidavit Regarding the Use of Coercion for Labor and Services

Vendor Name: Commercial Risk Management, Inc.

Vendor FEIN: 591346411

Vendor's Authorized Representative Name and Title: Susan E Theis, President/CEO

Address: P.O. Box 18366

City: Tampa State: Florida Zip: 33679

Phone Number: 813-289-3900

Email Address: stheis@crm-su.com

Florida Statute §787.06(13) requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Miramar, Florida is a governmental entity for the purposes of this statute.

As the officer of representative of the company, I certify that the company identified above does not:

- Use or threaten to use physical force against any person:
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against his or her will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied towards the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit;
- Provide controlled substances as outlined in Schedule I or Schedule II of Florida State Statute §893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

Signature: Susan E Theis
(Authorized Signature)

Print Name And Title: Susan E Theis, President

Date: May 21, 2025

REQUEST FOR PROPOSALS

THIRD PARTY CLAIMS ADMINISTRATION SERVICES

RFP No. 25-03-14

The City of Miramar City Commission:

Mayor Wayne M. Messam
Vice Mayor Yvette Colbourne
Commissioner Maxwell B. Chambers
Commissioner Avril K. Cherasard
Commissioner Carson Edwards

Dr. Roy L. Virgin, City Manager

City of Miramar
2300 Civic Center Place
Miramar, FL 33025

DATE ISSUED: April 24, 2025

CLOSING DATE AND TIME: Wednesday, May 28, 2025
AT 2:00 P.M. EST

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INTRODUCTION

INSTRUCTIONS FOR SUBMITTING A PROPOSAL IN RESPONSE TO A FORMAL REQUEST FOR PROPOSALS

PROPOSALS MUST BE SUBMITTED USING ONE OF THE FOLLOWING OPTIONS:

OPTION 1: Submit electronically via DemandStar e-bidding module at www.demandstar.com

Please note the following instructions when submitting proposals via Demand Star:

1. All proposals must be submitted on 8 ½-inch by 11-inch paper, neatly typed with one-inch margins and single-line spacing.

OR

OPTION 2: Delivered in person or mailed to the City.

Proposers must submit one (1) unbound one-sided original proposal, neatly typed on one side only with normal margins and spacing, and four (4) bounded copies of the original proposal (a total of 5), by the due date and time specified in the solicitation. A USB must also be submitted with an electronic version of the complete bid.

Each proposal mailed or delivered in person to the City of Miramar (hereinafter the "City") must be submitted in a sealed envelope or container and must have the following information clearly marked on the face of the envelope or container:

a) Proposer's name, return address and telephone number
b) Solicitation number
c) The Solicitation Due Date and Time
d) Title of the Solicitation

Failure to include this information may result in your proposal being deemed "non-responsive" if the City determines that the proposal resulted in prejudice to other proposers. The proposer shall have no grounds to protest should such proposal that have failed to include the information described above be opened in error.

Proposals must be mailed or delivered in person to the attention of the City Clerk's Office as shown below:

OFFICE OF THE CITY CLERK
CITY OF MIRAMAR
2300 CIVIC CENTER PLACE
MIRAMAR, FL 33025

Proposals submitted at the same time for different solicitations shall be placed in separate envelopes, and each envelope shall contain the information previously stated. Failure to comply with this requirement shall result in any such incorrectly packaged Proposals not being considered.

PLEASE NOTE THAT ONLY PROPOSALS RECEIVED ON OR BEFORE THE DUE DATE AND TIME OF MAY 28, 2025 AT 2:00 P.M. EST WILL BE ACCEPTED.

SUBMITTING A PROPOSAL IS SOLELY AND STRICTLY THE RESPONSIBILITY OF THE PROPOSER. THE CITY IS NOT RESPONSIBLE FOR DELAYS CAUSED BY ANY MAIL, PACKAGE OR COURIER SERVICE, OR CAUSED BY ANY OTHER OCCURRENCE. ANY PROPOSAL RECEIVED AFTER THE DUE DATE AND TIME STATED IN THE SOLICITATION TIMETABLE IN THIS REQUEST FOR PROPOSALS WILL NOT BE OPENED AND WILL NOT BE CONSIDERED.

THE PROPOSAL MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE PROPOSER WHO IS LEGALLY AUTHORIZED TO ENTER INTO A CONTRACTUAL RELATIONSHIP IN THE NAME OF THE PROPOSER. THE SUBMITTAL OF A PROPOSAL BY A PROPOSER WILL BE CONSIDERED BY THE CITY AS CONSTITUTING AN OFFER BY THE PROPOSER TO PERFORM THE REQUIRED SERVICES AND/OR PROVIDE THE REQUIRED GOODS AT THE PRICE STATED BY THE PROPOSER.

SECTION 1
GENERAL TERMS AND CONDITIONS

1-1
DEFINITIONS

The term “Best and Final” shall refer to a responsive proposal that contains a proposer’s most favorable terms for price, services, and products to be delivered.

The term “Chief Procurement Officer” shall refer to the Director of the City’s Procurement Department.

The term "City" shall refer to the City of Miramar, Florida, or its City Commission, as applicable.

The term "Contract" shall refer to the Contract or Contracts that may result from this Request for Proposals.

The terms “CBE Firm” or “SBE Firm” shall respectively refer to a County Business Enterprise (“CBE”) or Small Business Enterprise (“SBE”) as defined by Section 1-81.1(c) of the Code of Ordinances of Broward County, Florida, that has a Broward County Business Tax Receipt, is located and doing business in Broward County, and is certified as such by the Broward County Office of Economic Development and Small Business Development.

The term “Due Date and Time” shall refer to the due date and time listed in the Solicitation Timetable.

The term "Goods” shall refer to all materials and commodities that will be required to be provided by the Successful Proposer in accordance with the Scope of Services, and the Terms and Conditions of this Solicitation.

The term “Local Business” shall refer to a firm that has a business location within Miramar, is in compliance with all City licensing requirements, and is current on all City taxes.

The term "Procurement Office" shall refer to the Procurement Department of the City.

The term "Proposal" shall refer to any offer(s) submitted in response to this Request for Proposals.

The term “Proposal Forms” shall refer to any and all forms required to be completed by the Proposer in submitting a Proposal in response to this Solicitation.

The terms “Proposer” or the “Firm” shall refer to any person or entity submitting a Proposal in response to this Request for Proposals.

The terms "Provider" or "Successful Proposer" shall refer to the Proposer receiving an award as a result of this Request for Proposals.

The terms "Request for Proposals", “RFP” or “Solicitation” shall mean this Request for Proposals, including all Exhibits and Attachments as approved by the City, and any amendments/ addenda thereto issued by the Procurement Department.

The term “Specifications” shall refer to any and all requirements set forth in this Solicitation relating to the Goods and/or Services to be provided by the Successful Proposer.

The term "Subcontractor" or “Subconsultant” shall refer to any person, firm, entity, or organization, other than the employees of the Successful Proposer, who contract with the Successful Proposer to

furnish labor, or labor and materials, in connection with the Services to the City, whether directly or indirectly, on behalf of the Successful Proposer.

The terms "Services", “Program”, “Project”, or “Engagement” shall refer to all matters and things that will be required to be done by the Successful Proposer in accordance with the Scope of Services, and the Terms and Conditions of this Solicitation.

1-2
AVAILABILITY OF REQUEST FOR PROPOSALS

Copies of this Solicitation package may be accessed on DemandStar at *www.demandstar.com* or by calling (866) 273-1863, or by sending an email to support@demandstar.com . DemandStar distributes the City’s solicitations through electronic download, by facsimile, or through the U.S. Postal Service. Proposers are **not** required to register with DemandStar to receive a copy of any City solicitation. Registration with DemandStar is optional, at the sole discretion of the Proposer. DemandStar charges a nominal fee for distribution of solicitation packages.

Proposers choosing to register with DemandStar may do so online at *www.demandstar.com* or by requesting a faxed registration form by calling (866)-273-1863. **Note: If you are already registered with DemandStar for Broward County, you do NOT need to register again.**

To request the Solicitation from the City’s Procurement Office, your request should include the following information: the Solicitation number and title, the name of the potential Proposer’s contact person, the potential Proposer’s name, complete mailing address, telephone number, and fax number.

Proposers who obtain copies of this Solicitation from sources other than DemandStar or the City’s Procurement Department run the risk of not receiving amendments to the Solicitation because their names will not be included on the list of Firms participating in the process for this particular Solicitation. Such Proposers are solely responsible for those risks.

1-3
CONE OF SILENCE

Proposers are notified that this Solicitation is subject to a “Cone of Silence.” Pursuant to Sections 2-421 and 2-422 of the City Code of Ordinances (“Code”), “Cone of Silence” is defined to mean a prohibition on any communication regarding this RFP between a potential contractor, service provider, bidder, proposer, offeror, lobbyist, or consultant and the City's personnel, including but not limited to the City Manager, member of the City's professional staff, or any member of the selection committee.

The Cone of Silence shall be imposed upon each request for proposal, request for qualifications, request for letters of interest or invitation for bids at the time of short listing by the selection team for responses to the particular solicitation, and for procurements, such as a bid, where a short listing is not created, in which case the cone of silence shall be imposed at the bid opening or at the time responses are received.

This Cone of Silence does not apply to oral communications at pre-proposal conferences; oral presentations before evaluation committees; contract negotiations; public presentations made to the City Commission during any duly noticed public meeting; or communications in writing at any time with any City

employee, official, or member of the City Commission regarding matters not concerning this Solicitation.

The Cone of Silence shall terminate at the time the City Manager or her designee makes a recommendation to the City Commission at a duly scheduled meeting of the City Commission; provided, however, that if the City Commission refers the City Manager's recommendation back to the City Manager or staff for further review, the Cone of Silence shall be re-imposed until such time as the City Manager makes a subsequent recommendation.

1-4
INTERPRETATIONS AND REPRESENTATIONS

If any person contemplating submitting a Proposal is in doubt as to the true meaning of any part of this RFP, he/she may submit to the City a written request for an interpretation thereof. The person submitting the request will be responsible for its prompt delivery in accordance with Section 1-7(b) below. Any interpretation will be made only by an addendum. Failure on the part of the prospective Proposer to receive a written interpretation before the submission deadline will not be grounds for withdrawal of a Proposal. Proposer will acknowledge receipt of each addendum issued by stating so in his/her Proposal. No oral explanation or instruction of any kind or nature whatsoever given before the award of a Contract to a Proposer shall be binding. The Proposer shall not rely on any representation, statement, or explanation other than those made in this Solicitation document or in any addenda issued. Where there appears to be a conflict between this Solicitation and any addenda issued, the last addendum issued will prevail. *See also* Section 1-5 below.

1-5
RECEIPT OF ADDENDA AND SUBSTITUTE PROPOSAL FORMS

It is the Proposer's sole responsibility to ensure receipt of all addenda and substitute Proposal Forms. It is the Proposer's further responsibility to verify with the Procurement Office, prior to submitting a Proposal, that all addenda have been received.

1-6
CONTENTS OF SOLICITATION

1) General Conditions

a) It is the sole responsibility of the Proposer to become thoroughly familiar with the Solicitation requirements and all terms and conditions affecting the performance of this Solicitation. Pleas of ignorance by the Proposer of conditions that exist, or that may exist, will not be accepted as a basis for varying the requirements of the City or the compensation to be paid to the Provider.

b) The Proposer is advised that this Solicitation is subject to all legal requirements and all other applicable City and county ordinances and/or state and federal statutes, rules, and regulations.

2) Additional Information/Amendments

a) Requests for additional information, explanation, clarification, or interpretation must be made in writing to the Procurement Office at the email address identified above, pursuant to Sections 1-4 and 1-5 above by the due date for requests for clarification, specified in the solicitation timetable. The request shall contain the requester's name, address, and telephone number.

b) The City's Procurement Office may issue a response to any inquiry if it deems necessary, by written amendment in the form of an addendum to the Solicitation, which shall be issued prior to the Solicitation

Due Date and Time. The Proposer shall not rely on any representation, statement, or explanation other than those made in this Solicitation document or in any amendments/addenda issued.

3) Conflicts in this Solicitation

Where there appears to be a conflict between the General Terms and Conditions, the Special Conditions, the Specifications or Scope of Services, the Contract or any amendment/addendum issued, the order of precedence shall be: the last amendment/addendum issued; the Specifications or Scope of Services; the Special Conditions; the General Terms and Conditions, and then the Contract.

Where there appears to be a conflict in the Due Date and Time listed anywhere in this Solicitation, it is the sole responsibility of the potential Proposer to verify the Due Date and Time by calling the City's Procurement Office at (954) 602-3053.

1-7
PRE-PROPOSAL CONFERENCE (Non-Mandatory)

A Virtual Non-Mandatory Pre-Proposal conference will be held on Tuesday May 6, 2025, at 10:30 AM.

Please use information below to join meeting:

Join from the meeting link

https://miramarfl.webex.com/miramarfl/j.php?MTID=ma3e03c440041783b58b8993ee1a3780d

Join by meeting number

Meeting number (access code): 2312 014 9097

Meeting password: MqTNpgEJ545

Tap to join from a mobile device (attendees only)

+1-415-655-0001,23120149097## US Toll

Join by phone

+1-415-655-0001 US Toll

Global call-in numbers

Join from a video system or application

Dial 23120149097@miramarfl.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Please submit all questions in writing by, Wednesday May 15, 2025, to the Procurement Point of Contact.

1-8
PREPARATION AND SUBMISSION OF A PROPOSAL

Preparation/Submission

1) The Proposal Forms shall be used when submitting a Proposal. Use of any other forms may result in the Proposer's Proposal being deemed "Non-Responsive."

2) The Proposal shall either be typed or completed legibly in ink. The Proposer's authorized agent shall sign the Proposal Forms in ink and all corrections made by the Proposer shall be initialed in ink by the authorized agent. The use of pencil or erasable ink or the failure to comply with any of the foregoing may result in the rejection of the Proposal.

3) Upon request, the City will provide a tax exemption certificate, if applicable. Any special tax requirements will be specified either in the Special Conditions or in the Specifications.

4) Telegraphic or facsimile Proposals shall not be considered.

5) The apparent silence of the Specifications, and any amendment regarding any details, or the omission from the Specifications of a detailed description concerning any materials or Services requested, shall be regarded, and interpreted as meaning that only the best commercial practices are to prevail, and that only materials and workmanship of first quality are to be used. All interpretations of the Specifications shall be made upon the basis of this Solicitation.

b) Criminal Conviction Disclosure

Any individual Proposer who has been convicted of a felony during the past ten (10) years and any corporation, partnership, joint venture, or other legal entity Proposer having an officer, director, member/manager, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a Contract with or receiving funding from the City. Forms for the disclosure of such a criminal conviction are available from the Procurement Office.

c) Sworn Statement on Public Entity Crimes

Pursuant to Paragraph (2)(a) of Section 287.133, Florida Statutes, "A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list."

d) Preference for Local Bidders

Except where federal, state or county law mandates to the contrary, or as otherwise provided herein, the City, pursuant to its purchasing authority, shall grant a preference in the amount of five (5) percent of any bid or five (5) points of any Proposal score to a Local Business. Such preference shall apply to bids or Proposals for commodities, Services, and construction.

e) Preference for Businesses Employing Miramar Residents

A vendor located outside of the City limits is considered equivalent to a City vendor and accorded the same preference if it employs a minimum of ten (10) full time equivalent (“FTE”) City residents or City residents constitute 20 percent of the FTE of the company’s local workforce (in Broward and Miami-Dade Counties), whichever is larger. Such preference shall apply to bids or Proposals for commodities, Services, and construction.

f) Preference for CBE and SBE Firms

Except where federal, state or county law mandates to the contrary, or as otherwise provided herein, the City, pursuant to its purchasing authority, shall grant a preference in the amount of five (5) percent of any bid or five (5) points of any Proposal score to a CBE or SBE Firm. Such preference shall apply to bids or Proposals for commodities, Services, and construction.

g) Application of Preferences

In the application of any price preference granted by the City Code or City policy, the preference is applied by granting the specified percent price reduction to the price of the bidder/Proposer allowed the preference. Preferences shall be additive and computed as a whole on the bid or Proposal.

h) Drug-free Workplace Preference

All public bids or Proposals are subject to the City of Miramar Preference to Businesses with Drug-free Workplace Programs as set forth in Section 2-456(d) of the City's Code. The City grants a preference to a business with a drug-free workplace program whenever two (2) or more Proposals are equal with respect to price, quality, and Services. The Drug-free Workplace Vendor shall have the burden of demonstrating that its program complies with Section 287.087, Florida Statutes, and all other applicable state law. All Proposers shall submit the form entitled "**DRUG-FREE WORKPLACE AFFIDAVIT**."

i) Anti-Kickback Affidavit

All Proposers shall submit the duly signed and notarized form entitled "**ANTI-KICKBACK AFFIDAVIT**."

j) Non-Collusion Declaration

All Proposers shall affirm that they have not and shall not collude, conspire, connive or agree, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Services for which their Proposal has been submitted, or to refrain from offering a Proposal in connection with such Service; or, in any manner, directly or indirectly, been sought by another person to fix the price or prices in the Proposal or of any other Proposer, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against any other Proposer, or any person interested in the proposed Services. All Proposers shall submit the duly signed form entitled "**NON-COLLUSION DECLARATION**."

k) Non-Discrimination Affidavit

All Proposers shall affirm that their organization shall not discriminate against any person in its operations, activities, or delivery of Services. Proposers shall also affirmatively comply with all applicable provisions of federal, state, and local equal employment Laws and shall not engage in or commit any discriminatory practice against any person on the grounds of sex, race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family background, linguistic preference, pregnancy, and any other legally prohibited basis, or any other factor which cannot be lawfully used as a basis for Service delivery. All Proposers shall submit the duly signed and notarized form entitled "**NON-DISCRIMINATION AFFIDAVIT**."

l) Business/Vendor Profile Survey

All Proposers shall provide the City with the information requested in the

Business/Vendor Profile Survey prior to being recommended for award of any Contract resulting from this Solicitation.

m) Request for Taxpayer Identification Number and Certification

All Proposers shall provide the City with their Taxpayer Identification Number prior to being recommended for award of any Contract resulting from this Solicitation.

n) Antitrust Laws

By submitting a signed Proposal, the Successful Proposer acknowledges compliance with all antitrust laws of the United States and the State of Florida in order to protect the public from restraint of trade, which illegally increases prices.

o) Conflicts of Interest

The award of a Contract is subject to the provisions of Chapter 112, Florida Statutes. Proposers shall disclose the name of any officer, director, partner, associate, or agent who is also an officer, appointee, or employee of the City at the time of the Proposal or at the time of an occurrence of a conflict of interest.

p) Collection of Fees and Taxes

By accepting the award of a Contract, the Successful Proposer acknowledges compliance with the requirement that all delinquent and currently due fees and taxes have been paid. The City may require verification and satisfaction of all delinquencies and currently due fees and taxes prior to recommending a Proposer for the award of any Contract.

1-9
MODIFICATION OR WITHDRAWAL OF A PROPOSAL

a) Modification of a Proposal

Any modification of a Proposal by the Proposer shall be submitted to the Office of the City Clerk prior to the Solicitation Due Date and Time. The Proposer shall submit the new Proposal and a letter, on company letterhead, signed by an authorized agent of the Proposer stating that the new submittal supersedes the previously submitted Proposal. The sealed envelope or container shall contain the same information as required for submitting the original Proposal. In addition, the envelope or container shall be marked with a statement that "This Proposal Replaces the Previously Submitted Proposal." No modifications of a Proposal shall be accepted after the Solicitation Due Date and Time.

b) Withdrawal of a Proposal

A Proposal may be withdrawn at any time prior to the Solicitation Due Date and Time. A Proposal may also be withdrawn 180 or more calendar days after the Solicitation Due Date and Time, provided that the Proposal is withdrawn prior to a recommendation for the award of a Contract being made. Withdrawals may only be made by written communication delivered to the Office of the City Clerk at the address identified in this Solicitation. The withdrawal letter must be on company letterhead and signed by an authorized agent of the Proposer.

1-10
LATE PROPOSALS, LATE MODIFICATIONS, AND LATE WITHDRAWALS

Proposals received after the Solicitation Due Date and Time will not be accepted, opened, or considered. Modifications of Proposals received after the Solicitation Due Date and Time will also not be accepted or considered. Withdrawal of Proposals received after the Solicitation Due Date and Time but prior to the expiration of 180 calendar days after the

Solicitation Due Date and Time will not be accepted or considered.

1-11
SOLICITATION POSTPONEMENT OR CANCELLATION

The City may, at its sole and absolute discretion, reject any and all, or parts of any and all Proposals, re-advertise this Solicitation, postpone, or cancel, at any time, this Solicitation process, or waive any irregularities in this Solicitation or in the Proposals received as a result of this Solicitation.

1-12
COST OF PROPOSALS

All expenses involved with the preparation and submission of Proposals to the City, or any Services provided in connection therewith, shall be borne by the Proposer(s). No payment shall be made for any responses received or for any other effort required of or made by the Proposer(s) prior to the provision of Services as defined by a contract duly approved by the City Commission.

1-13
ORAL PRESENTATIONS

The City may require Proposers to perform an oral presentation in support of their Proposals or to exhibit or otherwise demonstrate the information contained therein. This presentation or demonstration may be performed before the Evaluation/Selection Committee or the City Commission. If required, the City shall notify Proposers with as much advance notice as possible prior to the date of such a presentation.

1-14
EXCEPTIONS TO THE SOLICITATION

Proposers may take exception to any of the terms of this Solicitation unless the Solicitation specifically states where exceptions may not be taken.

Where exceptions are taken, the City, in its sole discretion, shall determine whether to consider the exception and/or the acceptability of the proposed exceptions.

The City is under no obligation to accept or consider any exceptions or accept any Proposal with an exception. Proposers are reminded that they may submit one (1) Proposal without exceptions and an alternate Proposal with exceptions.

1-15
PROPRIETARY AND/ OR CONFIDENTIAL INFORMATION

a) Proposers are notified that all information submitted as part of or in support of Proposals will be available for public inspection after opening of the Proposals, in compliance with Chapter 119, Florida Statutes, popularly known as the "Public Records Law." Any person wishing to view the Proposals in person may make an appointment by calling the Procurement Office at (954) 602-3053.

b) All Proposals submitted in response to this Solicitation become the property of the City. Unless the City is notified and acknowledges that the information submitted is proprietary, copyrighted, trademarked, or patented, the City reserves the right to utilize any or all information, ideas, conceptions, or portions of any Proposal when determined to be in the City's best interest. Acceptance or rejection of any Proposal shall not nullify the City's rights hereunder.

1-16
EVALUATION OF PROPOSALS

a) <u>Rejection of Proposal</u>

1) The City may reject any Proposer's Proposal and award the Contract to the next highest evaluation scoring, responsive, responsible Proposer;

or

The City may reject the entire or any portion of all Proposals submitted and re-advertise for all or any part of this Solicitation, whenever it is deemed in the best interest of the City. The City shall make the sole determination of what is in its "best interest."

2) The City may reject any Proposal if the Proposer does not accept or attempts to modify the terms and conditions of this Solicitation.

b) Elimination from Consideration

No Contract shall be awarded to any person or firm that is in default to the City as a result of any debt, taxes, or any other obligation whatsoever.

c) Waiver of Informalities

The City reserves the right to waive any informalities or irregularities in any response to this Solicitation.

d) Demonstration of Competency

1) A Proposal shall only be considered from a Firm that is regularly engaged in the business of providing the Goods and/or Services required by this Solicitation. Proposers must be able to demonstrate a good record of performance and have sufficient financial resources, equipment, and organization to ensure that they can satisfactorily provide the Goods and/or Services required by this Solicitation.

2) The City may conduct a pre-award inspection of the Proposer's site or hold a pre-award qualification hearing to determine if the Proposer possesses the requirement(s) as outlined in the above paragraph and is capable of performing the requirement(s) of this Solicitation. The City may consider any evidence available regarding the financial, technical, or other qualifications and abilities of the Proposer, including past performance (experience) with the City or any other governmental entity.

3) The City may require the Proposer to show evidence that it has been designated as an authorized representative of a manufacturer, supplier and/or distributor if required by this Solicitation.

4) The City reserves the right to audit all records, financial or otherwise, pertaining to and resulting from any award as a result of this Solicitation.

1-17
NEGOTIATIONS

a) The City may award a Contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the Proposer's best efforts. However, the City, in its sole discretion, reserves the right to enter into Contract negotiations with the highest scoring, responsive, responsible Proposer whose Proposal is most advantageous to the City. Should the City and that Proposer fail to reach agreement on a mutually acceptable Contract, the City shall have the right to terminate contract negotiations and to negotiate same with the next highest scoring, responsive, responsible Proposer. No Proposer shall have any rights against the City arising from such negotiations until a Contract acceptable to the City has been awarded and executed.

b) To assure full understanding of and responsiveness to the Solicitation requirements and full understanding of

qualified Proposals or offers, discussions may be conducted with qualified Proposers or offerors who submit responses determined to be reasonably acceptable of being selected for award for the purpose of clarification and to assure full understanding of and responsiveness to the Solicitation requirements. The respondents shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of responses, and such revisions may be permitted through negotiations prior to award for the purpose of obtaining best and final Proposals or offers.

1-18
AWARD OF CONTRACT(S)

a) Contract(s)

This Solicitation contains a sample of the Contract to be awarded as a result of this Solicitation, entitled "**CONTRACT**". After award, a Contract **similar** to the Contract, inclusive of all attachments and any modifications that the City **in its sole discretion** may make, and reflecting all requirements, terms and conditions of this Solicitation and any negotiated changes, will constitute the entire Contract between the parties. No rights shall inure to the benefit of any Proposer pursuant to this Solicitation until the Contract has been executed by both parties. **The Proposer shall provide with its Proposal any contract forms desired for consideration by the City as part of the final agreement to be executed.**

b) Additional Information

The award of a Contract may be preconditioned on the subsequent submission of other documents specified in the Special Conditions or Specifications. The Successful Proposer shall be deemed "Non-Responsive" if such documents are not submitted in a timely manner and in the form required by the City. Where the Successful Proposer is deemed "Non-Responsive" as a result of such failure to provide the required documents, the City may award the Contract to the next highest evaluation scoring, responsive, responsible Proposer.

c) Independent Contractor

The Successful Proposer shall be a contractor operating independently from the City. All employees and contractors of the Successful Proposer shall be considered to be, at all times, the sole employees, or contractors of the Successful Proposer, under the Successful Proposer's sole discretion, and not an employee, contractor, or agent of the City. Nor shall employees and contractors of the Successful Proposer enjoy any privity of contract with the City. Neither the Successful Proposer nor any of its employees shall receive any City benefits available to employees of the City. The Successful Proposer shall supply competent and physically capable employees and contractors. The City may require the Successful Proposer to remove any employee or contractor the City deems careless, incompetent, insubordinate, or otherwise objectionable and/or whose continued performance of the Services is not in the best interest of the City.

d) Contract Extension

The City reserves the right to automatically extend any Contract for up to 180 calendar days beyond the stated Contract term under the same terms and conditions of said Contract. The City shall notify the Successful Proposer in writing of such extensions. Additional extensions beyond the first 180-day extension may occur if approved by the City Commission, with the mutual agreement of the City and the Successful Proposer.

e) Limited Contract Extension

Any specific work assignment which commences prior to the termination date of any Contract, and which will extend beyond the termination date shall, unless terminated by mutual written agreement of both parties, continue until completion at the same prices, terms, and conditions as set forth in the Contract.

f) Warranty

Any implied warranty granted under the Uniform Commercial Code shall apply to all goods purchased under any Contract.

g) Estimated Quantities

Estimated quantities or estimated dollars, if provided, are for Proposer's guidance only. No guarantee is expressed or implied as to quantities or dollars that will be used during the period of the Contract. The City is not obligated to place any order for a given amount subsequent to the award of any Contract. Estimates are based upon the City's actual needs and/or usage during a previous contract period. Said estimates may be used by the City for purposes of determining the highest evaluation scoring, responsive, responsible Proposer meeting the Specifications.

h) Non-Exclusive Contract

Although the purpose of this Solicitation is to secure a Contract that can satisfy the total needs of the City, it is agreed and understood that any Contract awarded does not create the exclusive rights of the Successful Proposer to receive all orders that may be generated by the City in connection with the types of products and/or Services requested, unless otherwise stated herein.

1-19
RIGHT TO APPEAL AWARD RECOMMENDATION

After a notice of intent to award a Contract is posted, any actual or prospective bidder/Proposer who is aggrieved in connection with the pending award of the Contract or any element of the process leading to the award of the Contract may protest to the Chief Procurement Officer. A protest must be filed within five (5) business days after posting or any right to protest is forfeited. The protest must be in writing, must identify the name and address of the protester, and must include a factual summary of, and the basis for, the protest. Filing shall be considered complete when the protest and accompanying fee is received by the Chief Procurement Officer.

A nonrefundable filing fee from protester is required to compensate the City for the expenses of administering the protest. The fee shall be in the form of cash or a cashier's check, and in accordance with the schedule set forth below:

Contract Award Protest Filing Fee

$10,000-$50,000	$500.00
$50,001-$250,000	$1,000.00
$250,001 and greater	1% of the pending award or $5,000 whichever is greater

1-20
RESULTING PROPOSER OBLIGATIONS

a) Rules, Regulations, Licensing, and Other Requirements

The Proposer shall comply with all laws and regulations applicable to the Goods and/or Services requested in this Solicitation. The Proposer is presumed to be familiar with all federal, state, and local laws, ordinances, codes, and regulations that may in any way affect the Goods and/or Services offered.

b) Condition of Packaging and Packaging Materials

If applicable, and unless otherwise specified in the Special Conditions or Specifications, all containers shall be suitable for shipment and/or storage and recyclable to the greatest extent possible.

1-21
REQUIRED LISTING OF SUBCONTRACTORS AND SUPPLIERS

All Contracts with the City for the purchase of supplies, materials, or Services, including professional Services that involve the expenditure of $25,000.00 or more, shall require that the Proposer submits with its Proposal a list of all first-tier Subcontractors or Subconsultants who will provide any part of the Contract Services and all suppliers who will provide materials for the Contract Services directly to the Successful Proposer. In addition, the Successful Proposer shall not change or substitute Subcontractors, Subconsultants or suppliers from those listed in the Proposal, except upon written approval of the City.

All Proposers shall submit the completed Proposal form entitled "**PROPOSER'S DISCLOSURE OF SUBCONTRACTORS, SUBCONSULTANTS AND SUPPLIERS**" with their Proposal(s). **FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RENDER THE PROPOSAL "NON-RESPONSIVE."**

1-22
OTHER AGENCIES (PIGGYBACK CLAUSE)

The successful Proposer(s) from this RFP may permit any other municipality or government agency to contract with the Proposer under the same prices, terms, and conditions of the Agreement entered into with the City. Any other agency that chooses to piggyback the terms and conditions of this contract shall do so independently and shall be responsible for its own purchases.

1-23
ACCEPTANCE OF CREDIT CARDS

The City of Miramar has implemented a Purchasing Card (P-Card) Program. Vendors must have the capability to accept credit cards for payments or must be willing to take the necessary steps to have the capability to accept credit cards prior to the implementation of this agreement as the City may opt to use the P-Card (Truist Mastercard) as its method of payment.

While acceptance of credit cards for payments may be mandatory, this shall not be the City's exclusive method of payment. Contractors shall not charge a surcharge, convenience fee or any other fees associated with the acceptance of payment by the City's P-Card.

1-24
VENDOR REGISTRATION

Vendors who are interested in registering their business with the City of Miramar may do so by visiting the following link: https://www.miramarfl.gov/189/Vendor-Registration.

1-25
PROHIBITION AGAINST CONSIDERING SOCIAL, POLITICAL, OR IDEOLOGICAL INTERESTS

In accordance with F.S. 287.05701, the City of Miramar does not request documentation of or consider a Proposer's social, political, or ideological interests when determining if the Proposer is a responsible Proposer. Furthermore, the City of Miramar does not give preference to a Proposer based on the Proposer's social, political, or ideological interests.

SECTION 2
SPECIFIC TERMS AND CONDITIONS

2-1
PURPOSE: TO ESTABLISH A CONTRACT BETWEEN A PROVIDER AND THE CITY OF MIRAMAR FOR THIRD PARTY CLAIMS ADMINISTRATION.

The purpose of this Solicitation is to establish a contract with one or more qualified entities to deliver the Services outlined herein in a prompt and professional manner. Specifically, this Solicitation seeks to select a Provider for Third Party Claims Administration, in accordance with the terms, conditions, and Scope of Services detailed in this RFP.

The City is requesting Proposals from experienced individual(s), group(s), or company(ies), hereinafter referred to as the "Proposer", to provide the Services for the City.

2-2
SOLICITATION TIMETABLE

The anticipated schedule* for this Solicitation and the award of the Contract shall be as follows:

Milestone	**Timeframe**
RFP Issuance……	April 24, 2025
Pre-Proposal Conference (Non-Mandatory)	May 6, 2025 @10:30 A.M. EST
Deadline for Clarification Questions……	May 15, 2025
Proposals Due to City……	**May 28, 2025, by 2:00 PM EST**
Final Ranking of Proposers	TBA
Contract Negotiations	TBA
Award of RFP and Contract by City Commission	TBA

***Dates in this schedule occurring after the Proposal Due Date and Time may be amended by the City in its sole discretion, and no rights shall inure to any Proposer due to such amendment.**

2-3
TERM OF CONTRACT

The term of the contract resulting from this solicitation shall be for a period of three (3) years and shall commence upon the date a Contract is executed by both parties, and if provided, the commencement date specified in the Contract, with the option to renew for three (3) additional one-year terms.

In addition to any renewal, if provided for, the Chief Procurement Officer may authorize up to a 90 day extension of a Contract in accordance with the terms and conditions of the Contract; and the City Manager or his/her designee is authorized to extend, for operational purposes only, an additional 90 days for a maximum of 180 days for any Contract entered into by the City pursuant to City Commission approval. Any further extensions of such Contract require the approval of the City Commission.

2-4
METHOD OF AWARD

The award of any Contract resulting from this Solicitation will be made to the highest evaluation scoring, responsive, responsible Proposer whose Proposal will be the most advantageous to the City, taking into consideration price and the other evaluation factors set forth in this Solicitation.

2-5
METHOD OF PAYMENT: PERIODIC INVOICES FOR SERVICES RENDERED

The Successful Proposer(s) shall submit fully documented invoices within 30 calendar days after Services have been rendered. These invoices shall be submitted to the:

City of Miramar,
ATTN: Accounts Payable,
2300 Civic Center Place,
Miramar, Florida 33025
Email: APINVOICES@CI.MIRAMAR.FL.US

All documentation shall reference the appropriate Contract number, the type of Service(s) provided, and the dates or period that the Service(s) were provided in the prior 30 days.

2-6
CONTENTS OF PROPOSAL

The contents of the Proposal shall be as required by this RFP, including the information required in **Section 3** below.

2-7
COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS

The Successful Proposer understands that agreements between private entities and local governments are subject to certain laws and regulations, including laws pertaining to public records, conflict of interest, record keeping, etc. The City and Successful Proposer agree to comply with and observe all applicable laws, codes and ordinances as they may be amended from time to time.

2-8
ACCEPTANCE OF SERVICES BY THE CITY

The Services shall be performed by the Provider consistent with the highest professional standards. Any Services not provided as required shall be corrected by the Provider to the extent possible at no cost to the City.

2-9
POINT OF CONTACT

For any additional information regarding the Scope of Services and requirements of this Solicitation, contact the Procurement Office at:

Procurement Department
City of Miramar
2300 Civic Center Place
Miramar, FL 33025
Sally Phanor
Procurement Analyst
Phone: (954) 602-3314
Fax: (954) 602-4573
sphanor@miramarfl.gov

2-10
ACCEPTANCE OF CREDIT CARDS

The City of Miramar has implemented a Purchasing Card (P-Card) Program. Vendors must have the capability to accept credit cards for payments or must be willing to take the necessary steps to have the capability to accept credit cards prior to the implementation of this agreement as the City may opt to use the P-Card (SunTrust Mastercard) as its method of payment.

While acceptance of credit cards for payments may be mandatory, this shall not be the City's exclusive method of payment. Contractors shall not charge a surcharge, convenience fee or any other fees associated with the acceptance of payment by the City's P-Card.

SECTION 3
SCOPE OF SERVICES AND SPECIAL REQUIREMENTS; PROPOSAL EVALUATION AND CRITERIA; CONTENT OF PROPOSAL

3-1
PURPOSE AND INTENT OF REQUEST FOR PROPOSALS

The City of Miramar is seeking a professional and experienced entity/entities to effectively and efficiently manage its workers' compensation, auto, property and other liability claims, accounting for insurance expenses and subrogation. The City of Miramar invites well-qualified proposers to respond to this RFP to provide the City with the best required services that will maximize the effectiveness of the City's workers' compensation, property/casualty insurance program. The City's intent is to acquire the solution that provides the best value to the City and meets or exceeds both the functional and technical requirements identified in this RFP.

The City's current provider for this service is Gallagher Bassett Services, Inc. and the City's agreement with the current Provider will expire on March 31, 2026. The City will transfer the administration for all active claims (run-off/tail claims) as of April 1, 2026, to the awarded Proposer.

3-2
CITY BACKGROUND

The City is a growing municipality located in southeast Florida, approximately halfway between Miami and Fort Lauderdale. The City has experienced unprecedented growth over the past several years, with an increase in population from 72,739 in 2000 to approximately 139,000 residents to date. The City's infrastructure, residential, commercial, and economic development has also increased at an explosive pace during the same period. Miramar is a long and narrow city, approximately 2.5 miles wide (north to south) and 14 miles long (east to west).

3-3
SCOPE OF SERVICES AND SPECIAL REQUIREMENTS

The Successful Proposer shall:

SECTION I

1. Provide workers' compensation and liability third-party claims administration services for the City of Miramar's self-insured workers' compensation program fund in accordance with Section 440, Florida Statutes, applicable Florida Administrative Code(s), and applicable City Code(s), Resolution(s) or Collective Bargaining Agreement(s). City shall provide Contractor with copies of applicable City Code(s), Resolution(s) or Collective Bargaining Agreement(s) as necessary. This would include the necessary medical benefits, expenses and other services usual and customary to the administration and management of workers' compensation claims, if not otherwise noted herein.
2. Notify the City of proposed or enacted changes in workers' compensation regulatory requirements or legislative acts that may affect the City's claims.

3. As a custodian of records for City, shall comply and cooperate with all applicable City and State record retention and exemptions laws such as, but not limited to, Florida Statutes, Sections, 119, 440, 760 and 112 as they pertain to protected medical, personal and/or work product information.

4. Comply with all past, current and future excess workers' compensation coverage agreements, including reporting requirements affording potential or existing coverage on all and any open (or re-opened claims) claims such as, but not limited to:
    a. A copy of the notice of injury to be sent with each claim.
    b. A complete ledger identifying the type, amount, payee, and date of service for each payment.
    c. A narrative summary that includes the
        i. Description of the accident
        ii. Past, current, and future medical care
        iii. Litigated issues, defense and outcomes
        iv. Current type of indemnity being paid and the future expectations of impairment or permanent total disability
    d. Reserve table that includes aggregate paid, outstanding, recovered, and total incurred amounts.
    e. Types and expectations of third-party recoveries.
    f. Adjuster name, phone, email, fax and address.
    g. Electronic media transmission of all documentation to the excess carrier, unless otherwise instructed.
    h. Any action or suit commenced against the City or excess workers' compensation carrier
    i. Any fatalities.
    j. Any proceeding, event, or development which, in the judgment of the Proposer, might result in a claim upon the City's excess workers' compensation carrier including, but not limited to, the following:
        I. Brain injuries resulting in impairment of physical functions
        II. Spinal injuries resulting in partial or total paralysis of upper or lower extremities
        III. Amputation or permanent loss of use of upper or low extremities
        IV. Severe burn cases.
        V. All other injuries likely to result in a permanent impairment disability rating of 50% or more
        VI. All workers' compensation claims alleging permanent total disability
        VII. All workers' compensation claims involving disability of more than three (3) years
        VIII. All claims where there is a diagnosis of Hepatitis C
        IX. All claims that are asserting a presumption under Florida Statutes, Section 112
    k. Any claim in which the total incurred for all reserves reach 50% of the City's self-insured retention.
    l. Shall forward promptly to the City's excess workers' compensation carrier copies of pleadings and reports of investigation as may be requested.
    m. Inform the City's excess workers' compensation carrier on claims meeting reporting criteria and comply with settlement requirements.
    n. City's excess workers' compensation and liability claims insurance carriers, at its own election and expense, shall have the right to participate with the City in the defense or appeal of any action, suit or proceeding in which it may, in its judgment, become involved.

5. Comply on City's behalf with all Mandatory Insurer Reporting ("MIR') as set forth in Section 111 of the Medicare, Medicaid and SCHIP (State Children's Health Insurance Program) Extension Act of 2007 (all of which together shall be referred to as "MMSEA") (P.L. 110-173). MMSEA mandatory reporting requirements for liability insurance (including self-insurance), no-fault insurance, and workers' compensation (see 42 U.S.C.1395 (b)(7) & (8)), as well as any other similar requirements and reports.

6. Provide effective prescription benefit management services.

7. Process and handle all electronic data interchange requirements on behalf of the City as required by the State of Florida.

8. Provide on behalf of the City all self-insurer reporting to the Self Insurance Unit Division of Workers' Compensation, State of Florida for all annual reports, unit statistical, modification factor, assessment indemnity, medical and all forms required by the State of Florida which a self-insurer for workers' compensation must provide. Proposer shall assist the City in the filing of periodic reports and renewal applications required by state administrative agencies for all self-insurance qualifications. All fees and assessments in connection with such are the obligation of the City.

9. Be responsible for obtaining copies of each excess workers' compensation and liability claims insurance carriers' coverage agreement(s) that provide potential or existing coverage for all open (or re-opened) claims.

10. Be responsible for any penalties, declined coverage, reservation of rights issued, diminished coverage benefits imposed by City's excess workers' compensation carrier(s) due to Contractor's failure to properly report new or existing claims as required by each carriers' coverage agreement reporting requirements.

SECTION II- SYSTEM

11. Provide a risk management information system to record loss data into organized, meaningful information and to allow timely and intelligent risk management decisions.

12. Set up all claims within twenty-four (24) hours after notification. The Proposer system must collect and store complete, accurate information on every claim and be available to City staff 24 hours a day, 7 days a week. The Proposer shall provide "Train-the-Trainer" onsite course to City employees as well as user-friendly on-line training on an ongoing basis. Assigned adjuster, supervisor or nurse case manager shall make a three (3) point contact to the City, the injured employee and the initial medical provider(s) within forty-eight (48) hours.

13. Conduct investigation into the specifics of each report of injury. Enhanced efforts shall be taken to identify possible fraudulent claims, including recorded statements from injured worker, discussions with witnesses and supervisors.

14. Accept all current claims and/or re-opened claims as run-in claims to the Contractor.

15. Provide automated acknowledgement upon receipt of each claim. The acknowledgement shall include, but not be limited, to the following: claim number,

assigned adjuster name, email and telephone number, claimant's name, and date of loss.

16. Provide the City with the ability to report notices of injury electronically, by facsimile or by phone based on the severity, circumstances or nature of the injury at no additional cost.

17. Provide the City with electronic loss runs, claim reports or other reports as required by City. City may require the Contractor to provide hard copies at no additional costs, if required by City's auditors or actuary.

18. Provide the City with telephonic case management services on all claims, field case management services, catastrophic case management services, medical cost projections, life care planning, Medicare set-aside assessments, development and reports, surveillance, peer review, utilization review and reasonable and customary savings review, bill review, percentage of PPO savings and any other usual and customary workers' compensation claims administration claims practice, strategy or activity as all allocated loss adjustment expenses, unless such expenses are more appropriately allocated as a medical expense under the claim per Florida Statutes or Proposer judgment.

19. City shall have the right to unbundle any services to improve efficiency and cost effectiveness.

20. Agree to maintain at least a SAS 70 Type II audit on controls placed in operations and tests for operating effectiveness and agree to provide copies to the City as requested.

21. Provide an on-line check issuance and banking communication system which provides for automated payments and control.

22. Maintain a Quality Assurance Program at all times and provide any and all necessary documentation to the City as requested. Such documentation may include, but not limited to, copies of Quality Assurance Program minutes from meetings, AHCA audit reports, and/or any internal audit reports on claims handling by Proposer.

23. Transfer the electronic file data at the request and as directed by the City. Proposer agrees there shall be no charges to transfer electronic data on a per data file basis or other transfer related fees or charges unless agreed upon in writing by City. All electronic data transferred shall be done within sixty (60) days upon receipt of written notice from City. Electronic data shall be transferred over internet or the most efficient means as requested by City, provided the data files are adequately protected and secured. Electronic file data means all claims information and related claim file information maintained in an electronic computer file format, whether stored on a hard drive, or other device Data will be provided by a series of attachments to one or more email messages containing zip files which must be password-protected. Aggregate costs shall not exceed $5,000, unless authorized by City's representative in the Contract.

24. Take extraordinary measures to ensure data and file conversion and transfer is done with as little disruption to the City and its injured employees to ensure continuity in care and continued best workers' compensation claims management practices.

25. Provide the City's Risk Management team~~,~~ access and training to utilize the

Contractor's Risk Management Information System to facilitate with accessing injured employee diary notes, medical records, other claim documentation and monitoring the adjusters claim activity on the file.

SECTION III- PERSONNEL

26. Provide adequate personnel needed to perform the services agreed to herein (at a minimum, a loss time adjuster, and a medical only adjuster, with support staff as needed).

27. Provide average case load of no more than one-hundred and thirty (130) claims for the designated medical only adjuster, one hundred (100) claims for the designated lost-time adjuster, and one hundred (100) claims for the designated litigation adjuster assigned to handling the City's account, unless approved by City. The City has the sole discretion over the selection and replacement of adjusters handling the City's account as it deems necessary and prudent.

28. Shall provide prescription drug authorization on the same day as injury.

29. Expedient delivery of ancillary services (MRI, X-rays, diagnostics, PT) and medical referral orders.

30. Provide triage to every notice of injured employee with an initial review by a claim's supervisor of the notice of injury, a nurse review of medicals, and assigned adjuster's review of entire claim file.

31. Handle subrogation claims and file lien notices on behalf of the City to protect the City's interests in rights of recovery from third-party tortfeasors. Proposer shall not proceed with any legal action against a third-party tortfeasor without the Human Resources Director's and City Attorney's concurrent approval. All funds received from subrogation shall be considered revenue of the City.

32. Coordinate investigations on litigated claims with attorneys representing the City and with representatives of the excess carrier, as required. It is expressly understood that all legal costs and loss payments will be charged to the City.

33. Agree that, unless the City Code provides otherwise, all negotiated settlement agreements shall require City Commission approval. Such settlements would include agreements to wash-out an entire claim, settle a negotiated lien, settle a negotiated attorney fee, or any other type of settlement that is not otherwise considered an administration of a medical, indemnity or other expense that would otherwise be due and owed in accordance with Florida law.

34. Provide access to a preferred provider network of highly rated providers, particularly in key specialties (physical therapy doctors, hospitals).

35. Assist the City in selecting appropriate experts or specialists as the claims may require. City may utilize outside resources as it deems appropriate.
36. Utilize any recommended medical primary care physicians or specialists, directed by City, regardless of whether or not they are in the Contractor's network, providing it is in the best interest of the injured employee or the City. This would include authorizing

treatment by non-occupational or non-network physicians or providers that have treated an injured employee under emergency or exigent circumstances in an emergency room or other facility, if such treatment would be considered prudent and reasonable for continuity of care purposes.

37. Agree that the City reserves the right to select its own workers' compensation defense counsel to manage all litigation for the City's workers' compensation and employer's liability program, and/or to seek pre-litigation legal advice and claim strategy. The City's Risk Management Representative shall have the authority to approve the workers' compensation defense counsel's fee, cost schedule and/or any allocated legal claim adjustment expenses. Contractor shall agree to work with City's chosen workers' compensation defense counsel. In the event, the Proposer is unable to work with the City's workers' compensation defense counsel, or has a conflict of interest, then City reserves the right to deem the Proposer's proposal non-responsive–or terminate the Contract.

38. Agree that the City reserves the right, but not the obligation, to approve the selection of all vendor partners and ancillary services that are part of the workers' compensation allocated claim expense or reserve.

39. Evaluate and qualify various services providers recommended by the City to service its account, provided such service providers do not present a perceived or potential conflict of interest.

40. Provide Risk Control Consulting services.

41. Perform necessary and customary administrative and clerical work in connection with each qualified claim or loss, including the preparation of checks or vouchers, releases, agreements and other documents needed to finalize a claim.

42. Agree to quarterly claim reviews, whether in person or remote, at the City's discretion, to review all litigated cases, legacy cases, catastrophic cases, or non-litigated complex cases.

43. Attend in person or~~,~~ remotely all mediations. The City shall endeavor to have a Risk Management staff member, or designee, at all mediations as well as hearings.

44. Provide prompt response (within one business day) to service inquiries from the City or its employees.

SECTION IV- PROCESS

45. Utilize the City's selected and approved financial institution for the funding of workers' compensation claim payments and settlements. Proposer agrees to comply with the City's Positive Pay (fraud detection) banking standards and must do a daily data feed to the City's financial institution for fraud detection.

46. Invoice the City monthly for its administrative claim fee.

47. Promptly provide monthly bank statements to allow timely reconciliation by the City.

48. Send original invoices to the attention of the City's Risk Manager, or designee, by email, or express mail as requested by City, to City of Miramar, Human Resources Department, Risk Management Division, 2300 Civic Center Place, Miramar, Florida, 33025, unless otherwise instructed.

49. Be audited by the City at the City's sole discretion and cost.

50. Be audited by the City's excess workers' compensation claims insurance carrier at carrier's sole discretion and cost.

51. Notify City, City's agent or carriers, as designated by the City, of all qualified claims or losses which may exceed the City retention and, if requested, provide information on the status of those claims or losses.

52. Review and seek approval from the City's Risk Manager for any loss reserve adjustment increases.

53. Agree all claim files, reports, and other data prepared or provided in connection with a claim are and shall remain the property of the City.

54. Maintain complete and accurate records and accounts in connection with each claim. Such records will be available at all reasonable times for examination by the City, or its 'designee, and shall be kept for a period of not less than three (3) years after the completion of all work to be performed. Thereafter the Proposer must return all files to the City. Incomplete or incorrect entries in such records may be grounds for disallowance by City of any fees or expenses based upon such entries. Contractor shall return to the City all closed claim files that are mutually agreed upon to be inactive.

55. Agree that any Property loss involving ten (10) or more buildings because of a single event (i.e., hurricane, tornado, flood, earthquake, etc.), will be billed on a time and expense basis, and paid as an allocated claim expense against the claim file.

3-4
MINIMUM QUALIFICATIONS

1. Must be licensed to conduct business in the State of Florida.

2. Operating in Business for a minimum of five (5) years.

3. Minimum of three (3) years in public entity market.

4. Proposer must be operating the same business entity for a minimum of five (5) years and as a Third-Party Claims Administrator continuously for a minimum of three (3) years. Proposer must also have maintained a Third-Party Claims Administrator license with the State of Florida for a minimum of 10 years.

5. Proposer must have experience managing presumption claims, specifying the number of years in this area. Additionally, please provide a list of clients for whom you have handled presumption claims.

3-5
MANAGEMENT AND PERSONNEL

The Proposer shall include the following information in the Proposal:

1. Profile of the Firm – State whether your firm is local, national, or international. Additionally, state the following:

    a. Age and size of the firm and local office.
    b. Location of the office where the work on this Project is to be performed.
    c. Number and nature of the staff to be assigned to this Project on a full-time basis (resumes are preferred).
    d. Number and nature of staff to be assigned to this Project on a part time basis (resumes are preferred).

2. Identify staff who will be assigned to the City's account as primary account manager, claims manager, medical only adjuster, lost-time adjuster, litigation adjuster and nurse case manager and indicate educational background, whether each holds any certifications and licenses applicable to the proposed Project, relevant experience including years of experience in the field. Provide resumes for each person that will be assigned to this Project. Proposer should note whether employees or subcontracted employees.

3. The Successful Proposer must provide details of any legal challenges experienced within the last five (5) years to any written examination, oral review boards, or scenario-based assessment centers. Documents must provide the full legal summary and resulting judgments or disposition.

5. Proposer must submit five (5) Reference Questionnaires (See Section 5) completed and signed by clients comparable in size and nature to the City of Miramar of which at least three (3) must be from a City or County in the State of Florida and must include a Police Department and Fire Department.

3-5
SILENCE OF SCOPE OF SERVICES

The apparent silence of the foregoing Scope of Services as to a detailed description concerning any specifics shall be regarded as meaning that only the best commercial practices are to prevail and that only equipment and workmanship of first quality are to be used. All interpretations of this Scope of Services shall be made upon the basis of this statement.

3-6
PROPOSAL EVALUATION AND CRITERIA

Following the closing of this Solicitation, the Proposals will be evaluated by a selection committee appointed by the Chief Procurement Officer. The selection committee may be comprised of any combination of City staff, consultants, or other non-City persons, all of whom have the appropriate experience and knowledge relating to the Services sought by this

Solicitation, while striving to ensure a well-balanced committee. The scoring of the Proposals will be based on a point total and not a percentage factor. The selection committee will evaluate and score the Proposals received on the basis of the criteria and available points indicated below. The committee shall reserve the right to require one (1) or more oral presentation from one (1) or more of the Proposers, either before or after the initial scoring, and shall have the option to short-list and re-score after the receipt of additional information from such presentations, follow-up questions and answers, on-site Proposer demonstrations (to include module and/or functionality demonstrations, technical demonstrations, service presentation and other due diligence), completed reference checks or site visits. After the final scoring, again based on the criteria and points set forth below, Contract negotiations will be commenced with the highest evaluation scoring, responsive, responsible Proposer whose Proposal will be the most advantageous to the City. Should the City and such Proposer fail to reach agreement on a mutually acceptable Contract, the City shall have the right to terminate negotiations and to negotiate with the next highest scoring firm, and to continue following this process until a mutually acceptable Contract is reached. Once a mutually acceptable Contract is reached, the City Commission will then be asked to approve the award of the RFP and the successfully negotiated Contract.

Evaluation Categories		**Points**
A.	Proposer's ability to perform scope of services and meet deliverables	35
B.	Proposer's company/staff experience and qualifications	30
C.	Proposed Cost	20
D.	References	5
E.	City Local Preference	5
F.	CBE/SBE Preference	5
Total Points		**100**

Scoring for References (Category B):

Proposers must submit five (5) completed and signed Reference questionnaires (See Section 5) for which work was satisfactory of which three (3) must be a City or County in the State of Florida. Each completed and signed Reference questionnaire that is satisfactory in ALL areas will receive 1/5 of the possible points allocated. If a questionnaire contains an area that is unsatisfactory, Proposer will not be awarded points for that reference questionnaire.

Example 1:

Firm "A" submits 5 Reference Forms and is satisfactory in all areas

1/5 X 5 (reference sheets) x 5 (total possible points) = 5 points

Example 2:

Firm "B" submits 4 Reference Forms and is satisfactory in all areas

1/5 X 4 (reference sheets) x 5 (total possible points) = 4 points

Scoring for Price/Fee Structure (Criteria D)

Lowest Cost Proposal divided by Proposer "X" Cost Proposal times maximum available cost points = Proposer "X" Cost Score

Example:
Firm "A" cost proposal is $10,000 and is the lowest cost proposal
Firm "B" cost proposal is $15,000
Firm "C" cost proposal is $20,000

Cost Points Available: 15

Calculation:
Firm "A": Lowest price and receives 15 points
Firm "B": ($10,000)/ ($15,000) X 15 points = 10 points
Firm "C": ($10,000)/ ($20,000) X 15 points = 7.5 points

3-7
CONTENTS OF PROPOSAL

Proposal Format

To facilitate the analysis of responses to this RFP, Proposers are required to prepare their Proposals in accordance with the instructions outlined in this section. Proposers must respond in full to all RFP sections and follow the indicated RFP format (section numbering, and similar matters) in their Proposal. Failure to follow these instructions may result in rejection of the Proposal.

For each question asked in the RFP, Proposers shall provide in their Proposals the question asked and their answer using the section numbering of the RFP.

Proposals shall be prepared to satisfy the requirements of the RFP. EMPHASIS SHOULD BE CONCENTRATED ON ACCURACY, COMPLETENESS, AND CLARITY OF CONTENT. All parts, pages, figures, and tables should be numbered and labeled clearly. The Proposal should be organized as follows:

	Title
-	Proposal Signature Form
1	Executive Summary
2	Qualifications, Experience and Expertise of the firm and persons to be assigned to perform services outlined in this RFP
3	Resources and Methodology and Proposed Method of Contract Performance
4	Information/data Management abilities and on-line, Internet Accessibility for claims reporting and/or monitoring
5	References checks with other clients
6	Proposer Information
7	Exceptions and Deviations

8	Other Required Forms and Attachments
9	Cost Proposal
10	Addenda
11	Affidavits and Acknowledgements

Instructions relative to each part of the Proposal are defined in the remainder of this section.

Costs for the Proposer's recommendation(s) should be submitted on the Proposal Pricing Forms provided. Costs should include the complete costs for the solution, including travel and operating costs. Use additional pages as needed. See "Cost Proposal" below.

Executive Summary

This part of the response to the RFP should be limited to a brief narrative, not to exceed two (2) pages, describing the proposed solution. The summary should contain as little technical jargon as possible and should be oriented toward non-technical personnel. The Executive Summary should not include cost quotations.

Qualifications, Experience and Expertise of the firm and persons to be assigned to perform the services outlined in this RFP

Proposers must provide information about their firm so that the City can evaluate the Proposers' stability and ability to support the commitments set forth in the Proposal. Providers should include the following information in this section:

1. The firm's background, including a brief description (e.g., past history, present status, future plans, company size and related matters) and organizational charts.

2. Privately held companies wishing to maintain confidential financial information must provide information detailing the company's long-term stability. Please provide a current Dunn and Bradstreet report as part of the Proposal.

3. If the Proposer is proposing to use a Subcontractor on this Project, please provide background information on the Subcontractor, Proposer's relationship with that firm, and the specific Services and/or products that the Subcontractor will be providing on the Project. A complete list of Subcontractors is required. The City has the right to approve all Subcontractors of the Provider at any time and receive copies on any agreements or contracts with the Subcontractors. Contractors and Subcontractors are expected to also act as fiduciaries of the City.
4. Include names of representatives, professional/work background and qualifications, with titles and areas of expertise, who will be directly responsible for this Project.
5. Describe the expertise of your third-party claims' administrator.
6. SAS 70 Type II audit on controls placed in operations and tests for operating effectiveness.

Resources and Methodology and Proposed Method of Contract Performance

1. Provide an overview of resources and capabilities in place to successfully aid in executing your function as the City's TPA.

2. Explain your overall approach to service delivery and how technology is leveraged to produce positive outcome for the City.

3. Describe Services provided and approach to meeting goals and deadlines while maintaining quality and efficiency.

4. Provide your firm's geographic location, including branch offices, and include details concerning which branch is proposed to provide the third-party administrator services for City of Miramar.

5. Explain any performance metrics used to measure the effectiveness of your service delivery.

6. Describe your firm's proposed investigative unit, including methods used to recognize potential suspicious claim activity. Do you have any limitations on outside investigations?

7. Describe your firm's proposed claims office staffing, including centralized and/or standard claims handling processes, claim reporting process, analytical reporting, notification process, claim/reserve reporting, quality assurance program and account management program.

8. Describe your firm's medical management/vocational rehabilitation program, including the following:
    a. Please explain how claim and managed care services interface.
    b. Do your case managers and claim adjusters enter and review case notes electronically?
    c. Please identify your branch office structure where field case managers, telephonic case manager and bill review personnel are located.

9. What is the average caseload for field case managers and telephonic case managers?

10. Do you have Managed Care and/or PPO/HCO Certification?

11. Describe your firm's proposed reserving philosophy. When are reserves first posted?

12. Describe your firm's proposed litigation management program, including your attorney audit/bill review program.

13. Provide a description of how your firm proposes to prepare a claim file for submission to a defense attorney.

14. Describe your firm's proposed claims caseload/evaluation/disposition program, including the following:
    a) Do you offer designated/dedicated claim teams? If yes, please describe.

b) What is your optimal number of pending claims per adjuster by line? (Best Practices)
c) How often are adjuster's pending caseloads reviewed?
d) What action can be expected if a large disparity in an adjuster's caseload becomes apparent?
e) What are your average closing ratios?
f) Describe how your adjusters' work is supervised.
g) How often do you ensure that your adjusters are adhering to the client's special handling instructions?
h) What is your standard level of settlement authority for adjusters? For supervisors?
i) What are your criteria for converting medical only to indemnity?

15. Describe your firm's proposed loss control program, including:
    a) Specific programs for Cities/Public Agencies.
    b) Outline services proposed for Workers Compensation loss control.
    c) What is your FL OSHA capability? Do you produce the OSHA 300?
    d) Describe your proposed loss control services/safety training and education program and/or surveys

16. Describe your firm's banking options.

17. Do you co-mingle accounts? Do you have ACH capability?

Information/data Management abilities and on-line, Internet Accessibility for claims reporting and/or monitoring

1. Describe your firm's proposed database management system in detail, including on-line inquiries and upgrade capabilities.

2. Describe your firm's proposed claims management information system, including:
    a. Your electronic claim management system available to clients.
    b. Your ad hoc report producing capacity. Provide a sample of a year-end summary by department and division.
    c. Your client access options for electronic claim files, loss reports and ad hoc reports.
    d. Your location structure as well as nature and cause codes.
3. Your firm's proposed data producing capability to provide the reporting requirements outlined in this RFP as well as a sufficient records and electronic data retention and back-up and business recovery plan.

4. Do you have any experience with an electronic interface to a payroll/personnel system?

References checks with other clients

Provide reference from five clients comparable in size and nature to the City of Miramar of which at least three (3) must be from a City or County in the State of Florida with a Police Department and Fire Department. References must be provided on the Reference

Questionnaire Form in Section 5 and must be completed by the Agency providing the reference.

Proposer Information

The Provider must respond to the Provider Information Form in Section 5 of this RFP.

Exceptions and Deviations

If the Proposer finds it impossible or impractical to adhere to any portion of this Scope of Services and all attachments, it shall be so stated in its Proposal, with all deviations grouped together in a separate section entitled “Exceptions/Deviations from Proposal Requirements.” This section will be all-inclusive and will contain a definition statement of every objection or deviation from adherence to specific RFP sections. Objections or deviations expressed only in other parts of the Proposal, either directly or by implication, will not be accepted as deviations, and the Proposer in submitting a Proposal will accept this stipulation without recourse. Also see the provisions of Section 1-12 above. Providers taking exceptions do so at their own risk.

Other Required Forms and Attachments

Place all other forms that have not been identified as associated with another tab under this tab. This should include any Contract forms desired for consideration as part of the Contract.

Cost Proposal

Costs/Revenues for the Proposer’s recommendation(s) should be submitted on the Price Proposal Sheet Forms provided at Section 4 below. The Proposer shall provide price information for each separate component of the proposed Services.

In the event the Goods or Services are provided at no additional cost, the item should be noted as "no charge", or words to that effect.

In the event the Goods or Services are not being included in the Proposal, the item should be noted as "No Bid".

Proposers shall provide all pricing/revenue alternatives in these cost sheets.

Proposers shall provide prices in U.S. dollars.

Proposers shall provide the rationale and basis of calculation of all fees.

Proposers shall show separate subtotals for the required elements of the proposed solution, and for any layers of optional elements.

The City prefers that Proposers provide separate prices for each item in the proposed solution. However, the Proposer is also encouraged to present alternatives to itemized costs and discounts, such as bundled pricing, if such pricing would be advantageous to the City. Prices shall be guaranteed for the entire term of the Contract.

The City reserves the right to pursue direct purchase of all items and Services proposed,

as well as to obtain independent financing.

Addenda

Include all original, signed copies of addenda in this section.

Affidavits and Acknowledgements.

The following forms are included in Section 4 below and must be completed and provided as part of any Proposal. FAILURE TO COMPLETE, SIGN AND RETURN THESE FORMS MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

FORM CHECKLIST:

1) ___ PROPOSAL COVER SHEET AND SIGNATURE FORM

2)___ PROPOSER INFORMATION FORM

3) ___ REFERENCE QUESTIONNAIRE

3) ___ EXCEPTIONS AND DEVIATIONS FORM

4) ___ PRICE PROPOSAL SHEET

5) ___ PROPOSER'S DISCLOSURES OF SUBCONTRACTORS AND SUPPLIERS

6) ___ DRUG-FREE WORKLACE AFFIDAVIT

7) ___ ANTI-KICKBACK AFFIDAVIT

8) ___ NON-COLLUSIVE AFFIDAVIT

9) ___ NON-DISCRIMINATION AFFIDAVIT

10) ___ AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR SERVICES

11)___ BUSINESS/VENDOR PROFILE SURVEY

12)___ BUSINESS EMPLOYING MIRAMAR RESIDENTS

13)___ ADDENDA ACKNOWLEDGEMENT FORM

SECTION 4
SUBMITTAL FORM
PROPOSAL COVER SHEET AND SIGNATURE FORM RFP No. 25-03-14

PROPOSER'S NAME (Name of firm, entity, or organization):

FEDERAL EMPLOYER IDENTIFICATION NUMBER:

NAME AND TITLE OF PROPOSER'S CONTACT PERSON:

Name: Title:

MAILING ADDRESS:

Street Address: _____

City, State, Zip: _____

TELEPHONE:

(_____) _____

FAX:

(_____) _____

PROPOSER'S ORGANIZATION STRUCTURE:

EMAIL: _____

_____ Corporation _____ Partnership _____ Proprietorship _____ Joint Venture _____ Other (explain):

IF CORPORATION:

Date Incorporated/Organized: _____

State of Incorporation/Organization: _____

States registered in as foreign Corporation: _____

PROPOSER'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT IS SOUGHT THROUGH THIS SOLICITATION:

LIST NAMES OF PROPOSER'S SUBCONTRACTORS AND/OR SUBCONTRACTORS FOR THIS PROJECT:

PROPOSER'S AUTHORIZED SIGNATURE:

The undersigned hereby certifies that this Proposal is submitted in response to this Solicitation.

Signed by: _____ Date: _____

Print name: _____ Title: _____

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

PROPOSER BACKGROUND INFORMATION FORM

All information supplied in connection with this form is subject to review and verification. Any and all determinations concerning this information will be used to determine eligibility for participation in the award. Inaccurate or incomplete answers may result in your Proposal being deemed "Non-Responsive."

(1) How many years has your organization been in business under your present business name?

_____ years

(2) State of Florida occupational license type and number: _____

(3) County (state county) Business Tax Receipt type and number: _____

(4) City of Miramar Business Tax Receipt type and number: _____

NOTE: A CITY OF MIRAMAR BUSINESS TAX RECEIPT IS NOT REQUIRED IF THE BUSINESS IS NOT LOCATED WITHIN THE CITY OF MIRAMAR)

PROPOSERS MUST INCLUDE A COPY OF EACH LICENSE LISTED WITH PROPOSAL

(5) Describe experience providing Services and or commodities for similar (government) organizations:

_____

_____

_____

_____

_____

(6) Have you ever had a contract terminated (either as a prime contractor or subcontractor) for failure to comply, breach, or default?

_____ yes _____ no

(IF YES, PLEASE ENCLOSE A DETAILED EXPLANATION ON SEPARATE SHEET)

REFERENCE QUESTIONNAIRE

Reference For (Proposer's Name): _____

Agency Giving Reference: _____

Contact Person Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Provide a reference for the above-named firm by indicating below the level of satisfaction (Excellent, Good or Unsatisfactory) with services provided to your agency. If a question should not apply, please indicate that the question is not applicable by writing ("N/A") for that question.

	QUESTION	Satisfactory	Unsatisfactory
1	How would you rate your experience in accessing information from the firm's operating system?		
2	How would you rate the experience and efficiency of the firm's staff?		
3	How would you rate the responsiveness/promptness of the firm to process claims and follow-ups?		
4	How would you rate the firm's overall quality of work?		
5	Would your agency use this firm to provide services again? (Circle One)	**YES/ Satisfactory**	**NO/ Unsatisfactory**

Additional Comments: _____
_____
_____
_____

***This form must be completed and signed by the person providing the reference.**

_____ _____
Signature Title

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

Exceptions and Deviations

Contract Terms and Conditions Exception

Proposers must identify clause by number and name and specify Exception. **Exceptions must be fully explained using a chart in the form of the chart set forth on the bottom portion of this page**. The City reserves the right to reject any Proposal for noncompliance with one (1) or more of the requirements.

CLAUSE NUMBER	CLAUSE TITLE	EXCEPTION

_____

Proposer's Signature

FAILURE TO SUBMIT ALL INFORMATION RESPONSIVE TO THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

PRICE PROPOSAL SHEET

COST OR PRICING DATA FOR PRICE PROPOSAL

Proposers shall submit (attached to this form) Cost or Pricing Data of sufficient detail to allow the evaluators to determine the reasonableness of the Price Proposal, reflecting Cost Realism, including all information other than Cost and Pricing Data, and explaining how the lump sum figure was derived.

a) Cost or Pricing Data shall mean all facts, that as of the date of submission of the Proposal, prudent buyers and sellers would reasonably expect to affect price negotiations significantly. Cost or Pricing Data are data that are factual, not judgmental, and are verifiable. While they do not indicate the accuracy of the Proposer's judgment about estimated future costs or projections, they do include the data forming the basis for that judgment. Cost or Pricing Data are more than historical accounting data, they are all the facts that can be reasonably expected to contribute to the soundness of estimates of future costs and to the validity of determinations of costs already incurred. They also include such factors as: vendor quotations; nonrecurring costs; information on changes in production or purchasing volume; data supporting projections of business prospects and objective and related operations cost; unit-cost trends such as those associated with labor efficiency; make-or-buy decisions; estimated resources to attain business goals; and information on management decisions that could have a significant bearing on costs.

b) "Cost Realism" shall mean that the costs in Proposer's Proposal: (1) are realistic for the Services to be provided; (2) reflect a clear understanding of the requirements; and (3) are consistent with the various elements of the Proposer's Proposal.

c) Information other than Cost and Pricing Data shall mean any type of information that is non-numeric that is necessary to determine price reasonableness or Cost Realism.

d) Price, as used in this Solicitation, shall mean cost plus any fee or profit applicable.

PRICE PROPOSAL SHEET (CONT.)

Proposers must complete BOTH options below to provide cost proposal. The City reserves the right to select the cost proposal most advantageous to the City. The selected option will be the cost proposal used for the award of points.

OPTION# 1: FLAT ANNUAL FEE AND DEPOSIT (INCLUSIVE OF ALL COSTS)

If you do not offer the requested pricing, please indicate "N/A" or if pricing is included or at no additional charge indicate "Included" or "No Additional Charge" where applicable.

Service	Per Claimant Fee	Life of Partnership
Workers Compensation		
Medical Only		
Indemnity		
Total Workers' Compensation		
Liability		
General Bodily Injury		
General Property Damage		
Auto Bodily Injury		
Auto Property Damage		
Auto Physical Damage		
Professional Liability		
Sexual Misconduct		
Property		
Total Liability		
Ancillary Services		
Administration		
Data Management		
Account Management (Designated)		
Banking/SIMMS Fee		
Claim Reporting - Web or e-Fax		
Medicare Reporting Cost		
Electronic Incidents-Notice of Injury		
Voucher		
Loss Funding		
Loss Notice Program Rpt. Level $ 50,000		
Detailed Status Rpt. Level $ 50,000		
Meetings		
Total Ancillary Services		
Data Conversion Fee		

Electronic transfer of all claim and detailed data.		
Physical file reconciliation to master loss run report.		
Service	**Per Claimant Fee**	**Life of Partnership**
Claim review from Notice of Injury to most current Information		
Overall reconciliation to transferred date		
Receipt and storage of all open claim's files		
Data Mapping		
Data conversion		
Data reconciliation		
Physical file audit		
Physical file reconciliation		
Total Data Conversion Fee		
Other Fee in addition to Option 1 or 2		
System Access for two (2) users		
Risk Control Consulting Services-**State # of Hours**		
Loss Control -**State # of Hours**		
Custom/Ad hoc reports		
Subrogation and /or liens fee percentage		
Bill Review fee to include State fee schedule reduction		
Electronic Data Interchange filed with State of Florida		
Percentage of Utilization Review and Reasonable & Customary Savings		
Settlement Authority $ 5,000		
Client education		
Self-Insurance Qualifications		
Managed Care (Paid off File)		
Acknowledges		
Information Technology Services		
Standard Loss run reports		
Custom/Ad hoc reports		
Standard loss run reports include but are not limited to the following:		

Claims alpha listing report		
Disbursement report		
Register by location report		
Detail loss run by claimant name report		
Detail loss run – total pages only report		
Service	**Per Claimant Fee**	**Life of Partnership**
Loss listing report		
Payment check register report		
Potential recovery report		
Summary sheet – all claims open or closed by fiscal year report		
Total:		
Grand Total:		

THIS IS AN OPTION# 1: FLAT ANNUAL FEE MINIMUM AND DEPOSIT

Taxpayer Identification Number (TIN)

_____

PROPOSER:_____
(Company Name)

_____
(Signature)

_____

_____
(Printed Name & Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM SHALL DEEM YOUR PROPOSAL "NON-RESPONSIVE"

OPTION# 2: LIFE OF CONTRACT – PER CLAIM FLAT FEE (INCLUSIVE OF ALL COSTS)

If you do not offer the requested pricing, please indicate "N/A" or if pricing is included or at no additional charge indicate "Included" or "No Additional Charge" where applicable.

Service	Per Claimant Fee	Life of Partnership
Workers Compensation		
Medical Only		
Indemnity		
Total Workers' Compensation		
Liability		
General Bodily Injury		
General Property Damage		
Auto Bodily Injury		
Auto Property Damage		
Auto Physical Damage		
Professional Liability		
Sexual Misconduct		
Property		
Total Liability		
Ancillary Services		
Administration		
Data Management		
Account Management (Designated)		
Banking/SIMMS Fee		
Claim Reporting - Web or e-Fax		
Medicare Reporting Cost		
Electronic Incidents-Notice of Injury		
Voucher		
Loss Funding		
Loss Notice Program Rpt. Level $ 50,000		
Detailed Status Rpts. Rpt. Level $ 50,000		
Meetings		
Total Ancillary Services		
Data Conversion Fee		
Electronic transfer of all claim and detailed data.		
Physical file reconciliation to master loss run report.		
Claim review from Notice of Injury to most current Information		

Service	Per Claimant Fee	Life of Partnership
Overall reconciliation to transferred date		
Receipt and storage of all open claim's files		
Data Mapping		
Data conversion		
Data reconciliation		
Physical file audit		
Physical file reconciliation		
Total Data Conversion Fee		
Other Fee in addition to Option 1 or 2		
System Access for two (2) users		
Risk Control Consulting Services-**State # of Hrs.**		
Loss Control -**State # of Hrs.**		
Custom/Ad hoc reports		
Subrogation and /or liens fee percentage		
Bill Review fee to include State fee schedule reduction		
Electronic Data Interchange filed with State of Florida		
Percentage of Utilization Review and Reasonable & Customary Savings		
Settlement Authority $ 5,000		
Client education		
Self-Insurance Qualifications		
Managed Care (Paid off File)		
Acknowledges		
Information Technology Services		
Standard Loss run reports		
Custom/Ad hoc reports		
Standard loss run reports include but are not limited to the following:		
Claims alpha listing report		
Disbursement report		
Register by location report		
Detail loss run by claimant name report		
Detail loss run – total pages only report		
Loss listing report		
Payment check register report		
Potential recovery report		

Service	Per Claimant Fee	Life of Partnership
Summary sheet – all claims open or closed by fiscal year report		
Total:		
Grand Total:		

THIS IS AN OPTION#2: LIFE OF CONTRACT – PER CLAIM FLAT FEE

Taxpayer Identification Number (TIN)_____

PROPOSER:_____
(Company Name)

_____
(Signature)

_____

_____
(Printed Name and Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR RESPONSE "NON-RESPONSIVE."

PROPOSER'S DISCLOSURE OF SUBCONTRACTORS AND SUPPLIERS

Please list all subcontractors and suppliers to be used in connection with performance of the Contract (use additional pages, if necessary). The City strongly encourages the participation of Local Businesses and/or CBE / SBE/ FCBE Firms. Please specify the category for each subcontractor or supplier.

Company Name: _____

_____

Address: _____

_____

_____

City, State, & Zip Code: _____

Local Business _____ CBE Firm _____ SBE Firm _____

Company Name: _____

_____

Address: _____

_____

_____

City, State, & Zip Code: _____

Local Business _____ CBE Firm _____ SBE Firm _____

PROPOSER'S DISCLOSURE OF SUBCONTRACTORS AND SUPPLIERS (CONTINUED)

Company Name: _____

_____

Address: _____

_____

_____

City, State, & Zip Code: _____

Local Business _____ CBE Firm _____ SBE Firm _____

Company Name: _____

_____

Address: _____

_____

_____

City, State, & Zip Code: _____

Local Business _____ CBE Firm _____ SBE Firm _____

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

DRUG-FREE WORKPLACE AFFIDAVIT

FLORIDA STATE STATUTE 287.087

Identical Tie Bids: Preference shall be given to business with drug-free workplace programs.

Section 287.087 of the Florida Statutes provides:

287.087 Preference to businesses with drug-free workplace programs. Whenever two (2) or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid, proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

(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 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 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.

_____

Vendor's Signature

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
}
COUNTY OF BROWARD } ss:

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Miramar, its elected officials, and _____ or its Contractors, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: _____

Title: _____

Sworn to (or affirmed) and subscribed before me
by means of ☐ physical presence or ☐ online notarization,
this ____ day of _____, __(year), by _____.

_____
Notary Public
State of Florida at Large

My commission expires:

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-COLLUSIVE AFFIDAVIT

State of)
) ss:
County of)

I, _____, the undersigned authority, being first duly sworn, deposes and says that:

a) He/she is the (Owner, Partner, Officer, Representative or Agent) of _____, the Proposer that has submitted the attached Proposal;

b) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

c) Such Proposal is genuine and is not collusive or a sham Proposal;

d) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Services for which the attached Proposal has been submitted; or to refrain from proposing in connection with such Service; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Services;

e) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

NON-COLLUSIVE AFFIDAVIT (CONTINUED)

Signed, sealed and delivered
in the presence of:

_____ By:_____
Witness

_____ _____
Witness (Printed Name)

_____
(Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-COLLUSIVE AFFIDAVIT (CONTINUED)

ACKNOWLEDGMENT

State of)

) ss:

County of)

BEFORE ME, the undersigned authority, personally appeared _____, to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that he/she executed said Affidavit for the purpose therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20___.

_____
Notary Public
State of Florida at Large

My commission expires:

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

NON-DISCRIMINATION AFFIDAVIT

I, the undersigned, hereby duly sworn, depose and say that the organization, business or entity represented herein shall not discriminate against any person in its operations, activities or delivery of services under any agreement it enters into with the City of Miramar. The same shall affirmatively comply with all applicable provisions of federal, state and local equal employment laws and shall not engage in or commit any discriminatory practice against any person based on race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation or any other factor which cannot be lawfully used as a basis for service delivery.

By: _____

Title: _____

Sworn to (or affirmed) and subscribed before me
by means of ☐ physical presence or ☐ online notarization,
this ____ day of _____, __(year), by _____.

_____
Notary Public
State of Florida at Large

My commission expires:

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

State of Florida

Affidavit Regarding the Use of Coercion for Labor and Services

Vendor Name: _____

Vendor FEIN: _____

Vendor's Authorized Representative Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Florida Statute §787.06(13) requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Miramar, Florida is a governmental entity for the purposes of this statute.

As the officer of representative of the company, I certify that the company identified above does not:

- Use or threaten to use physical force against any person:
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against his or her will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied towards the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit;
- Provide controlled substances as outlined in Schedule I or Schedule II of Florida State Statute §893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

Signature: _____
(Authorized Signature)

Print Name And Title: _____

Date: _____

BUSINESS/VENDOR PROFILE SURVEY

Name of Business: _____

Address: _____

Phone No.: _____**Email:** _____

Contact Person (Regarding This Form): _____

Type of Business (check the appropriate type):

- ❑ **CONSTRUCTION SERVICES -** Firms involved in the process of building, altering, repairing, improving or demolishing any structure, building or real property.

- ❑ **ARCHITECTURE AND ENGINEERING (A&E) SERVICES -** Firms involved in architectural design, engineering services, inspections and environmental consulting (materials and soil testing) and surveying.

- ❑ **PROFESSIONAL SERVICES -** Includes those services that require special licensing, educational degrees, and unusually highly specialized expertise.

- ❑ **BUSINESS SERVICES -** Involves any services that are labor intensive and not a construction related or professional service.

- ❑ **COMMODITIES -** Includes all tangible personal property services, including equipment, leases of equipment, printing, food, building materials, office supplies.

- ❑ A CBE or SBE firm: a Small Business Enterprise (SBE) or a County Business Enterprise (CBE), has a Broward County Business Tax Receipt, is located in, and doing Business in Broward County, and certified by the Broward County Office of Economic Development and Small Business Development.
  Business is claiming the CBE/SBE Preference; YES____ NO _____

  Please attach the Broward County Office of Economic Development and Small Business Development certification to this form.

- ❑ A firm that is certified by the State of Florida Unified Certification Program (UC) or the State of Florida Office of Supplier Diversity as a Florida Certified Business Enterprise (FCBE).
  A copy of FCBE Certification must be attached to this form

  Business is claiming local Business Preference YES _____ NO _____
  (Choose below as applicable)

- ❑ **Businesses Employing Miramar Residents -** Business is located outside of the City of Miramar City limits and employs a minimum of 10 full time equivalent ("FTE") Miramar residents, or Miramar residents constitute 20 % of the FTE of the company's local workforce (in Broward and Miami-Dade Counties), whichever is larger.
  Business Employing Miramar Residents Affidavit MUST be submitted with RFP Response.

- ❑ Business with a location within Miramar, is in compliance with all City licensing requirements and is current on all City taxes.
  Attach a copy of a current Miramar Business Tax Receipt to this form.

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE"

BUSINESS EMPLOYING MIRAMAR RESIDENTS' AFFIDAVIT

This Affidavit must be completed, signed, and returned with the Vendor's submittal ONLY if the Vendor is claiming the Business Employing Miramar Residents preference.

Vendor: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Solicitation No. and Title: _____

By signing below, I hereby certify that Vendor has _____ total employees (in the company's local workforce - Broward and Miami-Dade Counties), of which _____ are full time equivalent Miramar residents.

_____ _____ _____

Signature Title Date

Sworn to (or affirmed) and subscribed before me
by means of ☐ physical presence or ☐ online notarization,
this ____ day of _____, __(year), by _____.

STATE OF _____

COUNTY OF _____

_____

Notary Public (Sign name of Notary Public)

My commission expires: _____ (SEAL)

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL NON-RESPONSIVE

ADDENDA ACKNOWLEDGEMENT FORM

Addendum #	Date Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROPOSER: _____
(Company Name)

_____
(Signature)

_____
(Printed Name and Title)

FAILURE TO SUBMIT ALL INFORMATION RESPONSIVE TO THIS FORM MAY DEEM YOUR PROPOSAL "NON-RESPONSIVE."

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ► .....

☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)
City of Miramar

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
___ - ___ - ___

or

Employer identification number
___ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ► Date ►

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

SAMPLE AGREEMENT

BETWEEN

THE CITY OF MIRAMAR

AND

_____

FOR

THIRD PARTY CLAIMS ADMINISTRATION SERVICES

This Agreement is entered into by and between the City of Miramar, Florida, a Florida municipal corporation (hereinafter referred to as the "City"), and _____, a Florida corporation with principal business address located at _____ (hereinafter referred to as "Service Provider").

WHEREAS, on _____, 2025, the City issued Request for Proposals No. 25-03-14 ("RFP") for "Third Party Claims Administration Services" (the "Services"); and

WHEREAS, an Evaluation Committee comprised of City Staff met to evaluate the proposals according to the criteria set forth in the RFP, and

WHEREAS, the Service Provider was determined to be the highest scoring, responsive, responsible Proposer and whose proposal was most advantageous to the City; and

WHEREAS, on _____, 2025, the City Commission adopted Resolution No. _____ and approved the award of the RFP to the Service Provider.

NOW, THEREFORE, in consideration of the mutual terms and conditions, promises, and covenants hereinafter set forth, the City and Service Provider agree as follows:

SECTION 1
RECITALS

The above recitals are true and correct and are incorporated and made a part of this Agreement.

SECTION 2
SCOPE OF SERVICES

This Agreement is subject to, and Contractor shall provide Services in accordance with the Scope of Services, terms, conditions, and requirements set forth and described in the RFP the terms of which are incorporated and made a part hereof, the Contractor's Proposal submitted in response thereto as accepted by the City, attached as Exhibit "A," and any subsequently negotiated changes to same, which documents or agreements are incorporated

by reference herein. In the case of any conflict between the General Terms and Conditions, the Special Conditions, the Specifications or Scope of Services, the Contract, or any amendment/addendum issued, the order of precedence shall be: the last addendum issued; the Specifications or Scope of Services; the Special Conditions; the General Terms and Conditions, and then the Contract.

2.2 Service Provider represents and warrants to the City that: (i) it possesses all qualifications, licenses and expertise required for the performance of the Services; (ii) it is not delinquent in the payment of any sums due the City; (iii) all personnel assigned to perform the Services are and shall be, at all times during the term hereof, fully qualified and trained to perform the tasks assigned to each.

SECTION 3
COMPENSATION

3.1 City agrees to pay Service Provider a monthly fee of $_____ for performance of the Scope of Services.

3.2 Service Provider shall submit periodic invoices for the Services provided to:

City of Miramar,
ATTN: Accounts Payable,
2300 Civic Center Place,
Miramar, Florida 33025
Email: APINVOICES@CI.MIRAMAR.FL.US

The date of the invoice shall not exceed 30 calendar days from the date of acceptance of the Goods and Services by the City. Under no circumstance shall an invoice be submitted to the City in advance of the delivery and acceptance of the commodities and/or Services, unless otherwise agreed to. All invoices shall reference the appropriate Contract number, the address where the commodities were delivered or the Services performed, and the corresponding acceptance slip that was signed by an authorized representative of the City when the Goods and/or Services were delivered and accepted. Payment by the City shall be made within 30 days after receipt of Service Provider's invoice, which shall be accompanied by sufficient supporting documentation and contain sufficient detail to allow a proper audit of expenditures should the City require one to be performed.

3.3 Services shall be provided to the City in strict accordance with the Scope of Services set forth and described in the RFP. If the Services provided by Service Provider do not meet the applicable Scope of Services, Service Provider will not receive payment for such nonconforming Services and shall pay the City all fees and/or costs associated with obtaining satisfactory Services.

SECTION 4
TERM OF AGREEMENT

4.1 The term of this Agreement shall commence upon the date this contract is executed by both parties and shall remain in effect for a period of three (3) years with the option to renew for three (3) additional one-year terms.

4.2 In addition to any renewals, the Chief Procurement Officer may authorize up to a 90-day extension of a Contract in accordance with the terms and conditions of the Contract, and the City Manager or his/her designee is authorized to extend the contract, for operational purposes only, for an additional 90 days. Any further extensions of such Contract require the approval of the City Commission.

SECTION 5
TERMINATION OF AGREEMENT

5.1 **Termination for convenience.** The City may terminate this Agreement for convenience by giving Service Provider 30 calendar day's written notice. In the event of such termination, Service Provider shall be entitled to receive compensation for any Services provided pursuant to this Agreement and to the satisfaction of the City, up through the date of termination. Under no circumstances shall the City make payment for Services nor shall Service Provider invoice the City for Services not yet provided.

5.2 **Termination for cause.** This Agreement may be terminated by either party upon five calendar day's written notice to the other should such other party fail substantially to perform in accordance with this Agreement's material terms through no fault of the party initiating the termination. In the event that Service Provider abandons this Agreement or causes it to be terminated by the City, Service Provider shall indemnify the City against losses pertaining to this termination. In the event that Contract is terminated by the City for cause, and it is subsequently determined by a court of competent jurisdiction that such termination was without cause, such termination shall thereupon be deemed a termination for convenience under Section 5.1 of this Agreement, and the provisions of Section 5.1 shall apply.

5.4 **Survival.** The termination of this Agreement under Section 5.1 or 5.2 shall not relieve either party of any liability that accrued prior to such termination and any such accrued liability shall survive the termination of this Agreement.

SECTION 6
INDEPENDENT CONTRACTOR

Service Provider is an independent contractor under this Agreement. Services provided by Service Provider shall be provided by employees of Service Provider subject to supervision by Service Provider, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, travel, per diem policy, and purchasing policies under the Agreement shall be

the sole responsibility of Service Provider. Service Provider shall have no rights under the City's worker's compensation, employment, insurance benefits or similar laws or benefits.

SECTION 7
INDEMNIFICATION

7.1 Service Provider shall indemnify, defend and hold harmless the City, its officers, officials, agents, employees, and volunteers from and against any and all liability, suits, actions, damages, costs, losses and expenses, including attorneys' fees, demands and claims for personal injury, bodily injury, sickness, diseases or death or damage or destruction of tangible property or loss of use resulting therefrom arising out of any errors, omissions, misconduct or negligent acts of Service Provider, its respective officials, agents, employees or Subcontractors in the Service Provider's performance of Services pursuant to this Agreement.

7.2 Nothing in this Agreement shall be deemed or treated as a waiver by the City of any immunity to which it is entitled by law, including but not limited to the City's sovereign immunity as set forth in Section 768.28, Florida Statutes.

SECTION 8
INSURANCE

8.1 **INSURANCE -** For programs that are active in nature, which shall be determined in the sole and exclusive discretion of the City, Service Provider shall maintain commercial general, automobile (where applicable), workers compensation and professional liability insurance in an amount acceptable to the City's Risk Manager. Evidence of required insurance coverage must be acceptable to and approved by the Risk Management Division of the City. A certificate of insurance must be provided with the City of Miramar, Risk Management Division, 2300 Civic Center Place, Miramar, Florida 33025 listed as the certificate holder. If selected, a full copy of this insurance policy must be provided.

8.2 **Minimum Limits of Insurance -** Service Providers shall maintain the following minimum limits of insurance (unless higher limits are required by law or statute):

1. Commercial General Liability: $2,000,000 per occurrence, $3,000,000 general aggregate.

2. Professional Liability (Errors and Omissions) Insurance: $1,000,000

3. Workers' Compensation: Part A - Statutory; Part B - $1,000,000/accident and disease.

4. Cyber Liability – Aggregate/per claim $5,000,000

5. Automobile Liability - $1,000,000 combined single limit.

8.3 **Required Insurance Endorsements** - The City requires the following insurance endorsements:

1. ADDITIONAL INSURED - The City must be included as an additional insured by policy endorsement under Commercial General Liability policy for liability arising from Services provided by or on behalf of the Service Provider.

2. WAIVERS OF SUBROGATION - Service Provider agrees to waive all rights of subrogation by policy endorsement against the City for loss, damage, claims, suits, or demands, regardless of how caused:

    a. To property, equipment, vehicles, laptops, cell phones, etc., owned, leased, or used by the Service Provider or the Service Provider's employees, agents, or Subcontractors; and

    b. To the extent such loss, damage, claims, suits, or demands are covered, or should be covered, by the required or any other insurance (except professional liability to which this requirement does not apply) maintained by the Service Provider.

This waiver shall apply to all first-party property, equipment, vehicle and workers compensation claims, and all third-party liability claims, including deductibles or retentions which may be applicable thereto. If necessary, the Service Provider agrees to endorse the required insurance policies to acknowledge the required waivers of subrogation in favor of the City. Service Provider further agrees to hold harmless and indemnify the City for any loss or expense incurred from Service Provider's failure to obtain such waivers of subrogation from Service Provider's insurers.

This Agreement shall not be deemed approved until the Service Provider has obtained all insurance required under this section and has supplied the City with evidence of such coverage in the form of a Certificate of Insurance with additional insured and waiver of subrogation endorsements for policies as stated in the required insurance endorsement section above. The City shall be named as additional insured in Service Provider's liability insurance policies. The City shall approve such Certificates prior to the performance of any Services pursuant to this Agreement.

8.4 ALL INSURANCE COMPANIES PROVIDED SHALL: Be rated at least A VII per Best's Key Rating Guide and be licensed to do business in Florida. The Service Provider's liability insurance shall be primary to any liability insurance policies that may be carried by the City. The Service Provider shall be responsible for all deductibles and self-insured retentions on their liability insurance policies.

8.5 All of the policies of insurance so required to be purchased and maintained shall contain a provision or endorsement that the coverage afforded shall not be cancelled, materially changed or renewal refused until at least 30 calendar days written notice has been given to the City by certified mail.

SECTION 9
NOTICE

Whenever either party desires to give notice to the other, it must be given by written notice, sent by certified United States mail, return receipt requested, addressed to the party for whom it is intended, at the place last specified in writing, and the place for giving of notice in compliance with the provisions of this paragraph. For the present, the parties designate the following as the respective places for giving of notice, to-wit:

FOR SERVICE PROVIDER:

_____
_____
_____
_____
_____

FOR CITY: Dr. Roy L Virgin
City Manager
City of Miramar
2300 Civic Center Place
Miramar, Florida 33025
Telephone: (954) 602-3115

With A Copy to: Austin Pamies Norris Weeks Powell, PLLC
401 NW 7th Avenue
Fort Lauderdale, FL 33311
Tel: 954-768-9770
Fax: 954-768-9790

SECTION 10
PUBLIC RECORDS

A. Public Records: SERVICE PROVIDER shall comply with The Florida Public Records Act as follows:

1. Keep and maintain public records that ordinarily and necessarily would be required by CITY in order to perform the service.

2. Upon request by CITY's records custodian, provide CITY with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement.

4. Upon completion of this Agreement or in the event of termination of this Agreement by either party, any or all public records relating to this Agreement in the possession of SERVICE PROVIDER shall be delivered by SERVICE PROVIDER to CITY, at no cost to CITY, within seven days. All records stored electronically by SERVICE PROVIDER shall be delivered to CITY in a format that is compatible with CITY's information technology systems. Once the public records have been delivered to CITY upon completion or termination of this Agreement, SERVICE PROVIDER shall destroy any and all duplicate public records that are exempt or confidential and exempt from public record disclosure requirements.

5. SERVICE PROVIDER'S failure or refusal to comply with the provisions of this Section shall result in the immediate termination of this Agreement by the CITY.

IF SERVICE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO SERVICE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 954-602-3011, OR BY MAIL: City Of Miramar – City Clerk's Office, 2300 Civic Center Place, Miramar, FL 33025.

B. Ownership of Documents: Unless otherwise provided by law, any and all reports, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of CITY. Any compensation due to SERVICE PROVIDER shall be withheld until all documents are received as provided herein.

SECTION 11
SCRUTINIZED COMPANY

A. Service Provider certifies that it and its subcontractors are not on the Scrutinized Companies that Boycott Israel List. Pursuant to Section 287.135, F.S., the City may immediately terminate this Agreement at its sole option if the Service Provider or its subcontractors are found to have submitted a false certification; or if the Service Provider, or its subcontractors are placed on the Scrutinized Companies that Boycott Israel List or is engaged in the boycott of Israel during the term of the Agreement.

B. If this Agreement is for more than one million dollars, the Service Provider certifies that it and its subcontractors are also not on the Scrutinized Companies with Activities in Sudan, Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaged with business operations in Cuba or Syria as identified in Section 287.135, F.S. Pursuant to Section 287.135, F.S., the City may immediately terminate this Agreement at its sole option if the Service Provider , its affiliates, or its subcontractors are found to have submitted a false certification; or if the Service Provider, its affiliates,

or its subcontractors are placed on the Scrutinized Companies with Activities in Sudan List, or Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaged with business operations in Cuba or Syria during the term of the Agreement.

C. The Service Provider agrees to observe the above requirements for applicable subcontracts entered into for the performance of work under this Agreement.

D. As provided in Subsection 287.135(8), F.S., if federal law ceases to authorize the above-stated contracting prohibitions then they shall become inoperative.

SECTION 12
E-VERIFY

In accordance with Florida Statutes §448.095, the Service Provider, prior to commencement of services or payment by the City, will provide to the City proof of participation/enrollment in the E-Verify system of the Department of Homeland Security. Evidence of participation/enrollment will be a printout of the Company's "Company Profile" page from the E-Verify system. Failure to be continually enrolled and participating in the E-Verify program will be a breach of contract which will be grounds for immediate termination of the contract by the City. The Service Provider will not hire any employee who has not been vetted through E-Verify. The Service Provider may not subcontract any work for the City to any subcontractor that has not provided an affidavit stating that the subcontractor does not employ, contract with or subcontract with an unauthorized alien.

SECTION 13
MISCELLANEOUS

13.1 Service Provider shall, without additional expense to the City, be responsible for paying any taxes, obtaining any necessary licenses and for complying with all applicable federal, state, county, and municipal laws, ordinances, and regulations in connection with the performance of the Services specified herein.

13.2 Precautions shall be exercised at all times for the protection of persons and property. Service Provider and all Subcontractors shall conform to all OSHA, federal, state, county, and City regulations while performing under the terms and conditions of this Agreement. Any fines levied by the above-mentioned authorities because of failure to comply with these requirements shall be borne solely by Service Provider responsible for the same.

13.3 Service Provider understands and agrees that any information, document, report, or any other material whatsoever which is given to Service Provider by the City, or which is otherwise obtained or prepared by Service Provider pursuant to or under the terms of this Agreement, is and shall at all times remain the property of the City. Service Provider agrees not to use any such information, document, report, or material for any other purpose whatsoever without the written consent of the City, which may be withheld or conditioned by the City in its sole discretion.

13.4 Service Provider represents and warrants to the City that it has not employed or retained any person or company employed by the City to solicit or secure this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with the award or making of this Agreement. For the breach or violation of this provision, the City shall have the right, at its discretion, to terminate the Agreement without liability, to deduct from the Contract price, or otherwise recover the full amount of such fee, commission, percentage, gift, or consideration.

13.5 Service Provider understands that agreements between private entities and local governments are subject to certain laws and regulations, including laws pertaining to public records, conflict of interest, record keeping, etc. The City and Service Provider agree to comply with and observe all applicable laws, codes, and ordinances as they may be amended from time to time.

SECTION 14
AUDIT AND INSPECTION RIGHTS

14.1 The City may, at reasonable times, and for a period of up to three years following the date of final performance of Services by Service Provider under this Agreement, audit, or cause to be audited, those books and records of Service Provider which are related to Service Provider's performance under this Agreement. Service Provider agrees to maintain all such books and records at its principal place of business for a period of three years after final payment is made under this Agreement.

14.2 The City may, at reasonable times during the term hereof, perform such inspections as the City deems reasonably necessary to determine whether the Services required to be provided by Service Provider under this Agreement conform to the terms of this Agreement. Service Provider shall make available to the City all reasonable assistance to facilitate the performance of inspections by the City's representatives.

14.3 Should an independent review of the methodology used to complete the study reveal inadequate methodologies to have been used which are not consistent with current legal renderings, the selected Proposer agrees to make necessary modifications and conduct any subsequent work necessary to achieve study adequacy and appropriateness at no additional cost to the City.

SECTION 15
AGREEMENT, AMENDMENTS AND ASSIGNMENT

15.1 This Agreement constitutes the entire agreement between Service Provider and the City, and all negotiations and oral understandings between the parties are merged herein. The terms and conditions set forth in this Agreement supersede any and all previous agreements, promises, negotiations or representations. Any other agreements, promises, negotiations or representations not expressly set forth or incorporated into this Agreement are of no force and effect.

15.2 No modification, amendment or alteration of the terms and conditions contained shall be effective unless contained in a written document executed with the same formality as this Agreement.

15.3 Service Provider shall not transfer or assign the performance of Services called for in the Agreement without the prior written consent of the City, which may be withheld or conditioned in the City's sole discretion.

SECTION 16
NON-DISCRIMINATION

Service Provider represents and warrants to the City that Service Provider does not and will not engage in discriminatory practices and that there shall be no discrimination in connection with Service Provider's performance under this Agreement on account of sex, race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family background, linguistic preference, pregnancy, and any other legally prohibited basis or any other factor which cannot be lawfully used as a basis for delivery of Services. Service Provider further covenants that no otherwise qualified individual shall, solely by reason of his/her sex, race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family background, linguistic preference, pregnancy, and any other legally prohibited basis or any other factor which cannot be lawfully used as a basis for delivery of Services, be excluded from participation in, be denied Services, or be subject to discrimination under any provision of this Agreement.

SECTION 17
GOVERNING LAW AND VENUE

This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Venue for any action arising out of or relating to this Agreement shall be in Broward County, Florida.

SECTION 18
HEADINGS, CONFLICT OF PROVISIONS, WAIVER OR BREACH OF PROVISIONS

Headings are for convenience of reference only and shall not be considered in any interpretation of this Agreement. In the event of a conflict between the terms of this Agreement and any terms or conditions contained in any attached documents, the terms in this Agreement shall prevail. No waiver or breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision, and no waiver shall be effective unless made in writing.

SECTION 19
SEVERABILITY

If any provision of this Agreement or the application thereof to any person or situation shall to any extent be held invalid or unenforceable, the remainder of this Agreement, and the application of such provisions to persons or situations other than those as to which it shall have been held invalid or unenforceable shall not be affected thereby, and shall continue in full force and effect and be enforced to the fullest extent permitted by law.

SECTION 20
SURVIVAL

All representations and other relevant provisions herein shall survive and continue in full force and effect upon termination of this Agreement.

SECTION 21
ENTIRE AGREEMENT

This Agreement represents the entire and integrated Agreement between the City and Service Provider and supersedes all prior negotiations, representations, or agreements, either written or oral.

SECTION 22
JOINT PREPARATION

Service Provider and the City acknowledge that they have sought and received whatever competent advice and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein, and that the preparation of this Agreement has been a joint effort of the parties, the language has been agreed to by parties to express their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

SECTION 23
COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall constitute an original, but all of which, when taken together, shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: City, signing by and through its City Manager, attested to and duly authorized to execute same by the City Commission of the City of Miramar, and by the Service Provider, by and through its _____, attested to and duly authorized to execute same.

CITY

ATTEST:

CITY OF MIRAMAR

_____
Denise A. Gibbs, City Clerk

By:_____
Dr. Roy L Virgin, City Manager

This _____day of _____, 2025/2026

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY FOR THE
USE OF AND RELIANCE BY
THE CITY OF MIRAMAR ONLY:

_____
City Attorney
Austin Pamies Norris Weeks Powell, PLLC

SERVICE PROVIDER

By: _____

Print Name: _____

Title: _____

Date: _____

ATTACHMENT 2

SCORE SHEET – SHORT LISTED FIRMS
REQUEST FOR PROPOSALS # 21-04-17
EMPLOYEE DENTAL INSURANCE COVERAGE

RANK	PROPOSER	SCORE
1	Commercial Risk Management, Inc.	264.00
2	Gallagher Bassett	250.52
3	TRISTAR Claims Management Services, Inc.	220.00
4	Peachtree Recovery	NON-RESPONSIVE

Commercial Risk Management

9. Price Proposal Option # 1

CITY OF MIRAMAR
REQUEST FOR PROPOSAL RFP No. 25-03-14
THIRD PARTY CLAIMS ADIMISTRATION SERVICES

Commercial Risk Management, Inc. is proposing a three-year flat fee pricing for workers' compensation and liability claims servicing for all new reported claims as of April 1, 2026 through March 31, 2029, and the takeover and handling of all prior open and closed claims. A 3% increase will be applied April 1, 2029 with a proposed three-year flat fee through March 31, 2032. The fees are for the life of contract and are invoiced monthly or quarterly.

04-01-26/03-31-27	$79,275
04-01-27/03-31-28	$79,275
04-01-28/03-31-29	$79,275
04-01-29/03-31-30	$81,653
04-01-30/03-31-31	$81,653
04-01-31/03-31-32	$81,653

- No administrative fee
- No data transfer fee
- No percentage of recovery from subrogation, excess, or SDTF
- No charge for system access or number of users
- MMSEA Section 111 reporting included
- No charge for 1099 reporting on an annual basis
- Monthly and special reports provided based on City of Miramar's request

Additional Services

- Medical triage one time per file $75
- Telephonic nurse case management $85 per hour
- Loss control services $100 per hour

Allocated loss adjustment expenses are those items chargeable to a specific claim. These items include, but are not limited to, legal fees, surveillance, investigators, outside medical utilization review, outside medical management, attorneys, costs for copies of records and medical records and these costs are not included in our service fee.

PRICE PROPOSAL SHEET (CONT.)

Proposers must complete BOTH options below to provide cost proposal. The City reserves the right to select the cost proposal most advantageous to the City. The selected option will be the cost proposal used for the award of points.

OPTION# 1: FLAT ANNUAL FEE AND DEPOSIT (INCLUSIVE OF ALL COSTS)

If you do not offer the requested pricing, please indicate "N/A" or if pricing is included or at no additional charge indicate "Included" or "No Additional Charge" where applicable.

Service	Per Claimant Fee	Life of Partnership
Workers Compensation		
Medical Only		
Indemnity		
Total Workers' Compensation		$55,275
Liability		
General Bodily Injury		
General Property Damage		
Auto Bodily Injury		
Auto Property Damage		
Auto Physical Damage		
Professional Liability		
Sexual Misconduct		
Property		
Total Liability		$24,000
Ancillary Services		
Administration		Included
Data Management		Included
Account Management (Designated)		Included
Banking/SIMMS Fee		Fees paid by City of Miramar
Claim Reporting - Web or e-Fax		Included
Medicare Reporting Cost		Included
Electronic Incidents-Notice of Injury		Included
Voucher		Included
Loss Funding		Included
Loss Notice Program Rpt. Level $ 50,000		Included
Detailed Status Rpt. Level $ 50,000		Included
Meetings		Included
Total Ancillary Services		Included except banking fees
Data Conversion Fee		

Electronic transfer of all claim and detailed data.		Included
Physical file reconciliation to master loss run report.		Included
Service	**Per Claimant Fee**	**Life of Partnership**
Claim review from Notice of Injury to most current Information		Included
Overall reconciliation to transferred date		Included
Receipt and storage of all open claim's files		Included
Data Mapping		Included
Data conversion		Included
Data reconciliation		Included
Physical file audit		Included
Physical file reconciliation		Included
Total Data Conversion Fee		Included
Other Fee in addition to Option 1 or 2		
System Access for two (2) users		Included
Risk Control Consulting Services-**State # of Hours**		$100 per hour
Loss Control -**State # of Hours**		$100 per hour
Custom/Ad hoc reports		Included
Subrogation and /or liens fee percentage		Included and No fee percentage
Bill Review fee to include State fee schedule reduction		$6.50 per bill with 24% of savings
Electronic Data Interchange filed with State of Florida		Included
Percentage of Utilization Review and Reasonable & Customary Savings		24% of savings
Settlement Authority $ 5,000		
Client education		Included
Self-Insurance Qualifications		Included
Managed Care (Paid off File)		ALAE
Acknowledges		
Information Technology Services		
Standard Loss run reports		Included
Custom/Ad hoc reports		Included
Standard loss run reports include but are not limited to the following:		

Claims alpha listing report		Included
Disbursement report		Included
Register by location report		Included
Detail loss run by claimant name report		Included
Detail loss run – total pages only report		Included
Service	**Per Claimant Fee**	**Life of Partnership**
Loss listing report		Included
Payment check register report		Included
Potential recovery report		Included
Summary sheet – all claims open or closed by fiscal year report		Included
Total:		
Grand Total:		$79,275

THIS IS AN OPTION# 1: FLAT ANNUAL FEE MINIMUM AND DEPOSIT

Taxpayer Identification Number (TIN)

591346411

PROPOSER: Commercial Risk Management, Inc.
(Company Name)

Susan E Theis
(Signature)

Susan E Theis, President/CEO
(Printed Name & Title)

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM SHALL DEEM YOUR PROPOSAL "NON-RESPONSIVE"