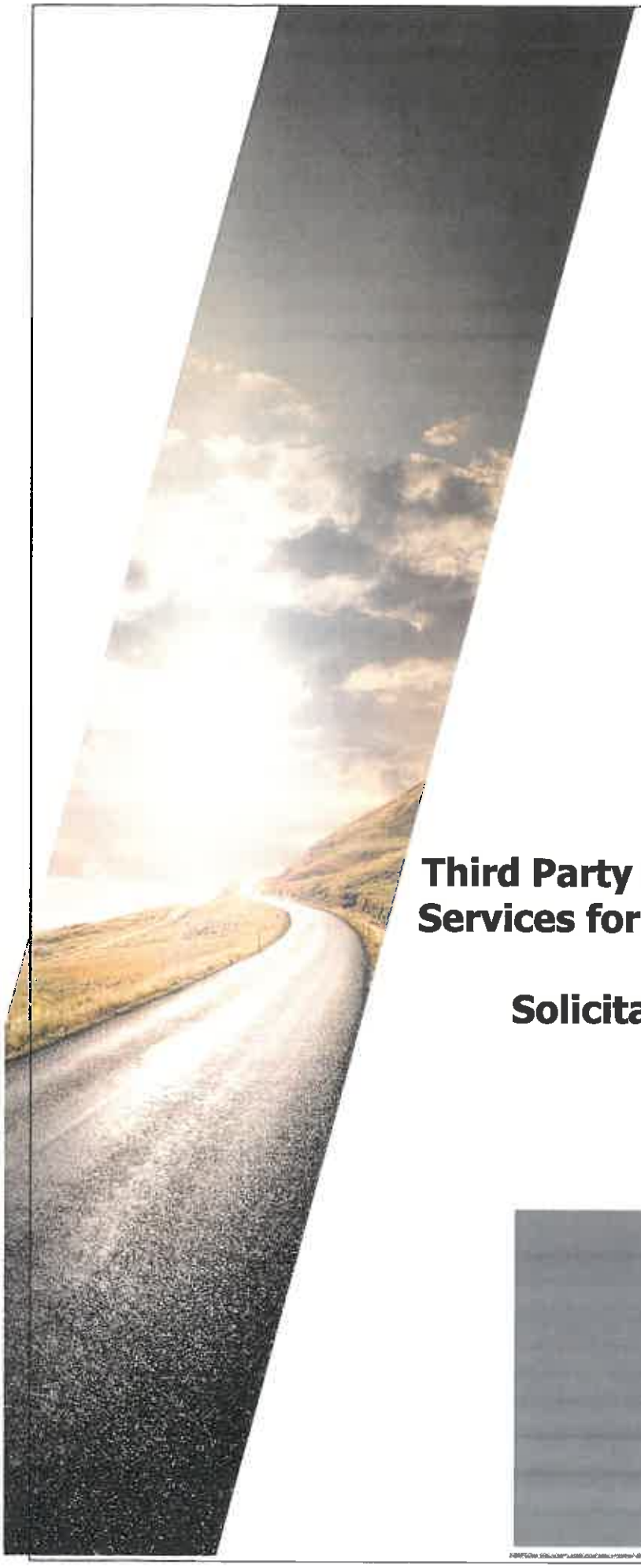

ORIGINAL

Ascension™

CITY OF HOLLYWOOD

Third Party Claims Administration (TPA) Services for Workers' Compensation and Liability Claims
Solicitation #RFP-4522-16-RD

August 4, 2016

Presented by:
Tim McCreary, President
Ascension Insurance, Inc.
700 Central Parkway
Stuart, FL 34994
Phone: (772)287-7650
Direct Line: (772) 919-8592
Fax: (772)287-1387

TAB 1

Ascension™

CITY OF HOLLYWOOD

Third Party Claims Administration Services for Workers' Compensation and Liability Claims - Solicitation #RFP-4522-16-RD

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TAB 2

Ascension™

ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions Federal Tax Identification Number: 59-29-89676

If Corporation - Date Incorporated/Organized: 1981

State Incorporated/Organized: Florida

Company Operating Address: 700 Central Parkway

City Stuart State FL Zip Code 34994

Remittance Address (if different from ordering address): Same as above.

City _____ State _____ Zip Code _____

Company Contact Person: Tim McCreary Email Address: tmccreary@ascensionins.com

Phone Number (include area code): 772/919-8592 Fax Number (include area code): 772.287-1387

Company's Internet Web Address: www.ascensionins.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Tim C Creary 08/02/2016

Bidder/Proposer's Authorized Representative's Signature: Date

Type or Print Name: Tim McCreary

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FORM THE AWARD PROCESS.

August 4, 2016

City of Hollywood, Florida
c/o: Office of City Clerk
2600 Hollywood Boulevard, Room 221
Hollywood, FL 33020

RE: City of Hollywood, Florida
Third Party Claims Administration Services for Workers' Compensation and Liability Claims Solicitation #RFP-4522-16-RD

To Whom It May Concern:

Ascension Benefits and Insurance Solutions of Florida (Ascension) is pleased to respond to the Request for Proposal for Third Party Administrative Services for the City of Hollywood.

Ascension has been in business for over 30 years and is headquartered in Stuart, Florida with a satellite office in Jacksonville, Florida. Ascension currently provides claims administration and property and casualty services for over 8.2 million lives. Our services include full policy and claims administration, insurance consulting and brokerage, risk control services, special investigations, medical management, and extensive reporting & analysis capabilities. Through our diversification, Ascension is capable of providing a complete Third Party Claims program to the City, encompassing all areas of claims administration and loss control.

Ascension is a specialist in Third Party Claims Administration services to public entities. As a specialist, we also understand the significant budgetary pressures that our public clients are facing and the City's need of a partner that can help it navigate through these difficult times. It is critical for any City such as yours to carry forward with a partner that will yield the best results. Since the inception of the contract we have worked with the City to reduce the Agreement for Services fee. Ascension has lowered the fees structure and, in addition, has deferred on any cost of living increase.

Over the past 30 years, Ascension's staff has provided innovative techniques built around sound risk management to lower the overall cost of risk for a variety of municipalities, counties, school districts and private companies alike. Ascension recognizes that 85% of the cost associated with a Workers' Compensation and Risk Management Program is directly attributable to indemnity/medical expenses and claim related costs, with the

remaining 15% allocated towards TPA services and excess insurance. A lower TPA cost will not necessarily save money. To generate significant cost savings you need aggressive claims management and effective loss control services. With Ascension's specialized resources, like an in-house special investigations unit, proven return to work programs, medical case management, accident investigation, litigation expertise and data and reporting analysis, true savings are realized. Ascension will continue to play a critical role in the City's efforts to reduce the frequency and severity of losses. With our expertise and unique resources no trade-offs are required to achieve your desired results. Ascension will continue to save the City money by partnering together to handle the claims and improve processes and procedures that will enhance the overall quality of the program.

The City of Hollywood can be assured that we will continue to commit the best of our time, talent, and experience to the benefit of the City. As you know, our experience and culture is to create a relationship built around a mutually designed model that ensures continued financial success for the City. Ascension is a results oriented organization with decades of success providing public entities excellent service and results. Our integrity stands above the rest.

We do want to thank you for your continued support over the years; and more importantly, your unyielding patience and understandings as we transitioned to a new liability adjuster.

Sincerely,

Tim McCreary, President
Ascension Benefits & Insurance Solutions
700 SE Central Parkway
Stuart, FL 34994
772/919-8592 – direct line
tmccreary@ascensionins.com

Existing Ascension Team

Ascension™

Existing Team – Roles & Responsibilities

Name, Location & Phone	Role & Title	Years of Experience	Function
Executive Management Team			
Tim McCreary *Stuart, FL* *772.919.8592*	**President**	12	▲ Responsible for overall client satisfaction ▲ Ensures all work meets City of Hollywood's expectations ▲ Identifies and assigns the appropriate adjusting resources for specific issues or projects at hand ▲ Responsible for overall strategy and strategic advice ▲ Ascension service to commitment ▲ Developing relationships to foster partnership and continuous improvements to add value
Property & Casualty and Workers Compensation			
Kathy Whetstone *Stuart, FL* *772.919.8680*	**Property & Casualty & Workers Compensation Manager**	28	▲ Oversee operations of Property & Casualty claims ▲ Ensure City of Hollywood has resources to support claims adjusters ▲ Developing relationships to foster partnership and continuous improvement and monitoring of claims
Steve Hanzman *Stuart, FL* *772.919.7550*	**Property & Casualty Adjuster**	27	▲ Adjusting claims for all departments within the municipalities ▲ Perform on-scene investigations, evaluate and negotiate claims ▲ Meet with attorneys and their client to collect data as part of investigation process ▲ Assign timely and appropriate reserves to claims and monitor/adjust reserves accordingly ▲ Maintain professional relationships with client(s)
Workers' Compensation			
Barbara Smith *Stuart, FL* *772.919.8611*	**Workers Compensation Claims Adjuster**	23	▲ Provide day-to-day support regarding, claims adjusting, claimant contact and investigations ▲ Responsible for financial analysis and medical & legal settlement negotiations ▲ Responsible for oversight of TCM/FCM work loads ▲ Provide day-to-day support regarding, medical only adjusting, billing issues and administrative and general inquiries
Raelene Cruz *Stuart, FL* *772.919.8633*	**Medical Only Adjuster**	2	▲ Provide day-to-day support regarding, claims adjusting, claimant contact and investigations ▲ Responsible for financial analysis and medical & legal settlement negotiations ▲ Responsible for oversight of TCM/FCM work loads ▲ Provide day-to-day support regarding, medical only adjusting, billing issues and administrative and general inquiries

TAB 3

Ascension™

PROPOSER'S QUALIFICATIONS

Employers Mutual, Inc. d/b/a Ascension Benefits & Insurance Solutions of Florida, headquartered in Stuart, Florida is a national provider of Brokerage, Third Party Claims Administration, Risk Management Consulting and Loss Control Services, specializing in governmental entities. Ascension Benefits & Insurance Solutions of Florida staffs nearly 100 employees with offices located in Stuart and Jacksonville, Florida.

In May 2008, the company was acquired by Ascension Insurance, Inc. (Ascension). Ascension is a national brokerage, administration and consulting firm offering property & casualty, employee benefits, and risk management services with over $75 million in revenue. Based in Walnut Creek, California, Ascension Insurance is led by President and CEO Joe Tatum. Ascension Insurance Inc. brings a combination of sophisticated national resources and specialized industry expertise to deliver the best combination of insurance coverage, claims services and loss control to help clients address the needs of their businesses, employees and constituents. Ascension's corporate mission is to create a premier insurance agency that offers superior risk management and benefits consulting services while providing a rewarding professional environment that preserves the expertise and culture that made each operational center successful. Ascension is a privately held corporation.

For the past 34 years Ascension has provided innovative techniques built around sound risk management and loss control to lower the overall cost of risk for many governmental agencies, school boards and private companies. To generate significant cost savings you need aggressive claims management and effective loss control services. With Ascension's specialized resources, like an in-house special investigations unit, proven return to work programs, medical case management, accident investigation, subrogation recovery, litigation expertise and data and reporting analysis, such savings are realized. In addition, Ascension is considered one of the leading experts on Florida Presumption claims. Ascension will play a critical role in the City's efforts to reduce the frequency and severity of losses. With our expertise and unique resources no trade-offs are required to achieve your desired results. Ascension offers a competitive price and will save you money when working in unison to manage the claims and improve processes guidelines and thus enhancing the overall quality of your risk profile.

Ascension Insurance is presently ranked within the Top 30 brokerage and consulting firms in the US by revenue and named the fastest growing brokerage firm by Business Insurance magazine the last two years.

Our Philosophy

With national resources and local expertise, our goal is to combine the resources of a national brokerage and administration firm with the personal and highly accountable relationships of the local and regional firms.

We have over 450 employees in 30 offices in the US, with clients and licensing in every state and approximately 25 other countries.

Client focus is Ascension's top priority. Our focus and experience qualify us to fulfill City of Hollywood's requested services. We are committed to long-term client relationships and to helping our clients achieve their goals. Our strong understanding of your business strategy guides our work. Together, we create and execute innovative solutions for all your unique exposures, no matter how complex they may be. We see ourselves as a member of your team, providing data-driven strategic advice and using our highly specialized services and claims system to develop distinct solutions to specific problems.

Ascension's client service philosophy can be described in four words:

- **Excellence**
- **Flexibility**
- **Customization**
- **Teamwork**

First and foremost, we focus on our clients' critical needs and use problem-solving techniques to help clients address their challenges and issues. We know our consulting advice and services must be of the highest caliber. We consistently strive to ensure **excellence** through a formal system of process and procedures. For example, our team approach ensures all work performed on a client's behalf is peer reviewed by a second technically capable adjuster to ensure our deliverables are client-appropriate, accurate and provide value.

The core aspect of Ascension's service philosophy is **teamwork**. While individual strength is certainly important, we believe it is more critical to the delivery of services to our clients to have highly functioning, best in class teams. Ascension provides a team approach to ensure that we have the depth of technical competencies and the breadth of service capabilities. The highly functioning team will always outperform a non-collaborative team of stronger individual contributors. We value teamwork and partner with best in class strategic associates who have the capabilities to collaborate with our clients to help them achieve their goals and enhance their financial results.

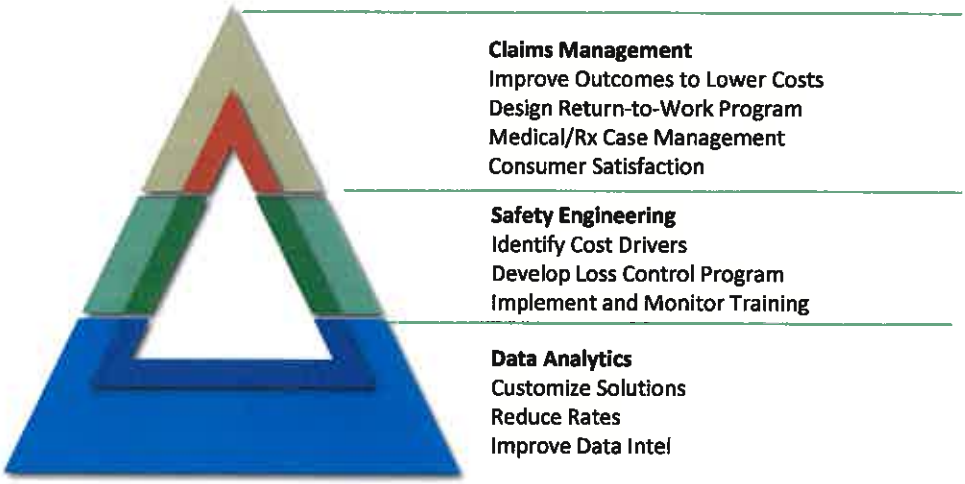
Ascension advocates forming highly collaborative relationships with clients to foster an interactive and creative professional environment in order to provide **custom** services and solutions specifically for each client. Ultimately, our role is to assist City of Hollywood in making informed decisions about your claims management processes that make sense within the context of your business and the regulatory environment. In other words, we aim to be a full business partner and always approach the role of the administrator/consultant with this goal — and consequently with your own unique situation and needs in mind.

Ascension engages in flexible and proactive consulting by encouraging our adjusters to anticipate problems, identify opportunities, recommend client-focused actions and change directions if warranted. This flexible, proactive approach is made possible by ensuring our experienced professionals are knowledgeable about every aspect of the complex and ever-changing claims environment. Our adjusters continually educate themselves – in both their claims disciplines and issues outside their specialties – to stay at the leading edge and maximize our services for our clients. Our mid-level adjusters have seven to ten years of relevant consulting experience and senior level adjusters have fifteen or more years of relevant adjusting experience.

Our Claims Management Approach

Ascension has extensive capabilities to evaluate your current administration programs across workforce segments and geographies, mapping them against your current and evolving organizational and workforce needs, as well as assessing regional and national trends for benchmarking. We have helped many Public Entities, with complex business and workforce structures, implement claims administration programs as a part of total cost savings strategies.

It will be our responsibility to be your partner in the process of providing an integrated claims system to ensure your financial goals are met. Our administration service recognizes that in being your strategic partner, there is a hierarchy of needs that must be met: aggressive claims management, safety engineering, and data analytics.



Claims Management

For the past 30 years, the Ascension staff has provided innovative solutions consistent with sound risk management practices, effectively lowering the overall cost of risk for our valued school district, and municipal clients. Ascension recognizes that 85% of the cost associated with a Workers' Compensation and Liability Risk Management Program is directly attributable to indemnity/medical expenses and claim related costs, with the remaining 15% allocated towards TPA services and excess insurance. Significant cost savings to the Public Entity typically are achieved through aggressive claims management coupled with effective loss control services.

Despite safety efforts, accidents are a reality. Once an accident occurs, the cost profile of a case is dependent on many factors, including the effectiveness of the claims management process. With

Ascension's approach, particularly in the initial days of the accident, the injured worker's care is closely managed and a return-to-work strategy is developed. By employing proven claim strategies, sound medical and disability management practices and rehabilitation and return-to-work plans, claim costs are closely controlled. In addition, our claim examiners are always mindful of circumstances that may be the result of fraud and have the tools and resources to investigate where necessary.

With Ascension's specialized resources, whether it is our in house special investigations unit, proven return to work programs, medical case management, accident investigation, litigation expertise and data and reporting analysis, such savings are realized. Ascension will play an active role in the City of Hollywood's efforts to reduce the frequency and severity of losses. With our expertise, close location and unique resources these services are instrumental in achieving your desired results. Ascension delivers a fair price and will reduce costs when we work in partnership to handle the claims, improve guidelines and processes which, in turn, will enhance the overall quality of your program.

The City of Hollywood can be assured that, if chosen, the Ascension team of professionals will commit their best time, talent and proficiency to your maximum benefit. Our experience and culture is to create a relationship built around a mutually designed model that ensures fiscal success for our clients. Ascension is a results oriented organization with decades of success providing public entities excellent service. Our integrity stands above the rest.

Safety Engineering

Significant cost savings to the City of Hollywood typically are achieved through aggressive claims management coupled with effective loss control services. Effective claims management alone will not produce the superior results of a combined program that includes meaningful loss control. In the field, loss control engineering is the critical component to reducing the frequency and severity of claims, thus reducing the overall cost of risk. Ascension Loss Control professionals are credentialed and offer a combined experience of over 40 years. They are available to provide a broad spectrum of high quality risk management consulting services to the City of Hollywood. Ascension will identify and recommend where best to invest the resources that will produce the largest impact on managing your risk.

Risk Control is an artful blend of science and techniques that encompasses a wide range of disciplines. Our professional staff reflects this diversity and sets us apart from other service providers. Our Risk Control staff includes knowledge and experience in business, insurance, construction, occupational safety & health, and many other disciplines. Each individual brings a special skill and knowledge to our practical approach to controlling losses. This broad base of talent enables us to provide the particular expertise to assist with your specific risk management issues.

Data Analytics

In addition to a proactive risk control program and sound claims management, Ascension knows that information is power. Throughout our claims management process, our adjusters capture key information that can be evaluated and analyzed through our extensive reporting capabilities. By analyzing accident data in various ways, identifying issues timely, and taking specific actions to address areas of concern, your program can be continuously improved. This three-pronged approach to cost containment is effective, has delivered the intended results, and can be implemented by Ascension to benefit the City of Hollywood.

Ascension utilizes the latest technological system available via our claims system, RiskMaster. The RiskMaster claim system is designed to integrate all types of claims, including workers' compensation, auto, and general liability, and property. RiskMaster is designed to capture all cost and detailed history. RiskMaster's core processing areas include incident reporting, risk management, claims administration for commercial property and casualty lines of business, including Workers' Compensation. Utilizing powerful tools from Business Objects, Business Intelligence is a robust, easy-to-use reporting engine that allows users of all technical skill levels to easily create reports, charts, and graphs needed to analyze data. Reports are created by selecting data elements and formats appropriate for your organization's needs. Results are returned real-time so the information is literally at your fingertips at all times.

A proactive risk control program is the most effective approach to minimizing the exposure to loss events over the long term. Since workers' compensation claims can remain open and continue to develop for many years following the initial loss event, minimizing the loss exposure of our clients is critical. Our Risk Control professionals follow emerging issues, track industry best practices, and share innovative solutions day-in and day-out. Proactively applied, this collective body of knowledge is used to improve the quality and timeliness of our clients' risk management programs. Ascension has over 30 years' experience in governmental compliance, as well as many other industries, in evaluating and controlling liability and life safety exposures for your employees, guests and visitors.

These services are coordinated on single system, under one roof which allows communication immediately between necessary parties involved on the files. Clients are then offered fast access to our system via the Web, including our reporting and analysis tools and the City's reports published through our secure reporting website link. Our system gives the City access to claim information, photos, statements, and real time adjuster and nurse case management notes. In addition, the executive summary is available with updated ad hoc reports that update the claim information as it is entered into the system giving the City the most complete and accurate information. As an added feature, you can access our system's "Quick Summary," which allows you to review details about the events and claims in a single view without having to navigate through our claims management system.

As you can see, it is Ascension's effective, innovative and proactive approach that generates a true return on investment for its clients. This model allows us to understand the true factors impacting your cost of claims.

References

Ascension

REFERENCES

Martin County Board of County Commissioners
Gary Gierlicz
2401 SE Monterey Road
Stuart, FL 34996
Phone: 772-221-1320
Ascension provides Property & Casualty all lines excess/broker services, third party claims administration services, loss control services and risk management consulting services since 1987 until present.

St. Lucie County Board of County Commissioners
George Landry
2300 Virginia Avenue
Fort Pierce, FL 34982
Phone: 772-462-1783
Ascension provides Property & Casualty all lines excess/broker services, third party claims administration services, loss control services and risk management consulting services since 1987 until present.

City of Port St. Lucie
Renee Major
121 SW Pt. St. Lucie Blvd.
Port St. Lucie, FL 34984
Phone: (772) 871-5209
Ascension provides Property & Casualty all lines excess/broker services, third party claims administration services, loss control services and risk management consulting services since 1987 until present.

School District of Indian River County
Pamela Torres-Spivey
1990 25th Street
Vero Beach, FL 32960
Phone: (772) 564-3129
Ascension provides Property & Casualty all lines excess/broker services, third party claims administration services loss control services and risk management consulting services since 1986 until present.

St. Lucie County Public Schools
Susan Carver
4204 Okeechobee Road
Fort Pierce, FL 34947
Phone: (772) 429-5526
Ascension provides Property & Casualty all lines excess/broker services, third party claims administration services loss control services and risk management consulting services since 1986 until present.

City of Key West
Lisa Borzy
P.O. Box 1409
Key West, FL 33040
Phone: (305) 809-3811
Ascension provides Property & Casualty & Workers Compensation third party claims administration services, loss control services, and risk management consulting services since 2009 until present.

Litigation Statement

Ascension™

TAB 4

Ascension

ADDITIONAL INFORMATION

For 30 years, Ascension has developed into one of the premier claims service providers. Ascension pioneered the management of high-cost workers' compensation programs by overseeing the integration of claims management, managed care services, loss control and systems analysis.

At Ascension our claims management model puts our expertise at the center of the management process, allowing us to streamline interaction, coordination, and integration between the employer, employee, claims payor, and provider. Our clients have seen phenomenal results, when compared to traditional claims management models. Savings such as: a decrease in the frequency of claims, decrease in disability duration, and a reduction in indemnity/medical costs. With Ascension, you can count on our integrated approach for tangible results. Our model is based on preserving the City's balance sheet without sacrificing service or quality.

Today we are constantly developing the next generation of tools that will set the pace as benchmarks in a totally integrated claims management model. By maintaining Ascension as your Third Party Administrator, Managed Care organization, and Loss Control service provider, the City of Hollywood can be assured a comprehensive program inclusive of service integrations, analytical scrutiny and a solid partnership with your risk management staff.

Our three-pronged approach to cost containment sets us apart and has proven beneficial to our clients and has allowed us to serve them for over 30 years.

Ascension's three pronged approach to cost containment entails:

A proactive loss control program is the most effective approach to minimizing the exposure to loss events over the long term. Since workers' compensation claims can remain open and continue to develop for many years following the initial loss, minimizing the loss exposure of our clients is critical. Our Risk Control professionals follow emerging issues, track industry best practices, and share innovative solutions day-in and day-out. Proactively applied, this collective body of knowledge is used to improve the quality and timeliness of our clients' risk management programs. Our Risk Control specialists are well versed in variety of topics and will focus on the cost drivers that are impacting your program the most. Ascension has over 30 years' experience in governmental system compliance, as well other industries, in evaluating and controlling general liability and life safety exposures for your employees, guests and visitors.

Despite safety efforts, accidents are a reality. Once an accident occurs, the cost profile of a case is dependent on many factors, including the effectiveness of the claims management process. With Ascension's approach, particularly in the initial days of the accident, the injured worker's care is closely managed and a return-to-work strategy is developed. By employing proven claim strategies, sound medical and disability management practices and rehabilitation and return-to-work plans, claim costs are closely controlled. In addition, our claim examiners are always mindful of circumstances that may be the result of fraud and have the tools and resources to investigate where necessary.

In addition to a proactive risk control program and sound claims management, Ascension believes that information is power. Throughout our claims management process, our adjusters capture key information that can be evaluated and analyzed through our extensive reporting capabilities. By analyzing accident data in various ways, identifying issues timely, and taking specific actions to address areas of concern, your program can be continuously monitored and improved. This three-pronged approach to cost containment is effective, has delivered the intended results, and can be implemented by Ascension to benefit the City of Hollywood.

Ascension utilizes the latest technological system available via our claims system, RiskMaster. The RiskMaster claim system is designed to integrate all types of claims, including workers' compensation, auto, general liability, and property. RiskMaster is designed to capture all cost and detailed history. RiskMaster's core processing areas include incident reporting, risk management, claims administration for commercial property and casualty lines of business, including Workers' Compensation. Utilizing powerful tools from Business Objects, Business Intelligence is a robust, easy-to-use reporting engine that allows users of all technical skill levels to easily create reports, charts, and graphs needed to analyze data. Reports are created by selecting data elements and formats appropriate for your organization's needs. Results are returned real-time, so, the information is literally at your fingertips at all times.

These services are coordinated on one system, under one roof which allows communication immediately between necessary parties administering the claims. Clients are then offered fast access to our system via the Web, including our reporting and analysis tools and the City's reports published through our secure reporting website link. Our system gives the City access to claims information, photos, statements, and real time adjuster and nurse case management notes. In addition, the executive summary is available with updated ad hoc reports that update the claim information as it is entered into the system giving the City the most complete and accurate information. As an added feature, you can access our system's "Quick Summary" which allows you to review details about the events and claims in a single view without having to navigate through our claims management system.

As you can see, it is Ascension's effective, innovative and proactive approach that generates a true return on investment for its clients. This model helps us understand the true factors impacting your cost and the safety of your community.

Resumes

Ascension

700 Central Parkway, Stuart, Florida 34994
Telephone: (772) 287-7650 Fax: (772) 287-1387

Tim McCreary, CPCU, RPLU, CRIS & M.B.A

President - Ascension Benefits and Insurance Solution of Florida

Tim's direct responsibilities as President are: Analyzes and placement of larger, more complex insurance programs for risk sharing pools and individual commercial accounts. Provide clients with financial discipline and capital management tools to maintain properly funded self-insurance programs. Design and implement innovative solutions to optimize insurance program's return on investment. Ensure that internal quality controls and processes are being maintained to provide highest service standards to clients. Accountable for achieving strategic objectives, ensuring effective enterprise management and profitability for Ascension Benefits & Insurance Solutions of Florida.

Relevant Experience

Ascension Benefits and Insurance Solution of Florida - Stuart, FL **2005 to present**

- Administrator for controlling total cost of risk for several municipal insurance pools in Florida.
- Design and negotiate multi-billion dollar layered property programs
- Drive performance improvements for operations, finances, strategy and organizational development in a collaborative effort with all clients and internally.

General Reinsurance – Atlanta, GA **2002 to 2005**

- Developed creative alternative risk programs for national account casualty business.
- Evaluated financial risk in conformance with underwriting policies, procedures and methodologies; keeping in mind overall corporate profit objectives.

Formal Education

University of Tampa 2000
Master of Business Administration
University of Tennessee 1994
Bachelor of Science - Political Science and Business Administration

Chartered Property Casualty Underwriter - CPCU
Registered Professional Liability Underwriter – RPLU
Construction Risk Insurance Specialist – CRIS
220 Licenses – General Lines (Property and Casualty)
Series 3 - NASD Registered Commodities Representative
Florida Real Estate License

Professional Associations

Chartered Property Casualty Underwriter (CPCU)
Risk & Insurance Management Society (RIMS)
Public Risk Management Association (PRIMA)
Florida Educational Risk Management Association (FERMA)
Florida Association of Insurance Agents (FAIA)
Florida Government Finance Officers Association (FGFOA)

Kathy Whetstone

kwhetstone@ascensionins.com
772/287-7650

Professional Experience

Employers Mutual, Inc. **2016** **Stuart, FL**

Property & Casualty and Workers' Compensation Claims Manager

- Develops and oversees the implementation of W/C claims policies, practices, and procedures to facilitate and create the most effective procedures and processes attainable.
- Manages the WC Claim Supervisors.
- Establishes and implements W/C claims payment and reserve authority for all W/C claim personnel.
- Reviews the results of W/C claim programs.
- Oversees the review and settlement of claims when requested.
- Works with Reinsurance and Financial Auditors in explanation of claim department compliance requirements and established claim department procedures and processes.
- From time to time evaluates and implement the feasibility of new or revised systems and procedures.
- Work to develop claim activities and operations that are in accordance state regulations to minimize fines and penalties.
- Delegates activities, responsibilities, and authority, as necessary to claim department staff.
- Establishes policies to ensure adequate development of management personnel.
- Implements changes in the WC Claim Department organization as required.
- Ensures that the interests and welfare of employees, as individuals, are preserved and protected.
- Develop, and locate and make available training and education programs for the WC Claim department.

Employers Insurance Group **1995-2014** **North Palm Beach, FL & Charlotte, NC**
Formerly AmCOMP

Vice President, Eastern Regional Claims, 2009-2014
Managed up to 6 claims offices with 65 employees (6 Claim Managers, 1 Claim Liaison and 52 Claim Adjusters and Assistants) in processing Worker's Compensation Claims in 18 states in the Central and Eastern United States.

Management

- Maintained 99%+ closing ratio.
- Developed and managed within Eastern Region operating budget in excess of $1M.
- Consistently met or exceeded Quality Assurance audit goals of 95%.
- Achieved goals for 86% penetration into our PPOs in the state of Florida.
- Maintained reserves accurate to within 10% at one year.

Ascension™

Kathy Whetstone

Process Improvement

- Lead project to introduce Pre-Claim Medical Triage to reduce claim costs through better medical management and reduced litigation.
- Built cohesive team in Eastern Claims Division during acquisition of AmCOMP by Employers.
- Spearheaded efficiency improvement project to increase productivity and improve workflow processes and morale after merger.
- Significantly reduced Loss Adjustment Expenses by 20% after acquisition by more strategic use of outside vendors.
- Part of team that brought about centralization of Claim Assistants, reducing number of offices from 9 to 2.
- Co-led team to conduct feasibility study to determine efficiency of segmented claim model and set up model in offices where efficiency was improved.

Claims Operations Manager, North Palm Beach, 2004-2009
Ensured all claims were incurred within 24 hours of receipt and guaranteed accuracy with a staff of up to 7, in this rapidly growing company.

- Managed printing and mailing of claims checks and EOBs for all offices.
- Chaired selection committee to research and choose Pharmacy Management Company.
- Supervised responses to inquiries regarding payment of medical bills and customer service issues for policy holders, providers and injured workers.
- Managed staff in complying with timely mailing of new claim packets.
- Ensured efficient claims processing for injured workers during office shutdown for 2 hurricanes.

Claims Manager, Charlotte, NC, 2006-2009
Selected by management to replace Claims Manager in North Carolina office while maintaining duties of Claims Operations Manager in North Palm Beach office.

- Managed Charlotte, NC Claim department which handled multiple jurisdictions (GA, NC, SC, VA).
- Ensured staff was properly trained during expansion into Washington DC and Maryland jurisdictions.
- Supervised staff of Telephonic Nurse Case Managers and clerical personnel in addition to Claims Adjusters and Processors.
- Created incentive program to increase closure of aged pending claims.
- Initiated claims review process to strengthen and stabilize reserves.

Claims Supervisor, 2000-2004
Managed a unit of 4 Claims Adjusters and 1 Claim Assistant processing Worker's Compensation claims for the state of Florida. Managed claims administration and overall handling of up to 500 lost time claims. Focused on timely and accurate payment of benefits, reserves, investigations and compensability decisions. Coordinated development of clear action plans with aggressive timelines.

- Assigned claims according to complexity and level of experience of adjuster.
- Mentored adjusters to improve skills, accuracy and productivity.
- Reviewed all open claims every 90 days to ensure adequate reserves.
- Prepared training of various claim related topics such as payment of benefits and compensability to train new adjusters and improve the skills of existing adjusters.

Medical Only Claims Supervisor, 1997-2000
Supervised a unit of 4 Medical Only Claim Adjusters to ensure timely investigations, payment of bills and prompt closure or transfer of claims to lost time unit.

- Made accurate compensability decisions.
- Ensured prompt closure of claims to meet the target of 90 days.
- Managed processing of approximately 80 incoming claims/adjuster, 320/month.

Senior Claims Adjuster, 1995-1997
Handled adjustment of claims for policy holders in the state of Florida.

- Maintained caseload of 125-175 lost time claims.
- Managed complex and catastrophic claims.
- Mentored less experienced adjusters and assisted with training.

Training:
Completed 24 CEU's every 2 years to maintain State of Florida All Lines Adjuster's license

COMPUTER SKILLS
Experience with Microsoft Word, Excel, PowerPoint and proprietary claims management system (Epic)

Steve G. Hanzman

shanzman@ascensionins.com
772/919-7550

Professional Experience

Ascension **May 2016 to Present** **Stuart, FL**
Senior Liability Adjuster

- Investigate and adjust GL, APD, ABI, EL and Police Liability Claims
- Pending of 240 with 70% Litigated
- Direct Defense Counsel
- Attend Mediations and Trials

American Colonial Insurance Company **2009 - 2015**
Vice President of Claims

- Responsible for performance, development and coaching of assigned employees
- Responsible for all hiring, performance management, and termination within the Claims Division
- Responsible for outsourced vendor management, to include, decision on who the Claims Division uses, quality, results, and cost
- Worked directly with outside Counsel on legal issues, complex cases and litigation
- Responsible for the oversight of our corporate Fraud Plan, SIU Plan, and BCP
- Responsible to build and maintain professional relationships with agents, adjusters, marketing representatives, and other office employees
- Operational and Business Support: supporting the Claims operations by service as subject matter expert on Material Damage, Casualty and PIP technical issues.
- Assist in developing tools/training to drive key performance indicators.
- Served as the point of contact with business partners throughout the Company to ensure consistent information flow on emerging Material Damage, Casualty, and PIP trends, and claims performance
- Developed and Implemented Claims policies and Best Practices:
- Continuously assess claims processing standards and ensuring updates are made per company, local, state and federal laws
- Assures compliance of claims handling pursuant to all state, federal, and company procedures and requirements.
- Provided feedback to marketing, underwriting and Senior Management staff regarding the quality of Business and/or policy issues
- Performs quality audits and provides final claim approval on large/complex claims and coverage issues
- Provide detailed quarterly assessment of management information to give feedback to the Claims operations on improvement or deterioration in the key areas of Material Damage, Casualty, and PIP performance

Ascension™

Steve Hanzman

Infinity Property & Casualty Corporation **2006 – 2009** **Florida & Georgia**
Assistant Vice President of Claims

- Overall responsibility for the Field Claims Operation in Florida and Georgia
- Five Claims Offices located in Orlando, Miami, Tampa, Jacksonville and Atlanta, GA
- Ensure that staffing and LAE allocations are proper
- Responsible for overall field process and casualty process
- Complete Region Budget and strategy planning
- Owner of all buildings and lease decisions
- Develop and oversee employee development and leadership development
- Complete control over a staff 100+ Employees and 200 Million in Premium
- Work with Product and Business Development on strategy and product/claim issues
- Responsible for Reserve and Claim file decisions

Progressive Insurance **2003 - 2006** **Orlando & West Palm Beach, FL**
Injury Process Manager

- Responsible for the successful operation of a Claims Region with two claims offices in Orlando and West Palm Beach and over 40 employees
- Provide technical direction for 3100 features and $35 Million in reserves
- Develop and mentor the Management and Claims Professional staff
- Completed Individual Development plans and monthly organizational plans to ensure success
- Responsible for all hiring and Performance Improvement Plans
- Responsible for the Injury Process both attorney represented and non-represented
- Assist State Leadership in State audits and process improvement

American International Group **1999-2003**
Vice President of Claims

- Responsible for the operation and management of a Casualty Branch
- Completed performance appraisals and Performance Improvement Plans
- Provided leadership to ensure the team was in compliance with best practices and company goals

Gallagher Bassett Services Inc. **1993-1999** **Maitland, Florida**

Senior Liability Claims Representative/Supervisor **1993-1995**

- Investigated and supervised all General Liability, Auto, and Property claims for the Orange County School Board
- Supervised the A-Range Claim Representative

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Steve Hanzman

Branch Manager **1995-1997** **Tallahassee, Florida**

- Managed all aspects of the claims office including supervision of claims, personnel, office profit and loss, and preparation of the office budget
- Responsible for all account coordination and client development
- Conducted all performance appraisals for existing employees
- Prepared monthly office status reports to the Zone Vice President
- Responsible for all hiring and other personnel decisions

Outside Senior Claims Representative **1997-1999**

- Investigated and handled all high exposure auto bodily injury, general liability, and professional liability claims

Hartford Insurance, Nationwide Insurance & Alexis Risk Management **1989-1993**
Senior Liability Claims Representative

- Investigated and handled auto bodily injury, general liability and professional liability claims
- Handled complex litigation files and direction of defense counsel

Education

University of Central Florida, Orlando, Florida
Bachelor of Arts in Legal Studies, August 1988
Minor in Business Administration

ARM – Completed ARM 54 and ARM 55

Barbara Ann Smith

772.287-7650
bsmith@ascensionins.com

Professional Experience

Ascension **2001 – Present** **Stuart, FL**

Workers Compensation Indemnity Adjuster

- Communicate with injured workers, employers and medical staff to monitor progress and resolve claims.
- Issue indemnity payments; investigate claims to determine compensability and subrogation potential.
- Communicate with attorneys, attend mediations, negotiate settlements and subrogation recoveries.
- Maintain knowledge of Florida EDI reporting rules and time frames to ensure compliance and penalty avoidance.

Employers Mutual, Inc. **1996 to 2001** **Stuart, FL**
(Which is now Ascension)

Claims Service Representative

- Coordinated medical treatment and Workers' Compensation benefits for medical only claims.
- Answered incoming calls; communicate with employers, medical staff and injured workers.
- Assisted with lost time files, filed state forms timely.

Education

0520 – Independent Adjuster All Lines - November 2004

0524 – Independent Adjuster Workers Compensation - December 2000

Indian River Community College, Fort Pierce, Florida
Associates in Science Degree in Computer Applications

Fort Pierce Central High School, Fort Pierce, Florida
High School Diploma

Raelene Cruz

772/919-8633
rcruz@ascensionins.com

Professional Experience

Ascension **2016 - Present** **Stuart, FL**

Workers Compensation Claims Adjuster

- Handle all aspects of Workers Compensation medical only claims, including set up, approval of medical treatment and bills, monitoring any possible lost time, and file closure reviews.
- Three point contact is completed within 24 hours of claim receipt; employer, employee, and doctor.
- Conduct prompt and thorough investigations of claims such as ISO reports; requesting information from any positive ISO findings, hospital searches, and personal medical records review.
- Evaluate facts, interpret laws and regulations, and render determinations, including compensability and causality.
- Continuously analyze case facts and monitor activities in order to identify possible fraud and/or abuse.
- Review possible subrogation recoveries and place all parties on notice.
- Claim files are reviewed after each doctor's visit and medical findings from the visit are inputted to determine any changes in work status or the need to question Major Contributing Cause of the injury.
- Once the claimant is placed at maximum medical improvement file is reviewed and placed on diary to close. As soon as final bills are paid, claim files are reviewed and closed.

Ascension **2014 – 2015** **Stuart, FL**

Workers Compensation Fee Scheduler

- Processed bills in accordance with State schedules, rules, regulations and guidelines
- Sorted and distributed all WC checks daily.
- Handled a large volume of telephone calls and interacted with various people, include but not limited to, the medical community, claimants, division representatives, attorneys and collection agencies.
- Communicates with the State to ensure and maintain compliance at all times, in order to avoid fines and penalties.
- Responded to provider appeals, when appropriate, in an effort to settle disputes
- Worked in conjunction with the IT Department when a new software release implemented by testing the data to confirm bills are processed in accordance to State fee schedules and that proper PPO contract discounts are applied.
- Completed daily tasks; including, but not limited to, approving/reviewing EDI and Rockport files, timely correction of EDI rejections, releasing payments in a timely manner, checking Risk master EDI reports and making corrections as appropriate.
- Date stamped all incoming mail and distributed to appropriate parties.

Keystaff, Inc. **2012-2013** **Palm Springs, FL**

Receptionist/Staffing Assistant

- Assist Recruiters in Job Placements
- Data entry
- Performed payroll duties
- Answered telephone and forwarded telephone calls and messages to appropriate personnel
- Greeted visitors, determine nature of dealing and escorted visitors to department
- Compiled data, statistics and supplementary information

Raelene Cruz (continued)

772/919-8633
rcruz@ascensionins.com

Song & Associates, Inc. **2011-2012** **West Palm Beach, FL**

Receptionist/Assistant

- Answered multi-line phone, relayed messages, and directed calls to appropriate personnel
- Communicated with Associates and Clients
- Assisted Architects in projects
- Organized and maintained a clean office environment
- Scheduled and verified appointments and meetings for managers

Education

Port Saint Lucie High School 2007-2011

Licenses

All Lines Adjuster License (520) 10/21/2014

TAB 5

Ascension

City of Hollywood

Third Party Claims Administrative Services (TPA) Services for Workers' Compensation and Liability Claims
Solicitation #RFP-4522-16-RD

SUMMARY OF PROPOSER'S FEE SCHEDULE

In addition to the administration fee the following will apply:

Repricing	$1.25 per line, 3 line minimum
Network	25% savings
Hospital audits	25% savings
Subrogation	10% of dollars recovered

All other incidentals are inclusive: travel, per diem expenses, photocopying, telephone lines or other incidental expenses

TAB 6

Ascension

REPORTING

Our report library contains hundreds of report templates and following are the various reports most commonly provided to our clients:

Monthly: (published by the fifth business day of the month)

Coverage Report
Summary Loss Report
Large Loss Report
Loss Run by Department
Check Register
Reserve Change History

Quarterly:

Status Report

Annual:

Average Claim Duration
Development Summary
Development Schedule
Incurred Claim Losses Since Inception
PC – Total Claims For Last 5 Years by Claim Type
WC- Payment Summary by Reserve
WC- Severity Summary
OSHA 300
OSHA 301

Ad-Hoc/Analysis:

Total Claims by Department
Claims by Department by Fiscal Year
Claims per 100 Employees by Department
Claims by Injury Type
Injury Type by Percentage
Average Cost per Injury Type
Aggregate Loss Fund Tracking
WC Losses by Position Summary
WC Losses_Top Ten by Cause
WC Losses_Top Ten by Body Part
WC Losses_Top Ten by Injury/Illness
WC Losses_Top Ten by Event Indicator

ModMaster Reports

Monthly Reports

Ascension

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Coverage Report
Client Name:
All Claims As of 4/30/2014

Claim LOB Desc	Coverage Code	Description	Outstanding Reserves	Total Paid to Date	Total Incurred	Count
GC	DIS	General Claims : Discrimination	$0.00	$436,079.00	$436,079.00	4
	DO	General Claims : Director & Officers	$11,562.39	$28,437.61	$40,000.00	2
	EO	General Claims : Errors & Omissions	$0.00	$5,249.44	$5,249.44	2
	GLBI	General Claims : General Liability Bodily Injury	$502,800.66	$4,772,307.02	$5,275,107.68	1206
	GLPD	General Claims : General Liability Property Damage	$73,901.35	$1,227,536.35	$1,301,437.70	962
	GLPI	General Claims : General Liability Personal Injury	$148,337.73	$1,206,377.19	$1,354,714.92	136
	GSUB	General Claims : Gen Liability Subrogation	$200.00	$0.00	$200.00	4
	PITO	General Claims : Property in the Open/Misc	$0.00	$0.00	$0.00	1
	PL	General Claims : Product Liability	$6,156.85	$1,343.15	$7,500.00	1
	PR	General Claims : Professional Liability	$6,500.00	$195,000.00	$201,500.00	4
	PROP	General Claims : Property Loss	$0.00	$15,810.10	$15,810.10	14
	PROP-IC	General Claims : Inverse Condemnation	$5,228.60	$2,271.40	$7,500.00	1
	VL	General Claims : Vendor Liability	$0.00	$0.00	$0.00	1
	WD	General Claims : Wrongful Discharge	$0.00	$4,000.00	$4,000.00	1
		General Claims Sum:	**$754,687.58**	**$7,894,411.26**	**$8,649,098.84**	**2339**
VA	APD	Vehicle Accident Claims : Auto Property Damage	$23,676.44	$1,700,576.45	$1,724,252.89	1126
	ASUB	Vehicle Accident Claims : Auto Liability- Subrogation	$3,400.00	$0.00	$3,400.00	57
	BI	Vehicle Accident Claims : Bodily Injury	$538,221.05	$2,641,074.29	$3,179,295.34	404
	COL	Vehicle Accident Claims : Collision and Comprehensive	$210.40	$47,205.66	$47,416.06	236
	PIP	Vehicle Accident Claims : Personal Injury Protection	$0.00	$0.00	$0.00	1
		Vehicle Accident Claims Sum:	**$565,507.89**	**$4,388,856.40**	**$4,954,364.29**	**1824**
WC	BLT	Workers' Compensation : Became Lost Time	$1,844,350.60	$7,978,235.90	$9,822,586.50	102
	BMED	Workers' Compensation : Became Medical Only	$0.00	$1,842.99	$1,842.99	1
	LT	Workers' Compensation : Lost Time	$2,316,595.87	$25,328,746.34	$27,645,342.21	991
	M	Workers' Compensation : Medical Only	$160,105.51	$2,766,009.87	$2,926,115.38	2611
		Workers' Compensation Sum:	**$4,321,051.98**	**$36,074,835.10**	**$40,395,887.08**	**3705**
Total			***$5,641,247.45***	***$48,358,102.76***	***$53,999,350.21***	***7868***

Ascension

Summary Loss Report

Client Name:

All Claims as of 4/30/2014

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2008	GC	General Liability Bodily Injury	$0.00	$356,014.55	$356,014.55	39	0
	GC	General Liability Personal Injury	$0.00	$0.00	$0.00	5	0
	GC	General Liability Property Damage	$0.00	$10,919.83	$10,919.83	44	1
	VA	Auto Property Damage	$0.00	$70,562.37	$70,562.37	52	0
	VA	Bodily Injury	$0.00	$21,234.62	$21,234.62	16	0
	VA	Collision and Comprehensive	$0.00	$4,501.81	$4,501.81	31	0
	WC	Became Lost Time	$49,861.99	$288,606.29	$338,468.28	9	3
	WC	Lost Time	$0.00	$192,672.16	$192,672.16	27	0
	WC	Medical Only	$40,708.10	$248,562.53	$289,270.63	160	1
2008			$90,570.09	$1,193,074.16	$1,283,644.25	383	5

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2009	GC	General Liability Bodily Injury	$47,646.47	$80,616.21	$128,262.68	38	8
	GC	General Liability Personal Injury	$31,643.46	$87,048.23	$118,691.69	6	3
	GC	General Liability Property Damage	$0.00	$74,682.98	$74,682.98	60	0
	GC	Property Loss	$0.00	$0.00	$0.00	5	0
	VA	Auto Liability- Subrogation	$100.00	$0.00	$100.00	3	1
	VA	Auto Property Damage	$0.00	$117,816.06	$117,816.06	59	0
	VA	Bodily Injury	$0.00	$107,909.66	$107,909.66	18	0
	VA	Collision and Comprehensive	$0.00	$10,155.54	$10,155.54	22	0
	WC	Became Lost Time	$0.00	$405,029.25	$405,029.25	12	0
	WC	Became Medical Only	$0.00	$1,842.99	$1,842.99	1	0
	WC	Lost Time	$22,799.09	$390,292.21	$413,091.30	19	1
	WC	Medical Only	$0.00	$184,323.57	$184,323.57	155	0
2009			$102,189.02	$1,459,716.70	$1,561,905.72	398	13

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2010	GC	General Liability Bodily Injury	$70,091.49	$212,666.93	$282,758.42	54	9
	GC	General Liability Personal Injury	$6,747.70	$55,967.45	$62,715.15	9	2
	GC	General Liability Property Damage	$0.00	$14,783.51	$14,783.51	55	0
	GC	Professional Liability	$1,500.00	$50,000.00	$51,500.00	1	1
	GC	Property Loss	$0.00	$0.00	$0.00	8	0
	VA	Auto Liability- Subrogation	$500.00	$0.00	$500.00	8	5
	VA	Auto Property Damage	$0.00	$200,929.85	$200,929.85	60	0
	VA	Bodily Injury	$17,535.00	$180,442.03	$197,977.03	20	2
	VA	Collision and Comprehensive	$0.00	$3,216.74	$3,216.74	20	0
	VA	Personal Injury Protection	$0.00	$0.00	$0.00	1	0
	WC	Became Lost Time	$8,008.13	$412,734.04	$420,742.17	9	1
	WC	Lost Time	$408,116.61	$280,101.42	$688,218.03	6	1
	WC	Medical Only	$0.00	$186,263.15	$186,263.15	146	0
2010			$512,498.93	$1,597,105.12	$2,109,604.05	397	21

Ascension

Summary Loss Report

Client Name:

All Claims as of 4/30/2014

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2011	GC	Discrimination	$0.00	$5,000.00	$5,000.00	1	0
	GC	Errors & Omissions	$0.00	$103.50	$103.50	1	0
	GC	General Liability Bodily Injury	$117,299.76	$183,671.00	$300,970.76	53	16
	GC	General Liability Personal Injury	$500.00	$15,946.59	$16,446.59	2	1
	GC	General Liability Property Damage	$0.00	$10,928.52	$10,928.52	32	0
	GC	Gen Liability Subrogation	$100.00	$0.00	$100.00	2	1
	GC	Professional Liability	$0.00	$0.00	$0.00	1	0
	VA	Auto Liability- Subrogation	$900.00	$0.00	$900.00	16	15
	VA	Auto Property Damage	$0.00	$38,152.80	$38,152.80	38	0
	VA	Bodily Injury	$15,000.00	$0.00	$15,000.00	12	4
	VA	Collision and Comprehensive	$0.00	$116.50	$116.50	24	0
	WC	Became Lost Time	$23,071.40	$715,730.65	$738,802.05	17	1
	WC	Lost Time	$0.00	$60,080.52	$60,080.52	4	0
	WC	Medical Only	$0.00	$142,888.28	$142,888.28	119	0
2011			**$156,871.16**	**$1,172,618.36**	**$1,329,489.52**	**322**	**38**

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2012	GC	General Liability Bodily Injury	$41,373.57	$51,510.99	$92,884.56	41	10
	GC	General Liability Personal Injury	$93,747.48	$48,752.52	$142,500.00	9	5
	GC	General Liability Property Damage	$0.00	$12,148.32	$12,148.32	37	0
	GC	Gen Liability Subrogation	$100.00	$0.00	$100.00	2	2
	VA	Auto Liability- Subrogation	$1,800.00	$0.00	$1,800.00	17	11
	VA	Auto Property Damage	$20,407.90	$28,142.33	$48,550.23	24	5
	VA	Bodily Injury	$54,000.00	$20,581.50	$74,581.50	28	15
	VA	Collision and Comprehensive	$0.00	$0.00	$0.00	5	0
	WC	Became Lost Time	$95,826.39	$371,322.72	$467,149.11	12	4
	WC	Lost Time	$0.00	$13,035.48	$13,035.48	2	0
	WC	Medical Only	$0.00	$153,115.93	$153,115.93	107	0
2012			**$307,255.34**	**$698,609.79**	**$1,005,865.13**	**284**	**52**

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2013	GC	General Liability Bodily Injury	$10,300.00	$700.00	$11,000.00	52	31
	GC	General Liability Personal Injury	$3,878.75	$6,487.25	$10,366.00	5	4
	GC	General Liability Property Damage	$73,738.61	$825,897.61	$899,636.22	80	24
	GC	Professional Liability	$5,000.00	$0.00	$5,000.00	1	1
	GC	Property In the Open/Misc	$0.00	$0.00	$0.00	1	0
	GC	Wrongful Discharge	$0.00	$4,000.00	$4,000.00	1	0
	VA	Auto Liability- Subrogation	$100.00	$0.00	$100.00	11	6
	VA	Auto Property Damage	$600.00	$19,494.02	$20,094.02	23	6
	VA	Bodily Injury	$106,000.00	$2,000.00	$108,000.00	7	4
	WC	Became Lost Time	$112,682.45	$403,748.22	$516,430.67	10	6
	WC	Lost Time	$5,026.03	$38,690.45	$43,716.48	4	2
	WC	Medical Only	$53,288.68	$177,952.63	$231,241.31	134	19
2013			**$370,614.52**	**$1,478,970.18**	**$1,849,584.70**	**329**	**103**

Ascension

Summary Loss Report

Client Name:

All Claims as of 4/30/2014

Fiscal/ Policy Year	LOB Code	Claim Type Desc	Outstanding Reserves	Paid to Date	Total Incurred	Total Claim Count	Open Claim Count
2014	GC	General Liability Bodily Injury	$10,500.00	$0.00	$10,500.00	14	13
	GC	General Liability Personal Injury	$2,500.00	$0.00	$2,500.00	3	3
	GC	General Liability Property Damage	$0.00	$1,060.96	$1,060.96	14	7
	VA	Auto Liability- Subrogation	$0.00	$0.00	$0.00	2	2
	VA	Auto Property Damage	$2,650.00	$1,323.45	$3,973.45	9	5
	VA	Bodily Injury	$15,000.00	$0.00	$15,000.00	7	7
	WC	Became Lost Time	$26,342.60	$7,667.40	$34,010.00	1	1
	WC	Lost Time	$387,271.93	$347,728.07	$735,000.00	1	1
	WC	Medical Only	$58,710.42	$38,310.33	$97,020.75	63	51
2014			**$502,974.95**	**$396,090.21**	**$899,065.16**	**114**	**90**
		Total All Years	***$2,042,974.01***	***$7,996,184.52***	***$10,039,158.53***	***2227***	***322***

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Client Name:

Large Loss Report- Total Incurred Greater Than Or Equal To $ 25,000

Claim LOB	Claim Number	Claim Type	Date of Loss/Injury	Claimant Name	Outstanding Reserve Sum	Paid Sum	Incurred Sum	Claim Status	Description
GC	777000015985-001	GLBI	2/1/1997	Last Name, First Name	$0.00	$65,961.80	$65,961.80	C	TRIP & FALL
	777000017150-000	BLDG	8/28/1999	Last Name, First Name	$0.00	$66,419.53	$66,419.53	C	LIGHTNING LOSS
	777000017717-000	BLDG	5/25/2000	Last Name, First Name	$0.00	$28,842.35	$28,842.35	C	LIGHTNING LOSS
	777000017935-001	GLBI	4/5/2001	Last Name, First Name	$0.00	$26,893.33	$26,893.33	C	TRIP/FALL UNEVEN SIDEWALK
	777000019347-001	DIS	1/1/2001	Last Name, First Name	$0.00	$76,669.75	$76,669.75	C	CLT ALLEGES FALSE ARREST
GC		5		Sum:	$0.00	$284,786.76	$284,786.76		

Claim LOB	Claim Number	Claim Type	Date of Loss/Injury	Claimant Name	Outstanding Reserve Sum	Paid Sum	Incurred Sum	Claim Status	Description
VA	777000001095-001	APD	6/7/1995	Last Name, First Name	$0.00	$54,755.83	$54,755.83	C	CLIENT FAILED TO YIELD
	777000015141-001	BI	9/10/1995	Last Name, First Name	$0.00	$31,085.03	$31,085.03	C	CLMTFAILED TO YIELD TO CLIENT
	777000016345-001	BI	12/7/1997	Last Name, First Name	$0.00	$179,900.77	$179,900.77	C	CLIENT STRUCK CLMT IN WHEELCHAIR
	777000016468-001	BI	3/11/1998	Last Name, First Name	$0.00	$74,115.87	$74,115.87	C	CLIENT IMPROPER TURN
VA		4		Sum:	$0.00	$339,857.50	$339,857.50		

Claim LOB	Claim Number	Claim Type	Date of Loss/Injury	Claimant Name	Outstanding Reserve Sum	Paid Sum	Incurred Sum	Claim Status	Description
WC	7770950015766	LT	6/7/1996	Last Name, First Name	$0.00	$25,120.32	$25,120.32	C	HURT NECK WHILE COMPLETING TEAM OBSTACLE COURSE
	7770960016200	LT	8/18/1997	Last Name, First Name	$0.00	$75,022.18	$75,022.18	C	CONTUSION/ARM,BACK & HEAD
	7771000018167	LT	2/18/2001	Last Name, First Name	$63,919.39	$94,580.61	$158,500.00	O	MINOR AUTO ACCIDENT WITH MARTIN DICKSON-BACK INJURY
	7771010018402	LT	4/25/2002	Last Name, First Name	$0.00	$25,068.77	$25,068.77	C	CLMT TWISTED RIGHT ANKLE WHILE LIFTING BOXES
	7771010018558	BLT	8/15/2002	Last Name, First Name	$33,362.02	$68,637.98	$102,000.00	OL	WHILE TAKING BOXES FROM A PILE AND PUTTINGTHEM ON
	7771020018844	LT	3/20/2003	Last Name, First Name	$0.00	$47,459.72	$47,459.72	C	BENT OVER ON MY TOES AND ON GETTING UP FELT SHARP
	7771020019227	LT	7/30/2003	Last Name, First Name	$0.00	$69,279.30	$69,279.30	C	TRIP AND FALL
	7771030019705	LT	6/10/2004	Last Name, First Name	$0.00	$31,174.74	$31,174.74	C	WHILE IN TRAINING CLMTS RIGHT KNEE WAS DISLOCATED
	7771030019727	LT	6/22/2004	Last Name, First Name	$19,205.39	$158,294.61	$177,500.00	O	CLMT SLIPPED FLOOR THAT HAD BEEN BUFFED AND WAXED
	7771040019963	LT	10/28/2004	Last Name, First Name	$0.00	$156,153.42	$156,153.42	C	CLMT HURT HIS LOWER BACK WHILE DIGGING A HOLE
	7771040020022	LT	11/22/2004	Last Name, First Name	$11,245.55	$113,264.45	$124,510.00	O	CLMT DEVELOPED SYMPTOMS OF A HEART ATTACK.
	7771040020217	LT	3/28/2005	Last Name, First Name	$0.00	$89,066.46	$89,066.46	C	CLMT TWISTED LT KNEE WHILE EXITING A POLICE CAR
	WC777-82007028228	BLT	5/29/2007	Last Name, First Name	$1,063.47	$62,392.56	$63,456.03	R	Claimant was responding to an accident (rollover)
	WC777-82007074501	BLT	9/20/2007	Last Name, First Name	$0.00	$32,285.65	$32,285.65	C	While playing basketball with the kids clmt landed on his back
	WC777-82007079776	BLT	11/4/2007	Last Name, First Name	$4,641.15	$41,008.85	$45,650.00	O	Claimant pulled muscle in neck pulling heavy motorcyle out of road
	WC777-82008081747	BLT	7/19/2008	Last Name, First Name	$0.00	$47,220.25	$47,220.25	C	Claimant had a hypertensive episode.
	WC777-82008081921	BLT	9/15/2008	Last Name, First Name	$0.00	$34,053.25	$34,053.25	C	Slipped and fell while in court house cafeteria
WC		17		Sum:	$133,436.97	$1,170,083.12	$1,303,520.08		

Claim Count: 26	*Sum:*	*$133,436.97*	*$1,774,727.38*	*$1,908,164.34*

Client Name:
Loss Run by Department- Open Claims Only

Department Name	Claimant Name	Claim Number	Date of Injury/Loss	Claim Type	Claim Status	Description	Outstanding Reserve Sum	Paid Sum	Incurred Sum
Animal Services	Last Name, First Name	WC8002012117232	11/14/2012	Medical Only	O	Back: the IW was in surgery lifting dog into table and back on floor	$907.81	$2,102.19	$3,010.00
	Last Name, First Name	WC8002013118163	3/19/2013	Lost Time	O	While putting a small dog into a crate he bit her right hand multiple times	$1,325.92	$1,184.08	$2,510.00
	Last Name, First Name	WC8002012116848	10/1/2012	Medical Only	O	Shoulder (LT): had dog on catch pole and lifted into truck, the IW felt shoulder/collar bone starting to hurt	$217.59	$3,592.41	$3,810.00
Animal Services						**Sum:**	**$2,451.32**	**$6,878.68**	**$9,330.00**
Clerk of Courts	Last Name, First Name	8001060004298	4/27/2007	Became Lost Time	O	WHILE LIFTING BOXES FELT PINCH IN THE CLAIMANTS RT SIDE	$43,305.61	$53,671.89	$96,977.50
	Last Name, First Name	WC8002012117457	10/15/2012	Became Lost Time	O	Wrists: injury occurred from typing and writing. Severe pain in both hands and wrists	$1,780.96	$8,569.56	$10,350.52
Clerk of Courts						**Sum:**	**$45,086.57**	**$62,241.45**	**$107,328.02**
County Commissioners	Last Name, First Name	WC8002013118525	4/19/2013	Medical Only	O	Forearm (LT): relocating books, furniture and files from 5th floor to archive file room. the IW was hit by an insect	$1,000.00	$10.00	$1,010.00
	Last Name, First Name	WC8002013118683	5/7/2013	Medical Only	O	Neck: the IW heard in her right ear what sounded like a tear in neck, and felt pain at the same time	$500.00	$0.00	$500.00
County Commissioners						**Sum:**	**$1,500.00**	**$10.00**	**$1,510.00**
Energy Management	Last Name, First Name	WC8002010102192	7/16/2010	Became Lost Time	R	Knee (R): Claimant was burned by a chemical on his right knee	$3.78	$15,082.84	$15,086.62
Energy Management						**Sum:**	**$3.78**	**$15,082.84**	**$15,086.62**
Enviromental Services	Last Name, First Name	WC8002012116576	8/30/2012	Lost Time	O	Neck, Back: the IW's vehicle was hit in the rear while stopped a red light	$12,288.93	$16,211.07	$28,500.00
	Last Name, First Name	WC8002009104617	8/11/2009	Became Lost Time	O	Neck: While walking to the restroom and looking down claiment ran into a roll up door that was not pushed all the way up and hurt neck backwards	$5,658.27	$39,901.73	$45,560.00
Enviromental Services						**Sum:**	**$17,947.20**	**$56,112.80**	**$74,060.00**
Environmental Services Director's Office	Last Name, First Name	8001040004097	9/7/2005	Lost Time	R	CLMT POSSIBLY PULLED KNEE MUSCLES WHEN SHIFTING DESK CHAIR	$1,531.47	$5,978.53	$7,510.00
Environmental Services Director's Office						**Sum:**	**$1,531.47**	**$5,978.53**	**$7,510.00**
Facilities Development and Management	Last Name, First Name	GC8002012116867	7/23/2012	Discrimination	O	Clmt alleges violation of civil rights.	$8,824.00	$176.00	$9,000.00
Facilities Development and Management						**Sum:**	**$8,824.00**	**$176.00**	**$9,000.00**
Facilities Services	Last Name, First Name	GC8002011105690	4/4/2011	General Liability Bodily Injury	O		$0.00	$0.00	$0.00
Facilities Services						**Sum:**	**$0.00**	**$0.00**	**$0.00**
Facility Maintenance	Last Name, First Name	WC8002012116016	8/4/2012	Medical Only	O	Hand (RT): Using 1/2 drill, drilling in to metal, drill caught and twisted the IW's hand several times	$857.40	$652.60	$1,510.00
Facility Maintenance						**Sum:**	**$857.40**	**$652.60**	**$1,510.00**
Fire Rescue	Last Name, First Name	VA8002009102686	12/25/2009	Bodily Injury	O	INSURED STRUCK IN THE REAR WHILE MAKING A U TURN ON SR 50	$23,597.69	$104,402.31	$128,000.00
	Last Name, First Name	VA8002009098756	12/14/2009	Collision and Comprehensive	R	TANKER # 23143 ROLLOVER PROBABLE TOTAL LOSS	$0.00	$289,559.00	$289,559.00
	Last Name, First Name	WC8002013118268	3/22/2013	Lost Time	O	Back: while carrying another FF from stairs, the IW felt sudden pain in lower back	$5,111.58	$4,388.42	$9,500.00
	Last Name, First Name	VA8002009101689	12/25/2009	Bodily Injury	R	INSURED STRUCK IN THE REAR WHILE MAKING A U TURN ON SR 50	$51,646.81	$33,353.19	$85,000.00
Fire Rescue						**Sum:**	**$80,356.08**	**$431,702.92**	**$512,059.00**
Fire Rescue Administration	Last Name, First Name	WC8002010102228	7/20/2010	Became Lost Time	O	Back: Claiment was lifting a 5 gallon bucket and hurt her back	$11,679.09	$109,330.91	$121,010.00
Fire Rescue Administration						**Sum:**	**$11,679.09**	**$109,330.91**	**$121,010.00**
Housing Services	Last Name, First Name	GC8002008089368	3/2/2008	Errors & Omissions	OL	ALLEGATION OF NEGLIGENT SUPERVISION AND MAINTENANCE OF EMPLOYEES, POTENTIAL OF INTERFERENCE OF CONTRACTUAL RIGHTS . USE OF PERSONAL MACHINERY FUNDS	$15,491.63	$71,698.62	$87,190.25
Housing Services						**Sum:**	**$15,491.63**	**$71,698.62**	**$87,190.25**
Library Services	Last Name, First Name	WC8002008081804	5/6/2008	Became Lost Time	R	Caught and held up shelving that pulled away from the wall, strained shoulders and back area	$37,913.77	$93,543.89	$131,457.66
	Last Name, First Name	WC8002012107061	2/6/2012	Medical Only	O	Abdomen: lifting bin the IW experienced abdominal and groin pain	$2,402.43	$607.57	$3,010.00
Library Services						**Sum:**	**$40,316.20**	**$94,151.46**	**$134,467.66**

Client Name:
Loss Run by Department- Open Claims Only

Department Name	Claimant Name	Claim Number	Date of Injury/Loss	Claim Type	Claim Status	Description	Outstanding Reserve Sum	Paid Sum	Incurred Sum
Maintenance Area III	Last Name, First Name	8001060004286	4/11/2007	Lost Time	O	IN A MVA THE TRUCK ROLLED SEVERAL TIMES INJURY TO NECK SHOULDER AND RT FOOT	$6,619.21	$44,380.79	$51,000.00
	Last Name, First Name	GC8002008080531	1/6/2008	General Liability Bodily Injury	OL	TREE FELL STRIKING VEHICLE	$27,366.18	$22,633.82	$50,000.00
	Last Name, First Name	GC8002008080530	1/6/2008	General Liability Property Damage	O	TREE FELL STRIKING VEHICLE	$15,000.00	$0.00	$15,000.00
	Last Name, First Name	GC8002008089506	1/6/2008	General Liability Bodily Injury	OL	TREE FELL STRIKING VEHICLE	$33,239.46	$11,760.54	$45,000.00
	Last Name, First Name	WC8002010099138	2/18/2010	Became Lost Time	R	Shoulder (Right): While shoveling out culverts in Astor the claimant felt his shoulder give way momentarily but didn't think anything of it at the time, he continued to work. His arm started to go numb and this morning he couldn't feel anything in his arm or hand, he can move the arm but can't hardly	$5,205.91	$62,313.54	$67,519.45
Maintenance Area III						**Sum:**	**$87,430.76**	**$141,088.69**	**$228,519.45**
Procurement Services	Last Name, First Name	GC8002008089734	8/1/2006	Discrimination	O	ALLEGED EMPLOYEE DISCRIMINATION.	$10,802.83	$19,197.17	$30,000.00
Procurement Services						**Sum:**	**$10,802.83**	**$19,197.17**	**$30,000.00**
Property Appraiser	Last Name, First Name	WC8002013118253	3/19/2013	Medical Only	O	Leg (LT): the IW was appraising a vacant home , when a pit bull dog not from this home, charged him and forced him to jump in the back of his county truck. While jumping up and over the tailgate, he slipped and hit his left leg shin on the tailgate, causing pain and got worst each day. He stayed	$148.71	$351.29	$500.00
Property Appraiser						**Sum:**	**$148.71**	**$351.29**	**$500.00**
Public Resources	Last Name, First Name	8000890002031	12/4/1989	Lost Time	O	OTHER CAR PULLED OUT IN FRONT OF CLMT AND THEY COLLIDED	$13,760.54	$62,425.46	$76,186.00
Public Resources						**Sum:**	**$13,760.54**	**$62,425.46**	**$76,186.00**
Public Works	Last Name, First Name	GC8002012116654	6/15/2012	General Liability Bodily Injury	O	Trip and fall	$0.00	$0.00	$0.00
	Last Name, First Name	GC8002012116677	5/11/2012	General Liability Bodily Injury	O	Flying piece of wood struck clmt's windshield	$3,500.00	$0.00	$3,500.00
	Last Name, First Name	GC8002012117864	5/11/2012	General Liability Property Damage	O	Flying piece of wood struck clmt's windshield	$600.00	$0.00	$600.00
Public Works						**Sum:**	**$4,100.00**	**$0.00**	**$4,100.00**
Road Operations Special Projects	Last Name, First Name	WC8002013118038	2/8/2013	Medical Only	O	Back: the IW was feeding a log into a chipper, when the chipper grabbed the low, it twisted and hit the IW in the back.	$1,419.51	$590.49	$2,010.00
Road Operations Special Projects						**Sum:**	**$1,419.51**	**$590.49**	**$2,010.00**
Solid Waste Disposal Operations	Last Name, First Name	WC8002011106741	10/21/2011	Became Lost Time	R	Chest: the IW was breathing chemicals w/out proper safety equipment A(PPE). IW off work 10/21/11, went to Central Care and then to hospital Waterman	$6.80	$2,743.20	$2,750.00
Solid Waste Disposal Operations						**Sum:**	**$6.80**	**$2,743.20**	**$2,750.00**
Tax Collector	Last Name, First Name	GC8002000081454	9/2/2000	Errors & Omissions	O	CLASS ACTION SUIT CLAIMS PROPERTY OF THE PLAINTIFFS WAS INCORRECTLY TAXED	$37,048.00	$17,952.00	$55,000.00
	Last Name, First Name	GC8002000081455	9/2/2000	Errors & Omissions	O	CLASS ACTION SUIT CLAIMS PROPERTY OF THE PLAINTIFFS WAS INCORRECTLY TAXED	$30,000.00	$0.00	$30,000.00
	Last Name, First Name	GC8002000081461	9/2/2000	Errors & Omissions	O	CLASS ACTION SUIT CLAIMS PROPERTY OF THE PLAINTIFFS WAS INCORRECTLY TAXED	$30,000.00	$0.00	$30,000.00
Tax Collector						**Sum:**	**$97,048.00**	**$17,952.00**	**$115,000.00**
Transportation	Last Name, First Name	VA8002011117711	3/15/2011	Bodily Injury	OL		$0.00	$0.00	$0.00
Transportation						**Sum:**	**$0.00**	**$0.00**	**$0.00**
Volunteer	Last Name, First Name	VA8002011105622	3/16/2011	Auto Property Damage	O		$1,210.00	$90.00	$1,300.00
Volunteer						**Sum:**	**$1,210.00**	**$100.00**	**$1,310.00**

Ascension

Ascension

Check Register

For the Period : MM/DD/CCYY TO MM/DD/CCYY

Client Name:

Line of Business	Check Date	Check Number	Check Memo	Amount	Payment Type	From Date	To Date	Trans Type	Description	Reserve Type	Payable To	Claim Number	Claimant Name	Date of Injury/Loss	Department Name
VA	05/01/2013	156337	Carlock vehicle	$134.40	Payment			APD	Collision/Comp	Indemnity	Payee Name	VA863-832013118291	Last Name, First Name	4/2/2013	Utilities
GC	05/01/2013	156345		$105.48	Payment			ADP	GC Property Damage	Indemnity	Payee Name	GC863-802012117591	Last Name, First Name	12/19/2012	Station 21
WC	05/01/2013	156347		$130.15	Payment	03/27/2013	03/27/2013	MD	Doctor Bill	Medical	Payee Name	8631060015673	Last Name, First Name	4/17/2006	Police
WC	05/01/2013	156348		$100.00	Payment	03/13/2013	03/13/2013	MD	Doctor Bill	Medical	Payee Name	WC863-812012116064	Last Name, First Name	6/13/2012	Walton Road Annex
WC	05/01/2013	156349		$234.15	Payment	04/10/2013	04/10/2013	RX	Drugs	Medical	Payee Name	WC863-812012117338	Last Name, First Name	12/3/2012	Drainage
WC	05/01/2013	156358		$2,650.00	Payment	12/06/2012	12/06/2012	HP	Hospital	Medical	Payee Name	WC863-832012117304	Last Name, First Name	11/28/2012	Police (Sworn)
WC	05/02/2013	156360		$26.00	Payment	02/04/2013	02/04/2013	HP	Hospital	Medical	Payee Name	WC863-832008080529	Last Name, First Name	2/20/2008	Parks & Recreation
WC	05/02/2013	156362		$378.78	Payment	04/20/2013	05/03/2013	IM	Impairment Income benefit	Indemnity	Payee Name	WC863-802012116851	Last Name, First Name	8/30/2012	Field OPS/Roads
WC	05/02/2013	156363		$828.80	Payment	04/26/2013	05/09/2013	TPD	Temp Partial Disability	Indemnity	Payee Name	WC863-812012117079	Last Name, First Name	10/24/2012	Recreation
VA	05/03/2013	156383	repairs per estimate	$649.44	Payment			ADP	VA Property Damage	Indemnity	Payee Name	VA863-822013118479	Last Name, First Name	4/18/2013	Police
WC	05/06/2013	156393		$1,750.00	Payment	06/16/2012	06/16/2012	HP	Hospital	Medical	Payee Name	WC863-802012116349	Last Name, First Name	8/10/2012	Station 23
WC	05/06/2013	156403		$816.00	Payment	05/02/2013	05/06/2013	EPTT	Temporary Total	Indemnity	Payee Name	WC863-832013118121	Last Name, First Name	3/3/2013	Police (Sworn)
WC	05/06/2013	156404		$1,141.06	Payment	04/26/2013	05/09/2013	EPTT	Temporary Total	Indemnity	Payee Name	WC863-802012117477	Last Name, First Name	12/27/2012	Station 23
VA	05/08/2013	156420	Inv#H32309373	$122.50	Payment			ADP	VA Property Damage	Indemnity	Payee Name	VA863-822013118479	Last Name, First Name	4/18/2013	Police
GC	05/09/2013	156422		$10.00	Payment			EXP	Expense	Expense	Payee Name	GC863-812012116920	Last Name, First Name	10/10/2012	BOCC Administration
WC	05/15/2013	156495		$40.58	Payment	05/01/2013	05/01/2013	MT	Transportation	Medical	Payee Name	WC863-832012117051	Last Name, First Name	10/17/2012	Utilities
VA	05/15/2013	156497	Invoice #950-030422	$95.00	Payment			EXP	Expense	Expense	Payee Name	VA863-832013118676	Last Name, First Name	4/29/2013	Public Works
WC	05/16/2013	156506		$122.95	Payment	04/19/2013	04/19/2013	EXP	Expense	Expense	Payee Name	8630950008479	Last Name, First Name	10/20/1995	Property Appraiser
WC	05/16/2013	156507		$150.94	Payment	03/07/2013	05/10/2013	MT	Transportation	Medical	Payee Name	WC863-802009093984	Last Name, First Name	10/17/2009	Station 14
WC	05/17/2013	156531		$29.95	Payment	04/19/2013	04/19/2013	DME	Durable Medical Equipment	Medical	Payee Name	WC863-832013115127	Last Name, First Name	3/13/2013	Utilities
GC	05/21/2013	156559		$225.00	Payment	03/07/2013	03/13/2013	IV	Investigation Expense	Expense	Payee Name	GC863-832009116758	Last Name, First Name	10/19/2009	Police (Sworn)
GC	05/22/2013	156573	Inv #11653	$957.07	Payment			LE	Legal Expense	Legal	Payee Name	GC863-822008081642	Last Name, First Name	6/25/2008	Fire/Rescue
WC	05/22/2013	156589		$80.00	Payment	04/18/2013	04/18/2013	MD	Doctor Bill	Medical	Payee Name	WC863-832013118259	Last Name, First Name	2/27/2013	Code Enforcement
GC	05/23/2013	156609	Deductible refund	$1,000.00	Payment			BP	Building/Content	Indemnity	Payee Name	GC863-812012117999	Last Name, First Name	11/30/2012	Traffic
GC	05/23/2013	156610	Park Fence	$50.00	Payment			BP	Building/Content	Indemnity	Payee Name	GC863-832013118819	Last Name, First Name	3/6/2013	Parks & Recreation
GC	05/24/2013	156612		$399.00	Payment	04/01/2013	04/30/2013	DA	Defense Attorney	Legal	Payee Name	GC863-822008081774	Last Name, First Name	2/27/2008	Human Resources
WC	05/24/2013	156630		$90.90	Payment	04/05/2013	04/05/2013	MD	Doctor Bill	Medical	Payee Name	WC863-802009093984	Last Name, First Name	10/17/2009	Station 14
WC	05/24/2013	156630		$122.09	Payment	04/05/2013	04/05/2013	MD	Doctor Bill	Medical	Payee Name	WC863-832013117684	Last Name, First Name	1/18/2013	Parks & Recreation
VA	05/28/2013	156670	Deductible Reimb	$967.21	Payment			APD	Collision/Comp	Indemnity	Payee Name	VA863-832010096874	Last Name, First Name	1/13/2010	Police (Sworn)
WC	05/29/2013	156678		$75.00	Payment	07/23/2012	07/23/2012	HP	Hospital	Medical	Payee Name	WC863-832011106428	Last Name, First Name	11/10/2011	Police (Civilian)
WC	05/29/2013	156680		$144.36	Payment	05/21/2013	06/03/2013	PTD	Perm Total Disability	Indemnity	Payee Name	8631010012366	Last Name, First Name	9/4/2001	Parks and Recreation
WC	05/29/2013	156685		$1,637.36	Payment	05/02/2013	05/29/2013	IM	Impairment Income benefit	Indemnity	Payee Name	WC863-802012107220	Last Name, First Name	1/28/2012	Library Department
VA	05/31/2013	156711		$25,000.00	Payment			LS	Liability Settlement w/Attorney	Indemnity	Payee Name	VA863-832011105216	Last Name, First Name	5/12/2011	Police (Sworn)
WC	05/31/2013	156717		$312.80	Payment	05/23/2013	05/24/2013	TTD	Temp Total Disability	Indemnity	Payee Name	WC863-832011105357	Last Name, First Name	6/13/2011	Police (Sworn)
WC	05/31/2013	156726		$705.00	Payment	04/23/2013	04/23/2013	MD	Doctor Bill	Medical	Payee Name	WC863-832013118441	Last Name, First Name	4/1/2013	Police (Sworn)
		Total:		*$41,291.97*											

Ascension

Client Name:

RESERVE CHANGE HISTORY

Reserve Changes from MM/DD/CCYY - MM/DD/CCYY

Claimant	Claim No.	Event Date	Claim Date	Reserve Type	Date Entered	Reserve Change Amount	New Reserve Amount	Reason	Changed By
Last Name, First Name	WC0592013123261	12/05/2013	12/19/2013	Medical	05/27/2014	$3,000.00	$10,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592013123261**	**12/05/2013**	**12/19/2013**			**$3,000.00**			
Last Name, First Name	WC0592014124027	03/04/2014	03/25/2014	Medical	05/20/2014	$1,500.00	$2,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592014124027**	**03/04/2014**	**03/25/2014**			**$1,500.00**			
Last Name, First Name	WC0592013118554	04/19/2013	04/25/2013	Medical	05/13/2014	$617.75	$1,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592013118554**	**04/19/2013**	**04/25/2013**			**$617.75**			
	WC0592014124150	04/05/2014	04/08/2014	Medical	05/08/2014	$2,500.00	$3,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592014124150**	**04/05/2014**	**04/08/2014**			**$2,500.00**			
Last Name, First Name	WC0592014124040	02/18/2014	03/27/2014	Legal	05/07/2014	$2,000.00	$3,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592014124040**	**02/18/2014**	**03/27/2014**			**$2,000.00**			
Last Name, First Name	WC0592013119829	09/22/2013	09/24/2013	Expense	05/02/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Indemnity	05/02/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Legal	05/02/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Medical	05/02/2014	$0.00	$6.89	CLOSED CLAIM	SallyUser
				Rehabilitation	05/02/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
Last Name, First Name	**WC0592013119829**	**09/22/2013**	**09/24/2013**			**$0.00**			
Last Name, First Name	WC0592011105844	08/18/2011	08/19/2011	Legal	05/08/2014	$10,000.00	$20,000.00	Defense costs	SallyUser
Last Name, First Name	**WC0592011105844**	**08/18/2011**	**08/19/2011**			**$10,000.00**			
Last Name, First Name	0591020020090	09/22/2003	12/15/2003	Medical	05/05/2014	$3,672.91	$355,000.00	MU - Medical Update	SallyUser
Last Name, First Name	**0591020020090**	**09/22/2003**	**12/15/2003**			**$3,672.91**			
Last Name, First Name	WC0592009090349	07/02/2009	07/06/2009	Expense	05/08/2014	$0.00	$160.00	CLOSED CLAIM	SallyUser
				Indemnity	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Legal	05/08/2014	($367.61)	$16,632.39	CLOSED CLAIM	SallyUser
				Medical	05/08/2014	$0.00	$60,579.52	CLOSED CLAIM	SallyUser
				Rehabilitation	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
Last Name, First Name	**WC0592009090349**	**07/02/2009**	**07/06/2009**			**($367.61)**			

Ascension

Client Name:

RESERVE CHANGE HISTORY

Reserve Changes from MM/DD/CCYY - MM/DD/CCYY

Claimant	Claim No.	Event Date	Claim Date	Reserve Type	Date Entered	Reserve Change Amount	New Reserve Amount	Reason	Changed By
Last Name, First Name	WC0592013119376	08/07/2013	08/07/2013	Expense	05/13/2014	$2,250.00	$4,510.00	Medical Update	SallyUser
Last Name, First Name	**WC0592013119376**	**08/07/2013**	**08/07/2013**			**$2,250.00**			
Last Name, First Name	WC0592014124348	04/28/2014	04/29/2014	Medical	05/01/2014	$500.00	$500.00	Initial Reserve	SallyUser
				Medical	05/27/2014	$1,500.00	$2,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592014124348**	**04/28/2014**	**04/29/2014**			**$2,000.00**			
Last Name, First Name	WC0592013123026	11/15/2013	11/18/2013	Medical	05/08/2014	$2,500.00	$7,500.00	Medical Update	SallyUser
Last Name, First Name	**WC0592013123026**	**11/15/2013**	**11/18/2013**			**$2,500.00**			
Last Name, First Name	WC0592014123968	01/05/2014	03/20/2014	Expense	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Indemnity	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Legal	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
				Medical	05/08/2014	($3,208.23)	$791.77	CLOSED CLAIM	SallyUser
				Rehabilitation	05/08/2014	$0.00	$0.00	CLOSED CLAIM	SallyUser
Last Name, First Name	**WC0592014123968**	**01/05/2014**	**03/20/2014**			**($3,208.23)**			
Last Name, First Name	WC0592014124056	03/26/2014	03/28/2014	Medical	05/07/2014	$2,500.00	$3,000.00	Medical Update	SallyUser
Last Name, First Name	**WC0592014124056**	**03/26/2014**	**03/28/2014**			**$2,500.00**			
Last Name, First Name	WC0592014124436	05/08/2014	05/08/2014	Medical	05/13/2014	$500.00	$500.00	IR Initial Reserve	SallyUser
Last Name, First Name	**WC0592014124436**	**05/08/2014**	**05/08/2014**			**$500.00**			
Last Name, First Name	0590940020045	12/13/1994	12/28/1994	Legal	05/08/2014	$5,000.00	$20,000.00	Defense costs	SallyUser
				Legal	05/08/2014	$400.00	$20,400.00	Reserve Correction	SallyUser
Last Name, First Name	**0590940020045**	**12/13/1994**	**12/28/1994**			**$5,400.00**			
Records: 16					**Net Change:**	**$34,864.82**			

Quarterly Reports

Ascension

Ascension

WORKERS' COMPENSATION QUARTERLY STATUS REPORT

CLAIMANT:

Employer:
Employee:
Claim No.:
Date of Accident:

Date of Hire:
AWW:
C/R:
SIR:

DESCRIPTION OF ACCIDENT:

INJURIES/TREATMENT:

WORK STATUS:

ATTORNEYS:

THEORIES OF LIABILITY:

NEGOTIATIONS:

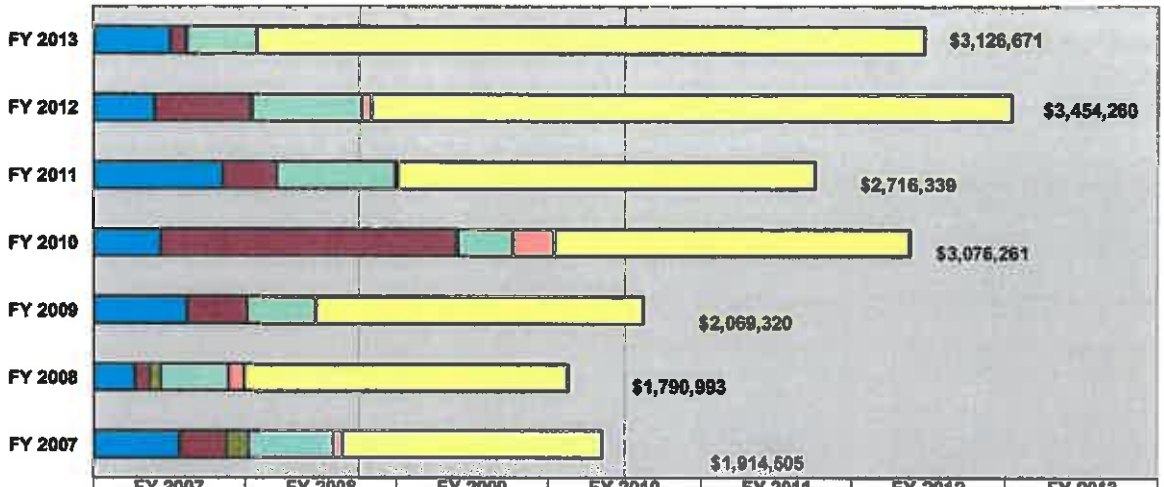
PLAN OF ACTION:

Annual Reports

Ascension

Client Name - Development 7 Year Summary

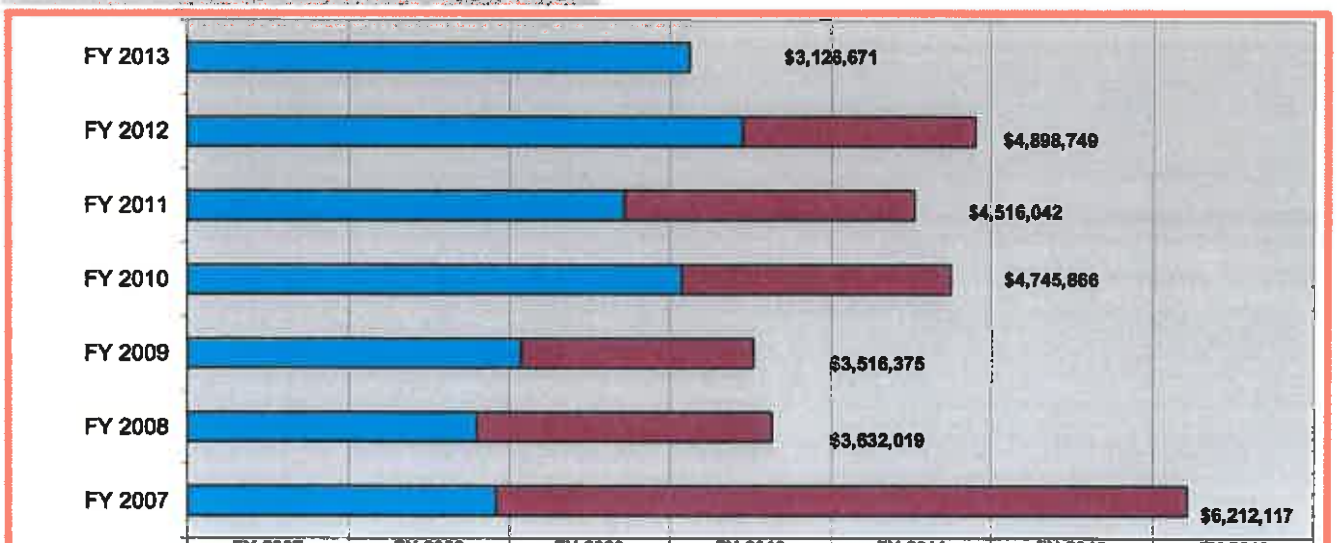
Incurred Losses by Line (First Year of Development)



	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Auto	$322,721	$154,902	$351,970	$250,784	$484,868	$226,378	$287,548
Property	$177,391	$56,132	$224,733	$1,115,236	$204,865	$361,557	$56,982
E&O	$82,500	$40,700	$1,001	$10,000	$634	$10,500	$6,200
General Liability	$320,481	$255,449	$257,697	$206,930	$445,772	$412,648	$264,273
Personal Injury	$35,200	$57,600	$1	$154,701	$10,000	$35,000	$0
Work Comp	$976,212	$1,226,211	$1,233,818	$1,338,610	$1,570,199	$2,408,177	$2,511,668

DEVELOPMENT

Incurred Losses by Line (As of 12/31/2013)



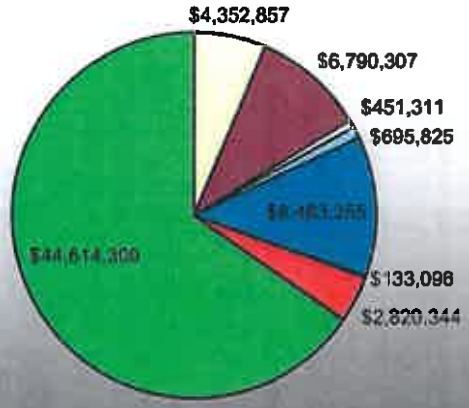
	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Total Yr 1	$1,914,505	$1,790,993	$2,069,320	$3,076,261	$2,716,339	$3,454,260	$3,126,671
Development	$4,297,612	$1,841,026	$1,447,054	$1,669,605	$1,799,703	$1,444,489	$0

Ascension

Client Name - Incurred Claim Losses Since Inception

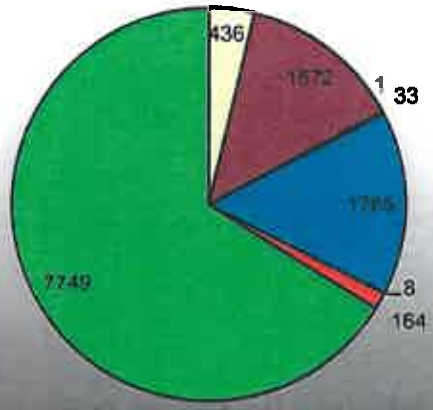
Incurred Losses by Line

TOTAL $68,341,304



Incurred Claims by Line

TOTAL 11,728

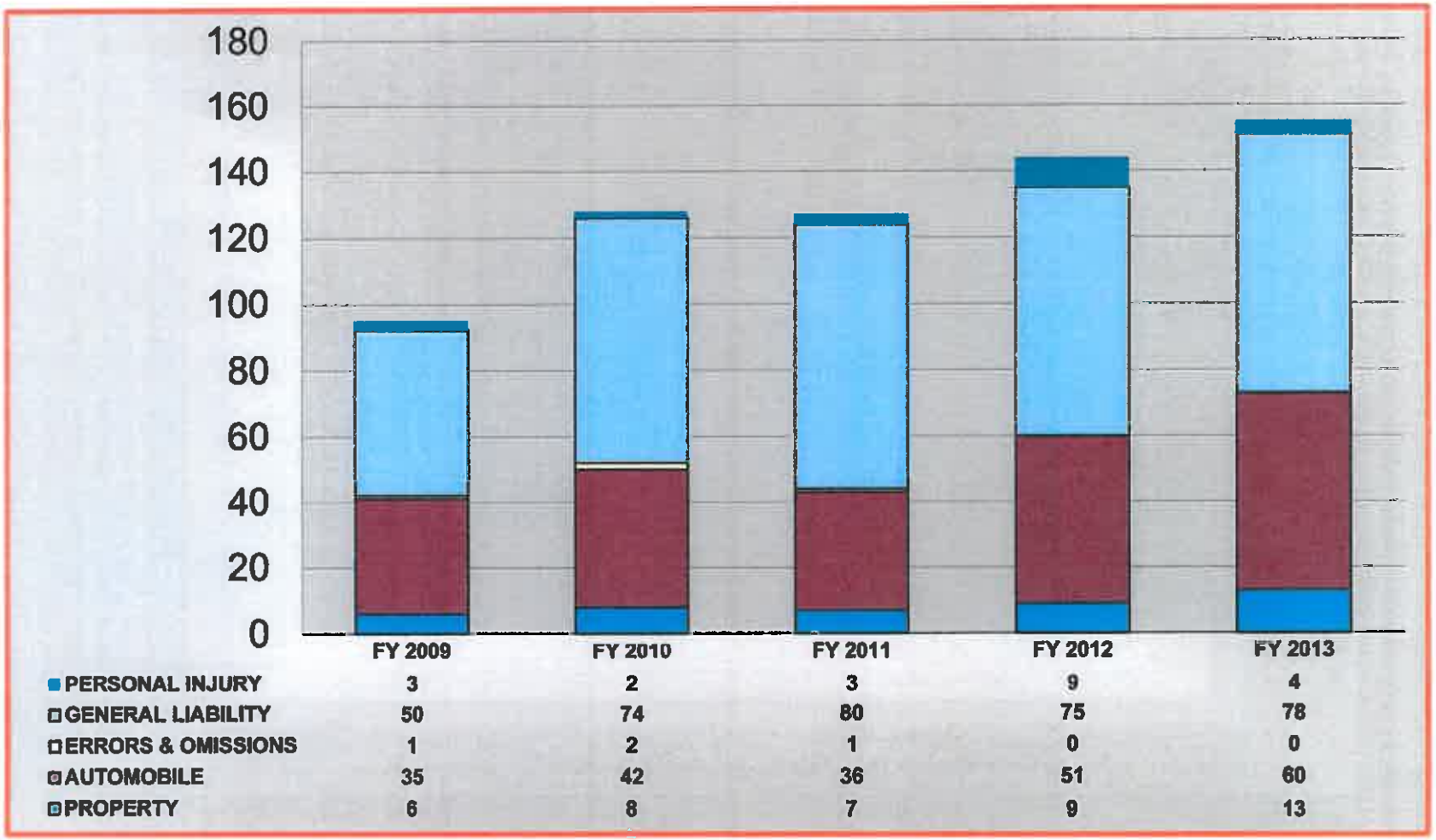


Note: Amounts do not include IBNR (i.e. expected future development)

The above total excludes Hurricane Claims and claims with no incurred loss.

Ascension

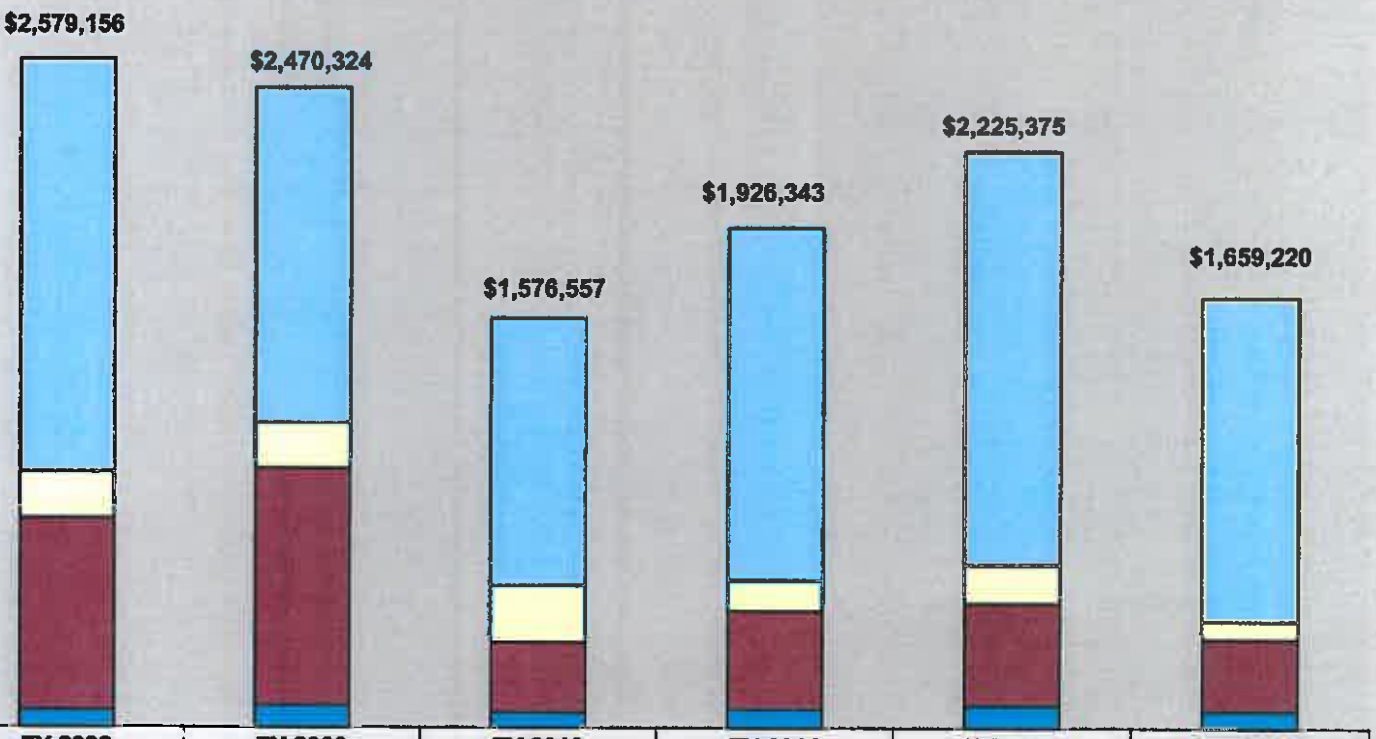
Client Name - Property Casualty Total Claims Incurred by Line of Business for Last 5 Years



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
PERSONAL INJURY	3	2	3	9	4
GENERAL LIABILITY	50	74	80	75	78
ERRORS & OMISSIONS	1	2	1	0	0
AUTOMOBILE	35	42	36	51	60
PROPERTY	6	8	7	9	13

Ascension

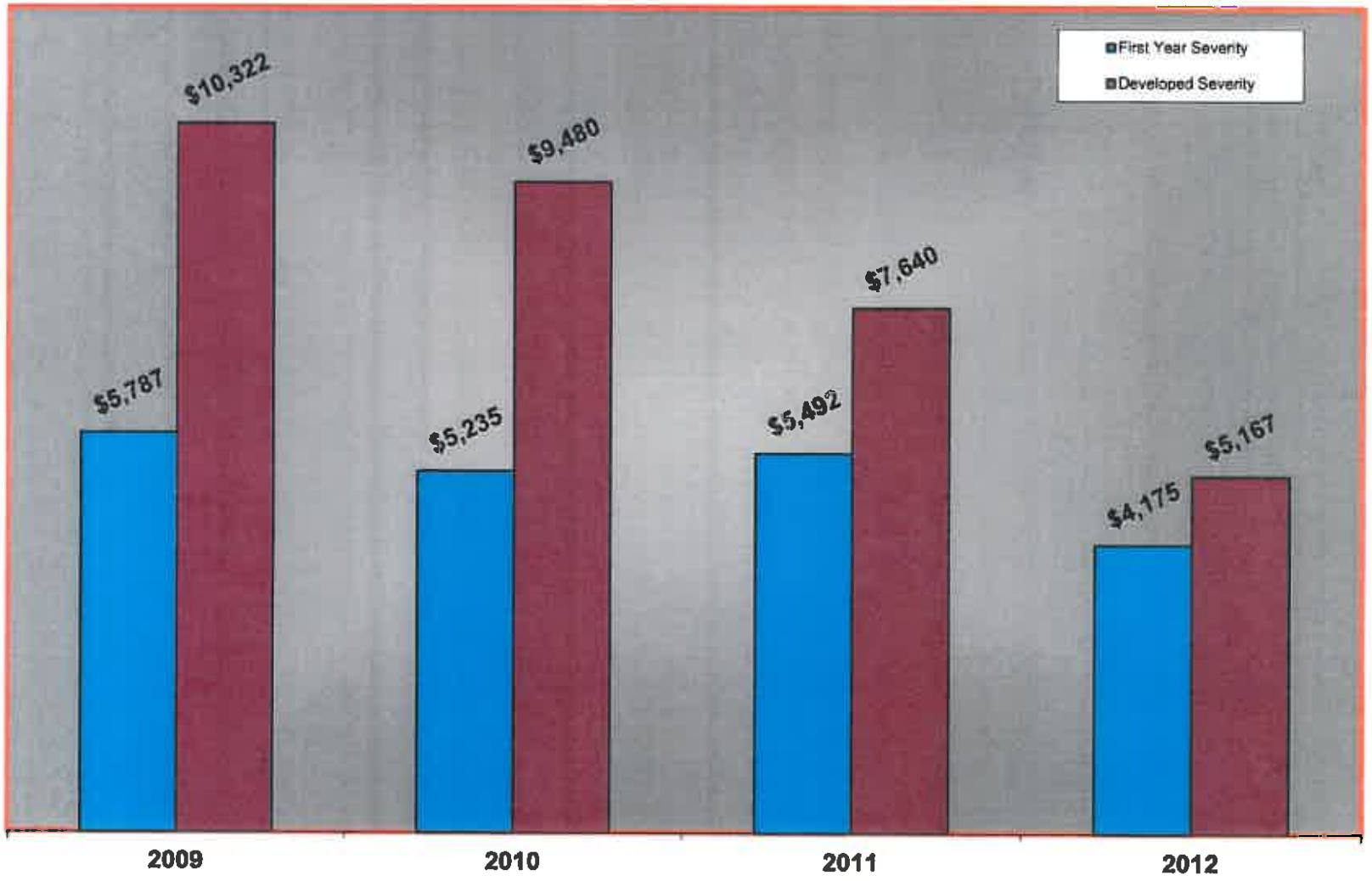
Client Name - Work Comp Payment Summary by Fund Year



	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Medical	$1,596,722	$1,296,955	$1,023,319	$1,352,338	$1,592,288	$1,242,267
Legal	$173,113	$174,894	$220,917	$120,847	$149,445	$71,343
Indemnity	$742,099	$911,920	$270,961	$380,365	$396,019	$277,536
Expense	$67,223	$86,555	$61,360	$72,793	$87,622	$68,074

Ascension

Client Name - Workers Compensation 4 Year Severity Summary



Ascension

Ad-Hoc/Analysis Reports

Ascension

ModMaster Reports

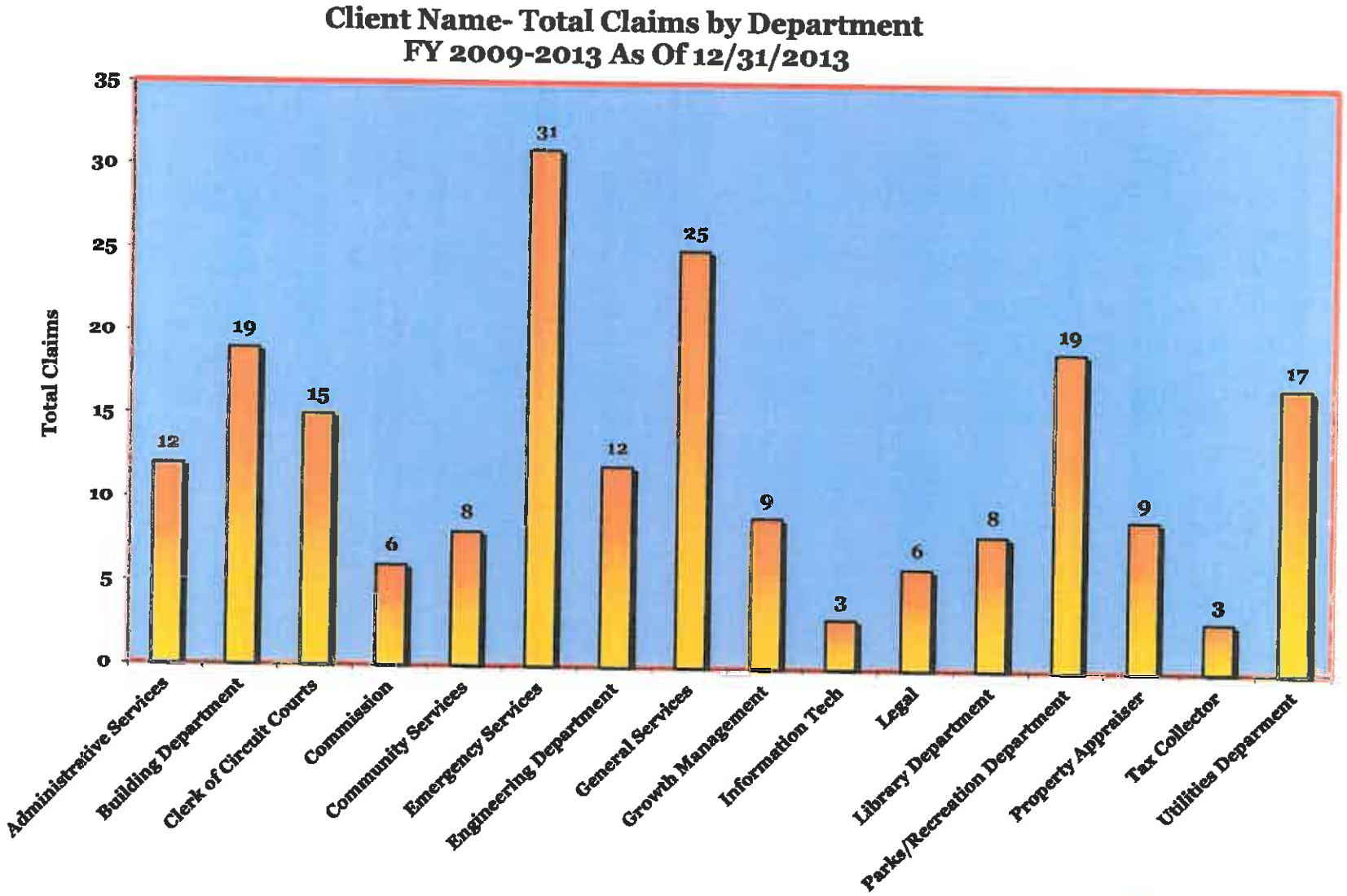
Ascension

ModMaster

The workers compensation modification factor can often be an overlooked or misunderstood element of an employer's workers compensation policy. While most employers realize that a lower workers compensation mod (also called the *experience rating factor*, *ex-mod*, or *x-mod*) is somehow a good thing, many do not make the connection between this number and their premium costs. Others do not realize that a mod of 1.0 is just average, and they may have considerable opportunities for saving on their workers compensation premiums. Utilizing ModMaster, we can:

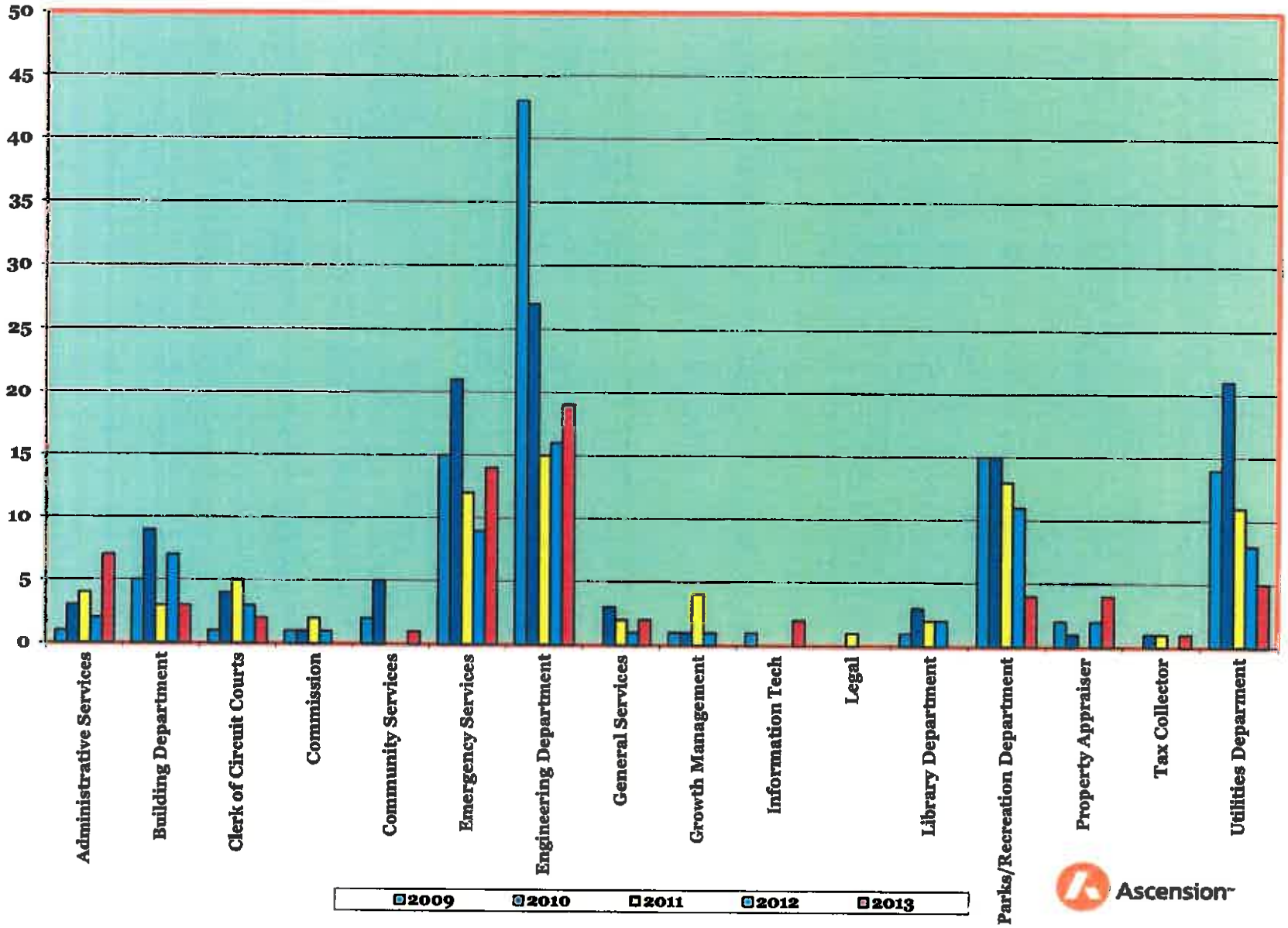
- accurately project the experience rating factor before it is promulgated by the bureau
- identify the minimum mod possible and calculate the controllable mod, thus showing how much money could be saved in premiums
- analyze losses to show what specific losses cost in increased premiums
- better communicate the factors affecting the mod and illustrate the value of loss control and loss prevention services
- anticipate client concerns, such as a significant change in payroll or loss trends which may impact the mod for several years
- increase accuracy of cost allocation and risk management decisions
- forecast the mod for the next policy period
- compute and verify the accuracy of mods

Ascension


Client Name- Total Claims by Department
FY 2009-2013 As Of 12/31/2013
Total Claims
35
30
25
20
15
10
5
0
12
19
15
6
8
31
12
25
9
3
6
8
19
9
3
17
Administrative Services
Building Department
Clerk of Circuit Courts
Commission
Community Services
Emergency Services
Engineering Department
General Services
Growth Management
Information Tech
Legal
Library Department
Parks/Recreation Department
Property Appraiser
Tax Collector
Utilities Deparment

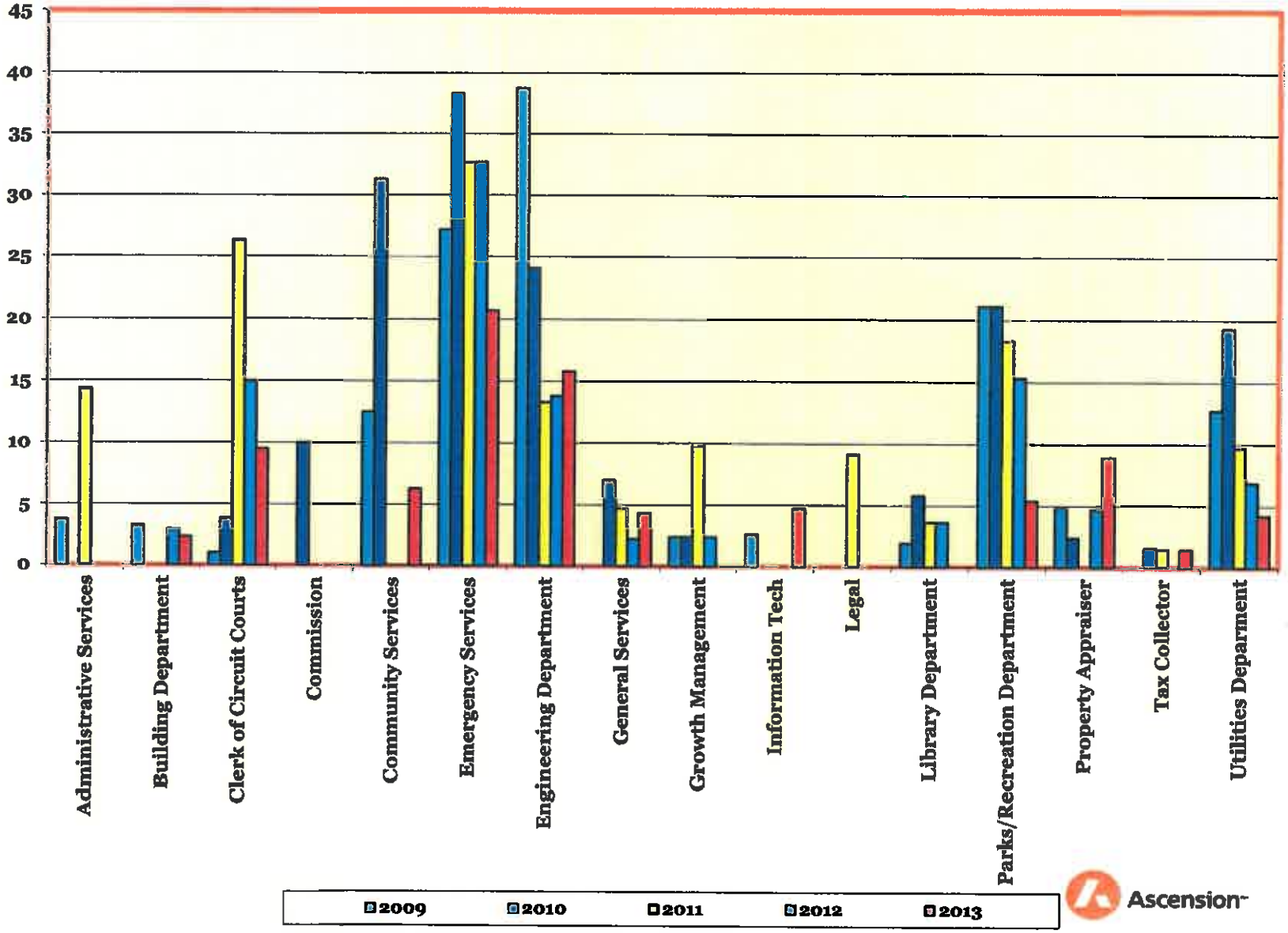
Ascension

Client Name- Claims by Department by Year
FY 2009-2013 As Of 12/31/2013



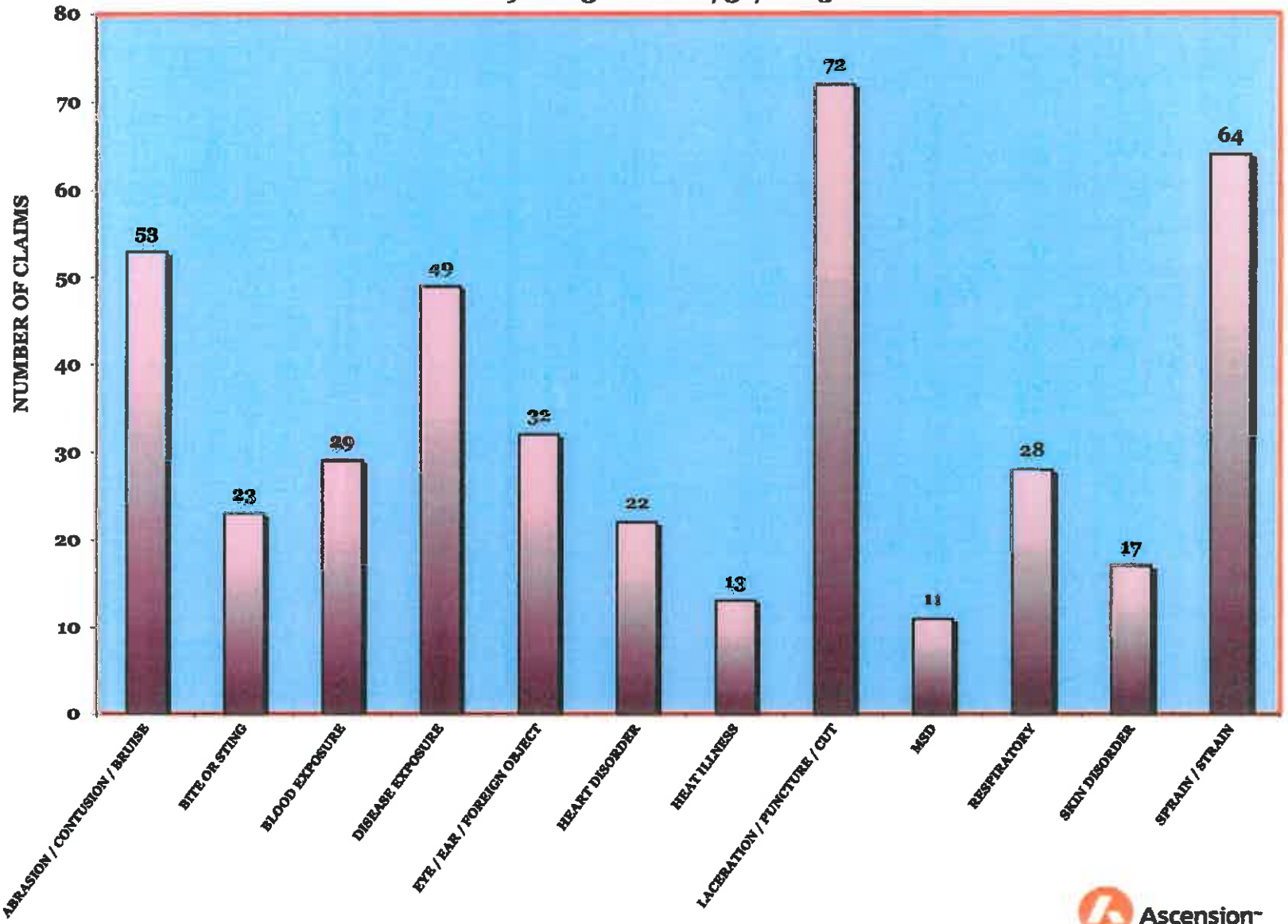
Ascension

Client Name- Claims Per 100 Employees by Department
FY2009-2013 As Of 12/31/2013



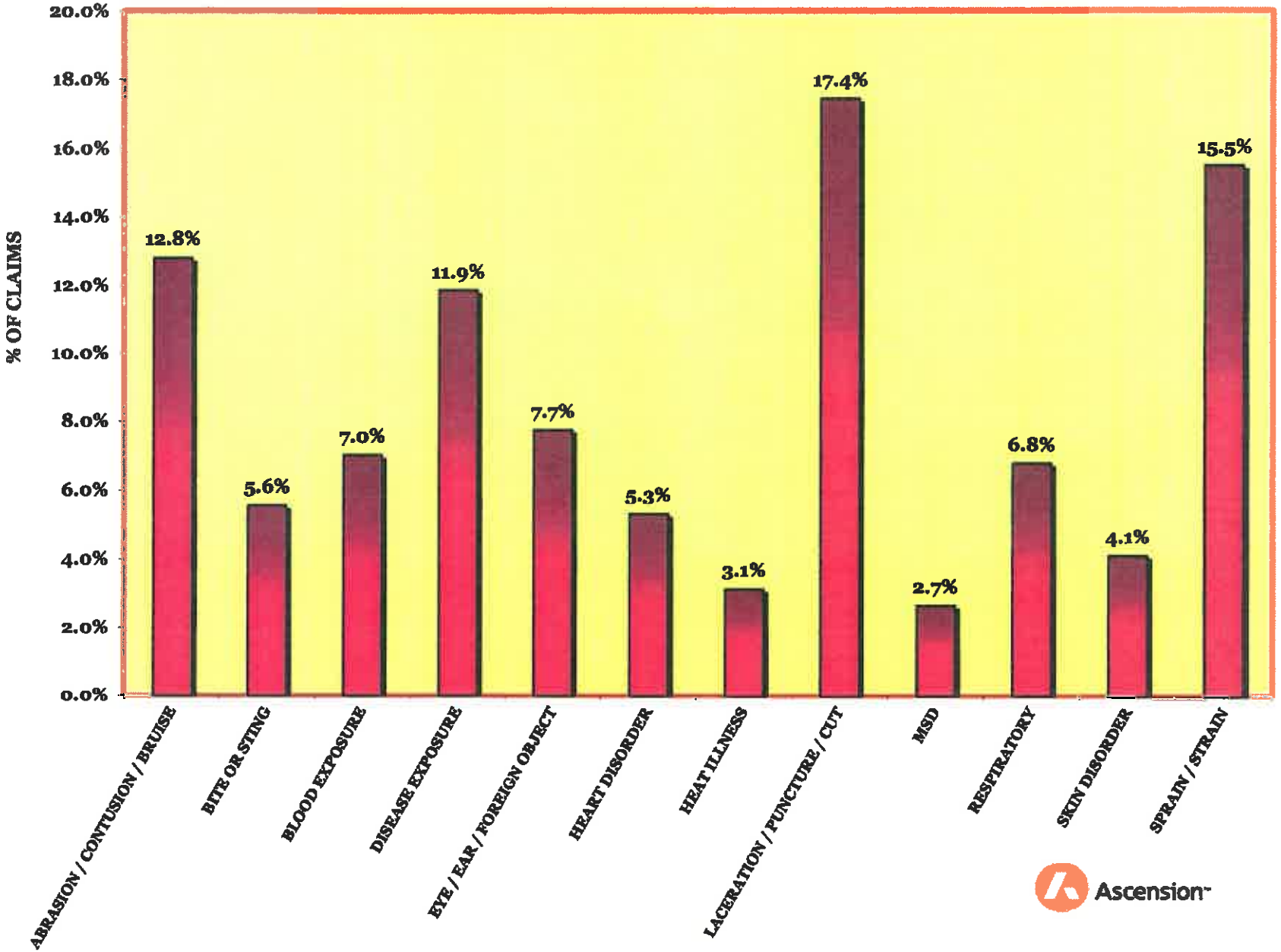
Ascension

Client Name- Injury Types All Departments
FY 2009-2013 As of 12/31/2013

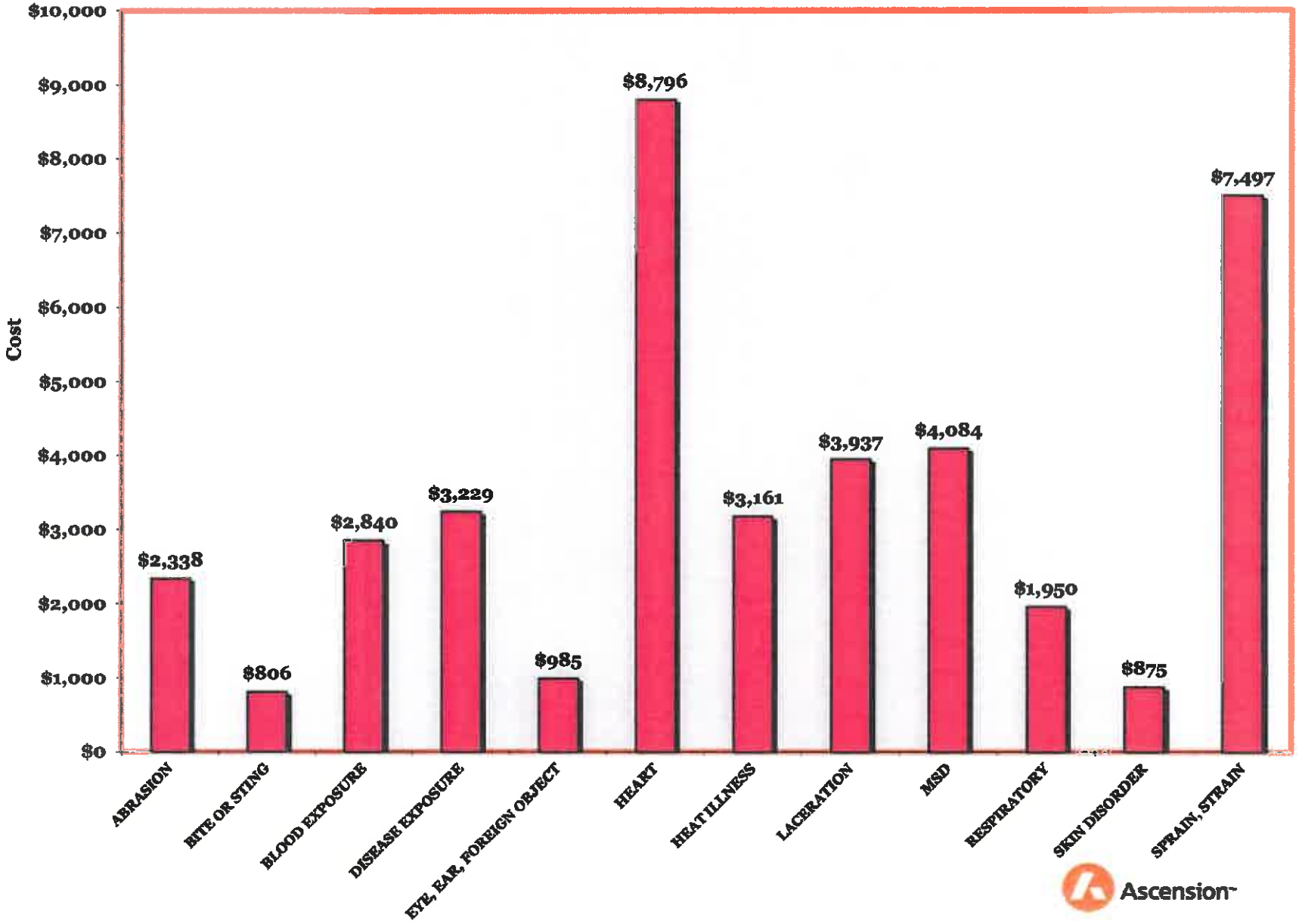


Ascension™

Client Name- Injury Types by Percentage All Departments
FY2009-FY2013 As of 12/31/2013



Client Name- Average Cost Per Injury Type
FY 2009-2013 As Of 12/31/2013



Ascension™

Client Name:
Client Number:

Aggregate Loss Fund
Summary Report
As of December 31, 2013

Fiscal/Policy Year 10 /1 - 09/30	Closed Claim Count	Open Claim Count	Total Claim Count	Outstanding Reserves	Paid to Date	Total Incurred	Less: Spec Excess Loss	Aggregate Losses	Aggregate Loss Fund	Loss Fund Ratio
1992	206	1	207	$11,943.97	$563,101.22	$575,045.19	$148,127.05	$426,918.14	$325,000.00	131.36%
1993	136	0	136	$0.00	$532,530.37	$532,530.37	$80,750.15	$451,780.22	$400,000.00	112.95%
1994	140	0	140	$0.00	$752,723.61	$752,723.61	$209,258.69	$543,464.92	$500,000.00	108.69%
1995	168	1	169	$37,023.62	$775,204.59	$812,228.21	$220,899.83	$591,328.38	$700,000.00	84.48%
1996	164	0	164	$0.00	$400,552.45	$400,552.45	$52,816.50	$347,735.95	$830,000.00	41.90%
1997	128	0	128	$0.00	$415,209.12	$415,209.12	$43,575.28	$371,633.84	$830,000.00	44.78%
1998	143	0	143	$0.00	$210,735.83	$210,735.83	$0.00	$210,735.83	$800,000.00	26.34%
1999	81	0	81	$0.00	$306,966.72	$306,966.72	$143,536.32	$163,430.40	$560,000.00	29.18%
2000	127	0	127	$0.00	$434,619.55	$434,619.55	$83,172.29	$351,447.26	$450,000.00	78.10%
2001	89	0	89	$0.00	$462,706.01	$462,706.01	$160,478.32	$302,227.69	$405,000.00	74.62%
2002	115	0	115	$0.00	$399,656.50	$399,656.50	$59,014.00	$340,642.50	$405,000.00	84.11%
2003	126	0	126	$0.00	$638,741.63	$638,741.63	$294,762.08	$343,979.55	$458,500.00	75.02%
2004	97	0	97	$0.00	$161,224.14	$161,224.14	$0.00	$161,224.14	$493,500.00	32.67%
2005	118	0	118	$0.00	$477,299.30	$477,299.30	$0.00	$477,299.30	$1,200,000.00	39.77%
2006	205	0	205	$0.00	$324,512.08	$324,512.08	$0.00	$324,512.08	$1,220,000.00	26.60%
2007	127	8	135	$262,810.63	$484,730.84	$747,541.47	$86,000.00	$661,541.47	$0.00	0.00%
2008	110	5	115	$166,961.38	$805,419.15	$972,380.53	$148,500.00	$823,880.53	$0.00	0.00%
2009	140	7	147	$142,748.83	$800,657.15	$943,405.98	$4,319.77	$939,086.21	$0.00	0.00%
2010	93	16	109	$575,420.81	$490,769.90	$1,066,190.71	$225,000.00	$841,190.71	$0.00	0.00%
2011	77	6	83	$93,852.25	$473,724.91	$567,577.16	$3,000.00	$564,577.16	$0.00	0.00%
2012	78	25	103	$567,764.98	$644,006.13	$1,211,771.11	$113,000.00	$1,098,771.11	$0.00	0.00%
2013	6	26	32	$115,884.96	$167,993.96	$283,878.92	$0.00	$283,878.92	$0.00	0.00%
Totals	**2674**	**95**	**2769**	**$1,974,411.43**	**$10,723,085.15**	**$12,697,496.58**	**$2,076,210.28**	**$10,621,286.30**	**$9,577,000.00**	

Ascension

Client Name:
Client Number:

Aggregate Loss Fund
Summary Report
As of December 31, 2013

Client Name:
Client Number:

Aggregate Loss Fund
Summary Report
As of December 31, 2013

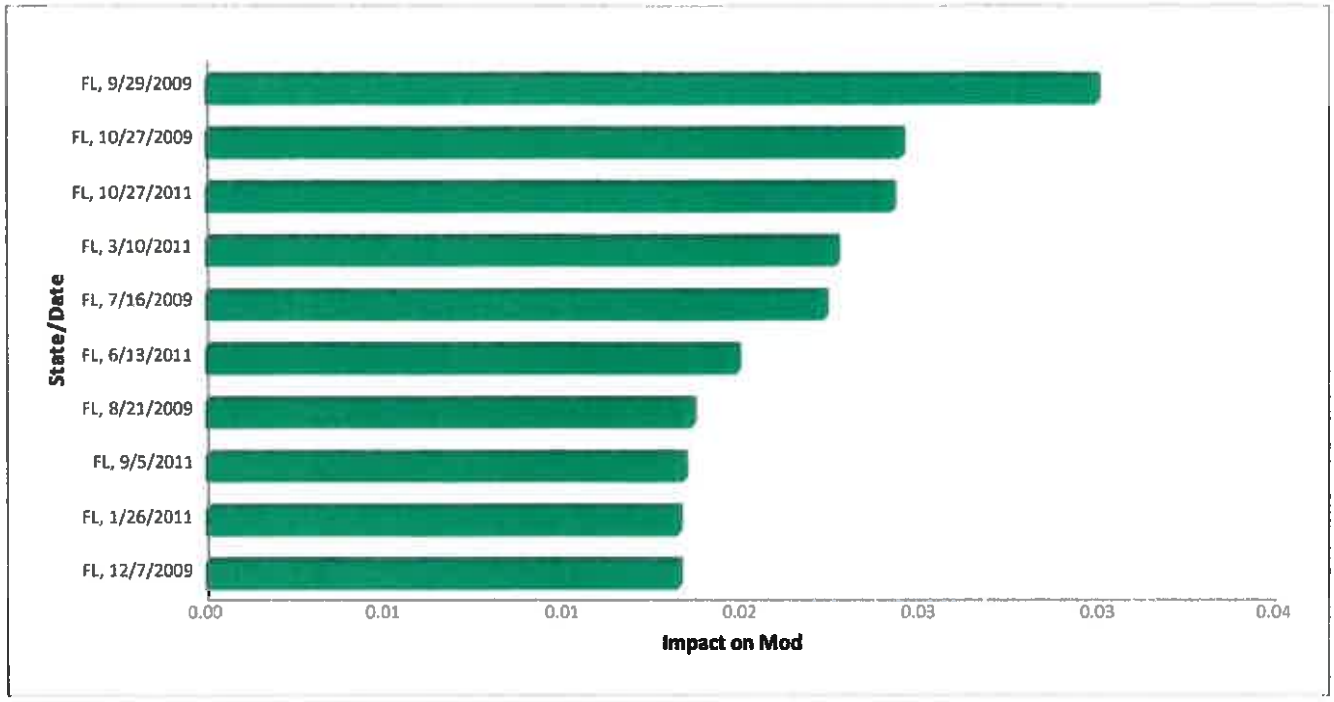
Fiscal/Policy Year 10/1 - 09/30	Closed Claim Count	Open Claim Count	Total Claim Count	Outstanding Reserves	Paid to Date	Total Incurred	Less: Spec Excess Loss	Aggregate Losses	Aggregate Loss Fund	Loss Fund Ratio
1992	206	1	207	$11,943.97	$563,101.22	$575,045.19	$148,127.05	$426,918.14	$325,000.00	131.36%
1993	136	0	136	$0.00	$532,530.37	$532,530.37	$80,750.15	$451,780.22	$400,000.00	112.95%
1994	140	0	140	$0.00	$752,723.61	$752,723.61	$209,258.69	$543,464.92	$500,000.00	108.69%
1995	168	1	169	$37,023.62	$775,204.59	$812,228.21	$220,899.83	$591,328.38	$700,000.00	84.48%
1996	164	0	164	$0.00	$400,552.45	$400,552.45	$52,816.50	$347,735.95	$830,000.00	41.90%
1997	128	0	128	$0.00	$415,209.12	$415,209.12	$43,575.28	$371,633.84	$830,000.00	44.78%
1998	143	0	143	$0.00	$210,735.83	$210,735.83	$0.00	$210,735.83	$800,000.00	26.34%
1999	81	0	81	$0.00	$306,966.72	$306,966.72	$143,536.32	$163,430.40	$560,000.00	29.18%
2000	127	0	127	$0.00	$434,619.55	$434,619.55	$83,172.29	$351,447.26	$450,000.00	78.10%
2001	89	0	89	$0.00	$462,706.01	$462,706.01	$160,478.32	$302,227.69	$405,000.00	74.62%
2002	115	0	115	$0.00	$399,656.50	$399,656.50	$59,014.00	$340,642.50	$405,000.00	84.11%
2003	126	0	126	$0.00	$638,741.63	$638,741.63	$294,762.08	$343,979.55	$458,500.00	75.02%
2004	97	0	97	$0.00	$161,224.14	$161,224.14	$0.00	$161,224.14	$493,500.00	32.67%
2005	118	0	118	$0.00	$477,299.30	$477,299.30	$0.00	$477,299.30	$1,200,000.00	39.77%
2006	205	0	205	$0.00	$324,512.08	$324,512.08	$0.00	$324,512.08	$1,220,000.00	26.60%
2007	127	8	135	$262,810.63	$484,730.84	$747,541.47	$86,000.00	$661,541.47	$0.00	0.00%
2008	110	5	115	$166,961.38	$805,419.15	$972,380.53	$148,500.00	$823,880.53	$0.00	0.00%
2009	140	7	147	$142,748.83	$800,657.15	$943,405.98	$4,319.77	$939,086.21	$0.00	0.00%
2010	93	16	109	$575,420.81	$490,769.90	$1,066,190.71	$225,000.00	$841,190.71	$0.00	0.00%
2011	77	6	83	$93,852.25	$473,724.91	$567,577.16	$3,000.00	$564,577.16	$0.00	0.00%
2012	78	25	103	$567,764.98	$644,006.13	$1,211,771.11	$113,000.00	$1,098,771.11	$0.00	0.00%
2013	6	26	32	$115,884.96	$167,993.96	$283,878.92	$0.00	$283,878.92	$0.00	0.00%
Totals	**2674**	**95**	**2769**	**$1,974,411.43**	**$10,723,085.15**	**$12,697,496.58**	**$2,076,210.28**	**$10,621,286.30**	**$9,577,000.00**	

Ascension

Client Name:
Client Number:

Aggregate Loss Fund
Summary Report
As of December 31, 2013

Top Losses



State	Date	Incurred Loss	Limited/Adjusted Loss	Impact on Mod
FL	9/29/2009	$122,000	$122,000	0.0315
FL	10/27/2009	$93,500	$93,500	0.0246
FL	10/27/2011	$92,500	$92,500	0.0243
FL	3/10/2011	$84,000	$84,000	0.0223
FL	7/16/2009	$82,544	$82,544	0.0219
FL	6/13/2011	$70,000	$70,000	0.0188
FL	8/21/2009	$63,658	$63,658	0.0172
FL	9/5/2011	$62,000	$62,000	0.0169
FL	1/26/2011	$61,059	$61,059	0.0167
FL	12/7/2009	$61,179	$61,179	0.0167
Grand totals		$792,440	$792,440	0.2109

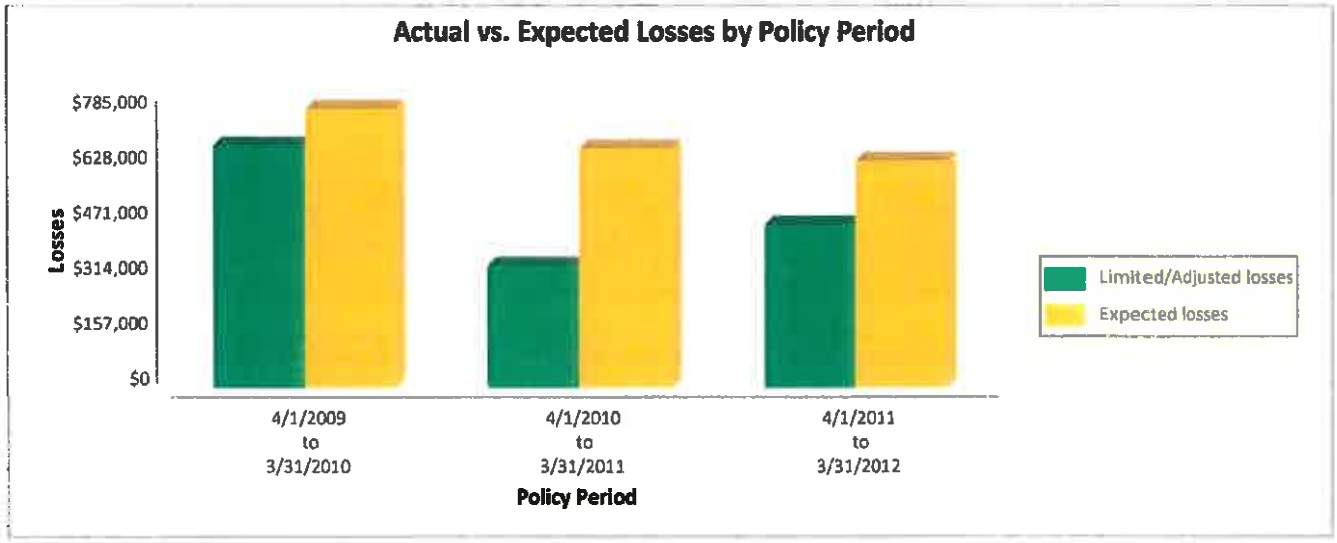
***This mod has been adjusted in accordance with experience rating plan rules. Loss sensitivity/mod impact analysis attempts to reflect mod adjustments but may be ambiguous.**

Sample Client

Mod Effective Date: 4/1/2013

Loss Analysis by Policy Period

This analysis shows the actual versus expected losses for each policy period in the mod. This data is important in identifying trends which may help you predict, generally, the direction of your mod in the future. As unfavorable policy periods – those with actual losses higher than expected – age out of the mod calculation, you can expect your mod to improve if your new loss experience shows actual losses less than expected. This is an achievable goal through specific loss control practices your broker advises. To view losses by policy year, see the *Loss Analysis by Policy Year* report.



Policy Period	Limited/Adjusted Losses	Expected Losses
4/1/2009 to 3/31/2010	**$685,096**	**$788,799**
4/1/2010 to 3/31/2011	**$344,483**	**$676,558**
4/1/2011 to 3/31/2012	**$459,923**	**$640,743**
Totals:	$1,489,502	$2,106,100
*Number of periods where actual losses were less than expected	3	

***This mod has been adjusted in accordance with experience rating plan rules. Loss sensitivity/mod impact analysis attempts to reflect mod adjustments but may be ambiguous.**

Sample Client

Mod Effective Date: 4/1/2013

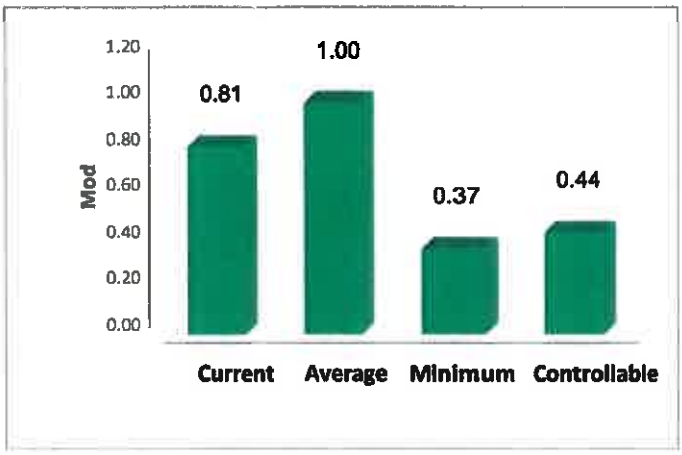
Mod Snapshot

Effective date: 4/1/2013

The Key Numbers

Total expected losses	$2,106,100
Total expected primary losses	$623,790
Total expected excess losses	$1,482,310
Total unlimited losses	$2,032,152
Total limited/adjusted losses	$1,489,502
Total actual primary losses	$440,886
Total actual excess losses	$1,048,617
Computed ballast value	232,000
Computed weighting value	0.58
Modification factor	**0.81**
ARAP factor	1.00

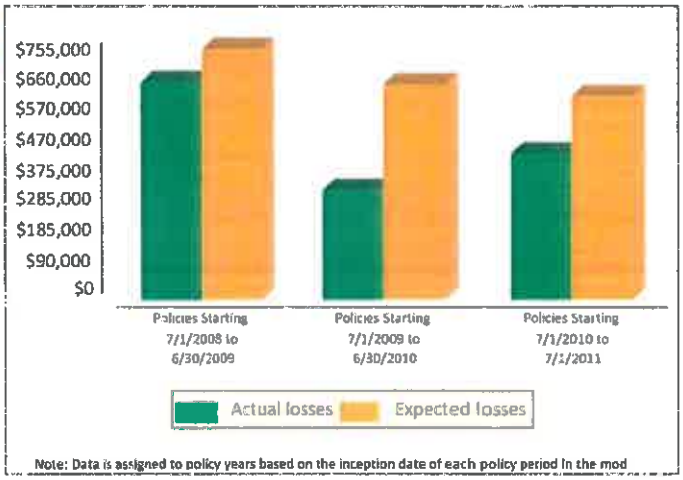
Mod Breakdown



Impact of Top Itemized Losses

State	Injury Date	Incurred Loss	Impact on Mod	Mod w/o Loss
FL	11/10/2011	$370,000	0.0151	0.7988
FL	9/29/2009	$122,000	0.0315	0.7821
FL	10/27/2009	$93,500	0.0246	0.7891
FL	10/27/2011	$92,500	0.0243	0.7894
FL	3/10/2011	$84,000	0.0223	0.7915
FL	7/16/2009	$82,544	0.0219	0.7919
FL	6/13/2011	$70,000	0.0188	0.7950
FL	8/21/2009	$63,658	0.0172	0.7966
FL	9/5/2011	$62,000	0.0169	0.7970
FL	12/7/2009	$61,179	0.0167	0.7972

Actual vs. Expected Losses by Policy Year

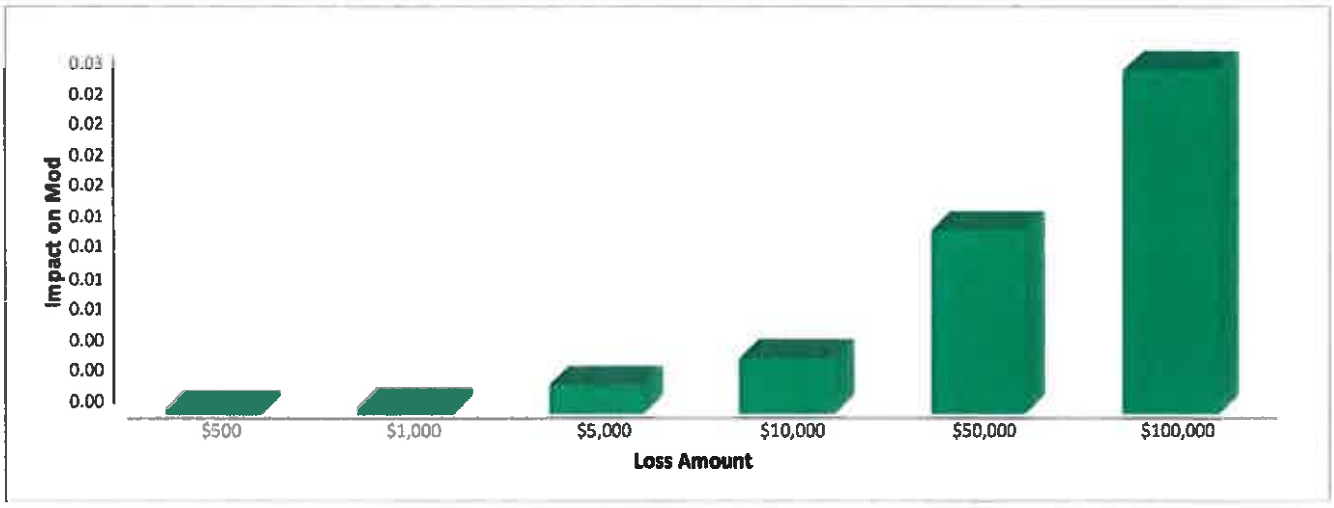


Note: Data is assigned to policy years based on the inception date of each policy period in the mod

The Mod Formula

Actual primary losses	+	Ballast value	+	Weighting value	x	Actual excess losses	+	(1 - Weighting value)	x	Expected excess losses	= Current mod
Expected primary losses	+	Ballast value	+	Weighting value	x	Expected excess losses	+	(1 - Weighting value)	x	Expected excess losses	
$440,886	+	232,000	+	0.58	x	$1,048,617	+	(1 - 0.58)	x	$1,482,310	= 0.81
$623,790	+	232,000	+	0.58	x	$1,482,310	+	(1 - 0.58)	x	$1,482,310	

Three Year Premium Cost of Various Losses



Loss Amount	Impact on Mod
$500	**0.0003**
$1,000	**0.0005**
$5,000	**0.0022**
$10,000	**0.0043**
$50,000	**0.0142**
$100,000	**0.0266**

Medical-only (IJ code 6) losses are reduced by 70 percent in states where the experience rating adjustment (ERA) applies for the indicated effective date. Therefore, these losses may have less of an impact on the mod.
* To view the premium cost of various losses, you must enter an estimated manual premium for this mod.

***This mod has been adjusted in accordance with experience rating plan rules. Loss sensitivity/mod impact analysis attempts to reflect mod adjustments but may be ambiguous.**

Impact and cost estimates based on a split point of $10,000.

Depending on rating effective dates, other split point values may apply to actual losses in this mod.

Sample Client

Mod Effective Date: **4/1/2013**

TAB 7

Ascension

City of Hollywood

Third Party Claims Administrative Services (TPA) Services for Workers' Compensation and Liability Claims
Solicitation #RFP-4522-16-RD

PROJECT TIME SCHEDULE

Not applicable, since we are the current TPA.

TAB 8

Ascension

Ascension Licenses Certificates of Insurance

Ascension

FLORIDA DEPARTMENT of FINANCIAL SERVICES

EMPLOYERS MUTUAL, INC. DBA ASCENSION BENEFITS & INSURANCE SOLUTIONS

700 CENTRAL PARKWAY
STUART FL 34994

Agency License Number L047036

Location Number: 125240

Issued On 03/14/2007

Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Transact The Lines Of Insurance Being Handled At This Location.

Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location.

Jeff Atwater
Chief Financial Officer
State of Florida

Certificate of Authority

CP00022

STATE OF FLORIDA

OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

THIS IS TO CERTIFY THAT:

EMPLOYERS MUTUAL, INC.
10811 SAN JOSE BLVD.
JACKSONVILLE FLORIDA 32223

HAS DULY QUALIFIED PURSUANT TO SECTIONS 626.88-626.894 FLORIDA STATUES FOR CERTIFICATION AS A THIRD PARTY ADMINISTRATOR AND IS ENTITLED TO TRANSACT BUSINESS IN ACCORDANCE WITH THE AUTHORIZATION CITED ABOVE.

ISSUE DATE	TYPE	CLASS	APPLICATION	TAXES & FEES	COMPANY CODE	EXPIRATION DATE
11 16 90	12	40	00000000	0.00	91916	

Tom Gallagher

INSURANCE COMMISSIONER
TREASURER AND STATE
FIRE MARSHAL

CITY OF STUART
LOCAL BUSINESS TAX RECEIPT
2015-2016

609	12890	020250

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

BUSINESS TYPE	INSURANCE - AGENCY
OWNER AND LOCATION	EMPLOYERS MUTUAL, INC. 700 SE CENTRAL PKWY
STATE LICENSE	270406466
DESCRIPT	INS AGENCY

This local business tax receipt does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This receipt does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Local Business Taxing Questions 772-288-5319

COPY

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
31.25	0.00	0.00	0.00	31.25

8-26-15 DD

BUSINESS NAME AND MAILING ADDRESS	EMPLOYERS MUTUAL, INC. EMPLOYERS MUTUAL, INC. 700 CENTRAL PARKWAY MARY SUNDEEN STUART FL 34994

DATE
08/26/2015

CHERYL WHITE
CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

THIS IS NOT AN INVOICE

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/2/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER
AISI dba Pan American Insurance Agency, Inc.
CA License # 0F89850
1277 Treat Blvd., Suite 400
Walnut Creek CA 94597

CONTACT NAME: Geri Navarro
PHONE (A/C, No, Ext): (925)407-0417 FAX (A/C, No):
E-MAIL ADDRESS: gnavarro@ascensionins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Prop. Cas. Co. of America	25674
INSURER B: Travelers Ind. Co. of Connecticut	25682
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Ascension Insurance Holdings, LLC
Ascension Benefits & Insurance Solutions
700 SE Central Parkway
Stuart FL 34994

COVERAGES CERTIFICATE NUMBER: CL166961192 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
				6308F426365TIL16	6/18/2016	6/18/2017	MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS			BA8F42609ATIL16	6/18/2016	6/18/2017	BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
							Non-owned	$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A		YJUB8F401309TIL16	6/18/2016	6/18/2017	E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Steve Martin/GERI

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER
AISI dba Pan American Insurance Agency, Inc.
1277 Treat Boulevard
Ste 650
Walnut Creek CA 94597

CONTACT NAME: Geri Navarro
PHONE (A/C, No, Ext): (925)937-1483 FAX (A/C, No):
E-MAIL ADDRESS: gnavarro@ascensionins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Great American E&S Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Ascension Insurance Holdings, LLC
Employers Mutual Inc.
700 SE Central Parkway
Stuart FL 34994

COVERAGES

CERTIFICATE NUMBER: CL1612758012 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	ERRORS & OMISSIONS			TER3177425	1/31/2016	1/31/2017	Each Claim/Aggregate	$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
DEDUCTIBLE: $50,000 each occurrence/$100,000 aggregate

CERTIFICATE HOLDER

INFORMATION PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Steve Martin/DP

TAB 9

Ascension

City of Hollywood

Third Party Claims Administrative Services (TPA) Services for Workers' Compensation and Liability Claims
Solicitation #RFP-4522-16-RD

RESPONSE FORMS & ACKNOWLEDGMENT OF ADDENDA

CITY OF HOLLYWOOD, FLORIDA
REQUEST FOR PROPOSALS

FOR

THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

GENERAL INFORMATION

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete this general proposal form in addition to a separate proposal for each coverage proposed. Additional information can be attached to the forms.

Name of Third Party Administrator: Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions

Address: 700 Central Parkway
Stuart, FL 34994

Telephone Number: 772/919-8592 (Tim McCreary); 772/287-7650 (Main Number)

Facsimile Number: 772/287-1387

Primary Contact: Tim McCreary

Email Address: tmccreary@ascensionins.com

Services being Proposed:

Workers' Compensation	Yes ✓	No
Liability	Yes ✓	No

State if Proposer is a national, regional or local organization

Local

Provide a list and description of similar municipal engagements satisfactorily performed within the past two (2) years (use separate sheet if necessary)

Please refer to Tab 3 - References

Has the Proposer been involved in litigation within the past five (5) years or is there any pending litigation arising out of the Proposer's performance? (if so, please provide details on separate sheet)

Yes_____ No ✓

Identify the claim manager and each individual who will work as part of the engagement. Include resumes for each person to be assigned. The resumes may be included as an appendix.

Kathy Whetstone (Claim Manager)

Tim McCreary, President

Refer to Tab 4 - Resumes of Existing Team

Describe the organization of the proposed project team, detailing the level of involvement and field of expertise for each member of the team.

Please refer to Tab 3 - Profile of Proposer &
Tab 4 - Additional Information & Resumes of Existing Team

Describe what municipal staff support you anticipate for the project.

As currently provided

Will the Proposer charge a set up fee, an initial fee or maintenance fee?

Yes_____ No ✓

If so, please provide details

We are the current TPA. There will be no fees charged.

Please explain required banking arrangements

We are the current TPA; as currently arranaged unless otherwise instructed.

Can the Proposer provide the required insurance?

Yes ✓ No ____

If not, please explain

Can the Proposer offer the City direct/online access to claim information?

Yes ✓ No ____

If so, please provide details and cost, if any.

Please provide the City and State where the physical administration will take place.

Stuart, Florida

What is the current case load of the adjusters that will be assigned to the City's account?

Workers' Compensation: not to exceed 125

Liability: not to exceed 250

Please provide the number of active self-insured accounts being administered from the responsible office.

Governmental: Please refer to Tab 3 - References.

Other: ____

Please provide complete details on the proposer's ability to provide loss control engineering services as specified in this RFP. Include the cost of such services if not included in base fees. (use separate sheet if necessary).

please see Tab 5

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Signature of Authorized Representative

8/2/16
Date

CITY OF HOLLYWOOD, FLORIDA
REQUEST FOR PROPOSALS

FOR

THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

WORKERS' COMPENSATION

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete a separate form for each proposal. Additional information can be attached to the forms.

Name of Third Party Administrator: Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions

Address: 700 Central Parkway
Stuart, FL 34994

Telephone Number: 772/919-8592 (Tim McCreary); 772/287-7650

Facsimile Number: 772/287-1387

Primary Contact: Tim McCreary

Email Address: tmccreary@ascensionins.com

Does the Proposer agree to provide the following services for the price proposed?

Establish a claims file on all incidents reported by the City. Yes ✓ No ____

Establish and maintain reasonable reserves on all active claims.	Yes✓	No
Investigate all reported incidents and make a determination of the claim's compensability within 24 hours.	Yes✓	No
Obtain recorded statements from the claimant and all witnesses if any aspect of the claim is questionable.	Yes✓	No
Monitor the medical treatment of the claimant and pursue timely Maximum Medical Improvement (MMI) dates from the treating physician(s).	Yes✓	No
Pay all benefits in accordance with Florida Statutes.	Yes✓	No
Reduce all medical bills in accordance with the State Fee Schedule.	Yes✓	No
Coordinate with the City to determine the availability of light duty positions and obtain the opinions of the treating physicians regarding the claimant's ability to perform the duties of such positions.	Yes✓	No
Coordinate with the City and its defense counsel on all litigated matters.	Yes✓	No

Advise the City of all claims that could benefit from the assignment of Nurse Case Management and provide such services at the direction of the City. Yes✓ No_____

Report claims that could possibly pierce the self-insured retention of the City to its Excess Insurer and provide periodic reports in accordance with the terms and conditions of its policies. Yes✓ No_____

File necessary documentation to the City's Excess Insurer and obtain reimbursements on a timely basis. Yes✓ No_____

Pursue all potential subrogation to the full extent of the law. Yes✓ No_____

Electronically capture all claim costs and prepare detailed loss history reports on a monthly basis. Yes✓ No_____

Provide loss history information In Microsoft Excel format. Yes✓ No_____

Maintain detailed adjuster and Nurse case manager's notes documenting all claim activity. Yes✓ No_____

Provide real time, online access to the City's claims to include adjuster and nurse case manager's notes. Yes✓ No_____

Provide the City with written narrative reports every sixty (60) days. Yes✓ No_____

File all State mandated reports on behalf of the City. Yes✓ No_____

Arrange for the responsible adjuster and his/her supervisor to attend a minimum of four (4) claim review meetings annually.	Yes ✓	No
Respond to all questions raised by the City or its representative(s) in a timely fashion.	Yes ✓	No
Pursue timely and cost effective settlements in accordance with the City's approval and protocols.	Yes ✓	No
Maintain all closed files for a period of time acceptable to the City and return such files to the City if requested.	Yes ✓	No
Cooperate and assist the City in the performance of claim audits/reviews.	Yes ✓	No
Make timely recommendations to the City regarding cost containment measures such as the use of private investigation, utilization reviews, independent medical exams, etc.	Yes ✓	No
Attend mediations and trials as requested by the City's defense counsel.	Yes ✓	No

All responses of "No" to the above questions must be fully explained.

Please provide experience of adjusters that will be assigned to the City's account with police and firefighter's presumption claims. _____

_____

Quoted Price:

	Claims occurring after September 30, 2016	Claims occurring prior to October 1, 2016 (Assumed claims)
Proposed Monthly Fee	$116,500	0
Proposed Annual Fee	$9,708.33	0

Is an alternative pricing structure proposed? Yes____ No ✓

If so, please specify (use separate sheet if necessary)

Will a minimum fee apply to the contract? Yes ✓ No____

If so, please provide full details

Please provide a complete description and cost of ancillary services not included in base fee including but not limited to: bill review, network access discount(s), telephonic case management, field case management and hospital bill audits, etc. (use separate sheet if necessary)

Are there any exceptions to the specifications? Yes ____ No ✓

If so, please specify

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Signature of Authorized Representative

5/2/16
Date

CITY OF HOLLYWOOD, FLORIDA

REQUEST FOR PROPOSALS
FOR
THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

LIABILITY

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete a separate form for each proposal. Additional information can be attached to the forms.

Name of Third Party Administrator: Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions

Address: 700 Central Parkway
Stuart, FL 34994

Telephone Number: 772/919-8592 (Tim McCreary); 772/287-7650 (Main)

Facsimile Number: 772/287-1387

Primary Contact: Tim McCreary

Email Address: tmccreary@ascensionins.com

Does the Proposer agree to provide the following services for the price proposed?

Establish a claims file on all incidents reported by the City. Yes ✓ No ____

Establish and maintain reasonable reserves on all active claims.	Yes ✓	No
Investigate all reported incidents and make a determination of the City's negligence.	Yes ✓	No
Develop recommended defenses in a timely manner.	Yes ✓	No
Cooperate with the City's Attorney's Office on all claim matters.	Yes ✓	No
Coordinate with the City and its defense counsel on all litigated matters.	Yes ✓	No
Pursue all potential subrogation to the full extent of the law.	Yes ✓	No
Report claims that could possibly pierce the City's self-insured retention to its Excess Insurer and provide periodic reports in accordance with the terms and conditions of the City's policies.	Yes ✓	No
File necessary documentation to the City's Excess Insurer and obtain reimbursements on a timely basis.	Yes ✓	No
Provide the City with written narrative reports every sixty (60) days.	Yes ✓	No
Arrange for the responsible adjuster and his/her supervisor to attend a minimum of four (4) claim review meetings annually.	Yes ✓	No
Attend weekly case review meetings with the City Attorney & Risk Manager	Yes ✓	No

Respond to all questions raised by the City or its representative(s) in a timely fashion.	Yes ✓	No
Pursue timely and cost effective settlements in accordance with the City's approval and protocols.	Yes ✓	No
Electronically capture all claim costs and prepare detailed loss history reports on a monthly basis.	Yes ✓	No
Provide loss history information In Microsoft Excel format.	Yes ✓	No
Maintain detailed adjuster's notes documenting all claim activity.	Yes ✓	No
Provide real time, online access to the City's claims to include adjuster's notes.	Yes ✓	No
Maintain all closed files for a period of time acceptable to the City and return such files to the City if requested.	Yes ✓	No
Cooperate and assist the City in the performance of claim audits/reviews.	Yes ✓	No
Attend mediations and trials as requested by the City's defense counsel.	Yes ✓	No

All responses of "No" to the above questions must be fully explained.

Quoted Price:

	Claims occurring after September 30, 2016	Claims occurring prior to October 1, 2016 (Assumed claims)
Proposed Monthly Fee	$82,500	0
Proposed Annual Fee	$6,875	0

Is an alternative pricing structure proposed? Yes_____ No ✓

If so, please specify (use separate sheet if necessary)

Will a minimum fee apply to the contract? Yes_____ No ✓

If so, please provide full details

Please provide a complete description and cost of ancillary services not included in base fee including but not limited to: subrogation fees. (use separate sheet if necessary)

Repricing $1.25 per line, 3 line minimum ;
Network 25% of savings ; Hospital audits 25% savings;
Subrogation 10% recoveries

Are there any exceptions to the specifications? Yes _____ No ✓

If so, please specify

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Signature of Authorized Representative

8/2/16
Date

HOLD HARMLESS AND INDEMNITY CLAUSE

(Company Name and Authorized Representative's Name)

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

SIGNATURE

Tim McCreary
PRINTED NAME

Employers Mutual, Inc. d/b/a
Ascension Benefits & Insurance Solutions
COMPANY OF NAME

8/2/16
DATE

Failure to sign or changes to this page shall render your bid non-responsive.

NONCOLLUSION AFFIDAVIT

STATE OF: Florida

COUNTY OF: Martin, being first duly sworn, deposes and says that:

(1) He/she is President of Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions, the Bidder that has submitted the attached Bid.

(2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;

(3) Such Bid is genuine and is not a collusion or sham Bid;

(4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and

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

(SIGNED) _____ President
Title

Failure to sign or changes to this page shall render your bid non-responsive.

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to City of Hollywood
by Tim McCreary, President for Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 700 Central Parkway, Stuart, FL 34994
and if applicable its Federal Employer Identification Number (FEIN) is 59-2989676 If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statues, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5 I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statues, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

✓ Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
(Signature)

Sworn to and subscribed before me this 29th day of July, 20 16.

Personally known to me

Or produced identification _____ Notary Public-State of Florida

_____ my commission expires 03/24/2017
(Type of identification)

Mary F. Sundeen
(Printed, typed or stamped commissioned name of notary public)

Notary Public State of Florida
Mary F Sundeen
My Commission FF 000339
Expires 03/24/2017

Failure to sign or changes to this page shall render your bid non-responsive.

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions

700 Central Parkway

Stuart, FL 34994

Application Number and/or Project Name:

RFP-4522-16-RD

Applicant IRS/Vendor Number: 59-2989676

Type/Print Name and Title of Authorized Representative:

Tim McCreary, President

Signature: Tim C Creary Date: 8/2/16

Failure to sign or changes to this page shall render your bid non-responsive.

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which 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 received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. 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 employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

TM C Creary — Tim McCreary

VENDOR'S SIGNATURE — PRINTED NAME

Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions
NAME OF COMPANY

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby.". The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

Real property or its use,
Tangible or intangible personal property, or its use,
A preferential rate or terms on a debt, loan, goods, or services,
Forgiveness of indebtedness,
Transportation, lodging, or parking,
Food or beverage,
Membership dues,
Entrance fees, admission fees, or tickets to events, performances, or facilities,
Plants, flowers or floral arrangements
Services provided by persons pursuant to a professional license or certificate.
Other personal services for which a fee is normally charged by the person providing the services.
Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

SIGNATURE	Tim McCreary PRINTED NAME
Employers Mutual, Inc., d/b/a Ascension Benefits & Insurance Solutions NAME OF COMPANY	President TITLE

Failure to sign this page shall render your bid non-responsive.

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: City of Hollywood

Firm giving Reference: City of Port St. Lucie

Address: 121 SW Port St. Lucie Boulevard, Port St. Lucie, FL 34984

Phone: 772/871-5209

Fax: 772/871-5274

Email: reneem@cityofpsl.com

1. Q: What was the dollar value of the contract?
   A: $3,296,429 - Property & Casualty Program - TPA
2. Have there been any change orders, and if so, how many?
   A: N/A
3. Q: Did they perform on a timely basis as required by the agreement?
   A: yes
4. Q: Was the project manager easy to get in contact with?
   A: all staff are great to work with - very responsive
5. Q: Would you use them again?
   A: Most definitely
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
   A: ☑ 5 *Excellent* ☐ 4 *Good* ☐ 3 *Fair* ☐ 2 *Poor* ☐ 1 *Unacceptable*
7. Q: Is there anything else we should know, that we have not asked?
   A: Claims adjusters for WC + G/L are knowledgeable + handle our files in an efficient manner.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Renee Major Title: Risk Manager

Signature: Renee Major Date: 8-1-16

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: City of Hollywood

Firm giving Reference: Martin County Board of County Commissioners

Address: 2401 SE Monterey Road, Stuart, FL 34996

Phone: 772/221-1320

Fax: 772/ 223-4812

Email: ggierlic@martin.fl.us

1. **Q:** What was the dollar value of the contract?
   A: Approximately $700K
2. Have there been any change orders, and if so, how many?
   A: There have been no change orders to the contract.
3. **Q:** Did they perform on a timely basis as required by the agreement?
   A: Yes - timely performance has been outstanding.
4. **Q:** Was the project manager easy to get in contact with?
   A: Yes as well as all other key members of the Ascension staff.
5. **Q:** Would you use them again?
   A: Yes. We have used them for over 10 years and service has been superior.
6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)

   A: ☒ 5 *Excellent* ☐ 4 *Good* ☐ 3 *Fair* ☐ 2 *Poor* ☐ 1 *Unacceptable*
7. **Q:** Is there anything else we should know, that we have not asked?
   A: They are extremely customer focused and have a depth of understanding of issues.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Garry Gierlicz Title Human Resources Administrator

Signature: Date: August 2, 2016

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: City of Hollywood

Firm giving Reference: St. Lucie County Board of County Commissioners

Address: 2300 Virginia Avenue, Fort Pierce, FL 34982

Phone: 772/462-1420

Fax: 772/462-1440

Email: mcind@stlucieco.org

1. **Q:** What was the dollar value of the contract?
   A: Claims Administration - $700,000.00; overall budget - $11,000,000.00 (approximate) *
2. Have there been any change orders, and if so, how many?
   A: No
3. **Q:** Did they perform on a timely basis as required by the agreement?
   A: Yes
4. **Q:** Was the project manager easy to get in contact with?
   A: Yes
5. **Q:** Would you use them again?
   A: Yes
6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)

   A: ☒ 5 *Excellent* ☐ 4 *Good* ☐ 3 *Fair* ☐ 2 *Poor* ☐ 1 *Unacceptable*
7. **Q:** Is there anything else we should know, that we have not asked?
   A: No.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Dan McIntyre Title: County Attorney

Signature: [signature] Date: August 1, 2016

* Budget for TRICO, a self insurance group of 4 local governments, including St. Lucie County.

Acknowledgment of Addendum

Ascension™

RFP-4522-16-RD

Answer to Question 6:

Medical Bills Paid:	Count of Bills Paid				
2013	1564	$17,063.71 **	** PPO Calculation and Bill Review Fee combined		
2014	1709	$14,833.75**	** PPO Calculation and Bill Review Fee combined		
2015	1653	$ 8,211.06	PPO Calculation	$ 8,802.50	Bill Review Fee
2016* (1.1.16-7.22.16)	1100	$ 2,789.02	PPO Calculation	$ 5,180.00	Bill Review Fee

Answer to Question 7:

Case Management Paid:	Count of Claims with Case Management	Case Management Paid
2013	4	$ 26,430.61
2014	6	$ 22,754.52
2015	7	$ 31,748.39
2016* (1.1.16-7.22.16)	5	$ 12,626.51

Please note the count of claims for case management may include claims that are receiving the case management function each year, it is not representing new claims for each year.

ADDENDUM #1
To
AGREEMENT for ADMINISTRATIVE SERVICES
BETWEEN
CITY of HOLLYWOOD
AND
EMPLOYERS MUTUAL, INC. (EMI)

Date of Agreement: Effective October 1, 2008

Date of Change: Effective October 1, 2012

TERM

The effective date of this addendum will be October 1, 2012 through September 30, 2016. It is the intent of the City to agree to an additional four (4) year term with the rights to renew for two (2) additional one-year terms.

ADMINISTRATOR FEES

In accordance with Section V. ADMINISTRATOR FEES of the Agreement between City of Hollywood and EMI, the City of Hollywood and EMI agree to amend the contract fee from the current rate of $230,000 per year to a new fee of $195,000 a year.

PURCHASE TERMS AND CONDITIONS

The Proposal and the corresponding RFP – 4308 -12- IS will constitute the complete agreement.

All other terms and conditions remain unchanged.

IN WITNESSES WHEREOF, the parties hereunto set their hands and seals this 21st day of August, 2012.

CITY OF HOLLYWOOD

Authorized Signature

Gail Reinfeld
Typed or Printed Name

Director of HR/Risk Mgmt
Title

8/4/12
Date

Witness Signature

APPROVED AS TO FORM AND LEGALITY FOR THE USE AND RELIANCE OF THE CITY OF HOLLYWOOD, FLORIDA, ONLY.
BY
CITY ATTORNEY

EMPLOYERS MUTUAL, INC.

Authorized Signature

TIM McCREARY
Typed or Printed Name

PRESIDENT
Title

8/23/12
Date

Witness Signature

AGREEMENT FOR ADMINISTRATIVE SERVICES

THIS AGREEMENT, made and entered into by and between City of Hollywood, Florida, hereinafter referred to as the Client, and Employers Mutual Inc., 700 Central Parkway, Stuart, FL 34994, a Florida Corporation, hereinafter referred to as Administrator.

WITNESSETH

WHEREAS, the Client desires to engage the services of Administrator to provide claim adjusting services for workers compensation and liability claims as described herein on behalf of the Client;

WHEREAS, Administrator is qualified and desires to provide the aforementioned services on behalf of the Client in accordance with this Agreement; and

NOW, THEREFORE, for and in consideration of the mutual covenants contained herein, the parties hereto do mutually agree as follows:

The above recitals are incorporated herein as if set forth here below.

I. SERVICES

A. CLAIMS ADMINISTRATION SERVICES

Administrator will provide the following and such other services as may be considered necessary and which are mutually acceptable to both parties:

(i) Supervise and administer the open claims in compliance with applicable laws, rules and regulations governing the administration of self-insurance programs and imposed by the State of Florida. Claims will be timely adjusted and Administrator will be responsible for penalties if the penalty arises from the neglect of the Administrator.

(ii) Provide qualified and experienced personnel capable of servicing the open claims of the Client. Administrator will maintain an office with toll-free telephone services and experienced employees.

(iii) Complete processing of loss adjustments, investigations and settlements falling within the self-insured retention level. Submissions of all investigation reports, legal actions, court orders, or awards shall be provided to the Client together with recommendations to be taken in the event claims exceed the limits of authority of Administrator. Administrator must obtain prior approval from the Client, for all settlements.

(iv) Coordinate investigations of and manage litigated claims with defense attorneys.

(v) Develop subrogation possibilities and assist in the collection of same. Submit claims to reinsurance/excess carriers and assist in the recovery of such benefits (if any) on behalf of Client.

(vi) In the event of termination of the contract, Administrator shall not have any responsibility or obligation to handle any claims beyond sixty (60) days after the termination date.

II. RESPONSIBILITIES OF THE CLIENT

The Client shall have and perform the following duties, obligations, and responsibilities to Administrator.

(i) **Obligation & Responsibility for Payment.** The Client has the sole obligation and responsibility for funding the payment of claims made against the Client. Administrator assumes no duty to fund any such claims at any time and shall have no obligation to advance funds for such payment.

(ii) **Deposit Account.** Prior to the commencement of the Agreement, the Client shall establish a bank account at a bank of the Client's choosing and this account will be used to process claim checks. The Client will be responsible for the proper funding of this account as well as all banking fees, bank interfaces and the bank reconciliations. Administrator shall use the funds deposited by the Client into the account to pay claim settlements within the discretionary settlement authority limit or as otherwise authorized by the Client, and to pay interim claim payments, indemnity payments, medical expenses and allocated expenses.

(iii) **Management of Account.** It is the Client's responsibility to establish and replenish the bank account with funds sufficient to cover all claim payments. The Client may, at its discretion, increase or decrease the minimum funding levels based on actual claim activity. The bank account shall remain in effect until all claims activity ceases under this Agreement.

(iv) **Allocated Loss Adjustment Expense.** Coverage costs shall include but not be limited to: cost of medical and/or indemnity payments, outside investigation of claims, surveillance, vocational rehabilitation, on-site case management, legal fees, court or hearing costs, depositions, documents and exhibits, witness fees, photography and other incidental and special costs, as approved by Client. Coverage costs shall be borne by the Client as normal claims related expenditures and shall be charged against the Deposit Account.

(v) **Instructions from Client.** Administrator shall duly consider all written notices and recommendations made by Client relative to the administration of claims, including medical and litigation services with the understanding that the final authority rests with the Client. Administrator shall not be responsible or liable for any action or inaction of the Client, which is contrary to a lawful written recommendation or instruction by Administrator, applicable by law, and/or workers compensation law that causes any claim to not be properly adjusted,

administered, and/or processed. Administrator will handle claims in accordance with the written handling procedures as produced by the Client.

(vi) **Audits**. Client has the right to independently or via outside auditors review the Administrator's performance to insure compliance with the contract requirements and to insure the financial integrity of the program.

III. ADMINISTRATOR'S RESPONSIBILITY

Administrator shall have no responsibility, risk, liability or obligation for the funding of claims, losses, or liabilities. The responsibility and obligation for funding the program exposures shall be solely and totally the responsibility of the Client.

Administrator shall be liable for the recovery of claim processing errors arising from Administrator's performance pursuant to the terms of this Agreement, excepting liability for any such error that is reasonable, made in good faith, and within acceptable industry standards. Administrator shall use diligent efforts toward the recovery of any loss therefrom. Administrator's liability, if any, shall be limited to the amount in excess of the claim amount(s) payable under the terms of the Agreement.

It is understood and agreed that Administrator is and shall remain an independent contractor with respect to the services being performed by the Administrator pursuant to this Agreement and shall not for any purpose be deemed an employee of the Client, nor shall the relationship of the parties be deemed that of partners or joint ventures. Administrator does not assume any responsibility, risk, liability, or obligation for the general policy direction of the program, the adequacy of the funding thereof, or any act or omission or breach of duty by parties other than Administrator. Administrator shall not be deemed an insurer, underwriter or guarantor with respect to any expenses payable under the program. Administrator agrees to maintain the insurance requirements as set forth in the Client's RFP throughout the entirety of the life of this contract, including naming the Client as an additional insured in their general liability contract.

IV. DEFAULT AND TERMINATION

(i) **Default.** The failure of either party to comply with any provision of this Agreement will place that party in default. Prior to terminating the Agreement, the non-defaulting party will notify the defaulting party in writing. This notification will make specific reference to the provision(s) the defaulting party failed to comply with, the exact nature of the default, and the action that needs to occur to correct the default. The non-defaulting party will give the defaulting party a minimum of ten (10) business days to correct the default. If the default is not corrected within the allotted time, the non-defaulting party shall be permitted to terminate this Agreement, effective upon the receipt by the defaulting party of a written termination notice.

(ii) **Bankruptcy.** If either party files a petition for bankruptcy or a petition or answer seeking reorganization, becomes or is insolvent or bankrupt, has a receiver

appointed for its benefit, admits in writing its inability to pay its debts as they mature, or makes an assignment for the benefit of creditors, the other party may immediately terminate this Agreement.

(iii) **Termination.** It is understood and agreed that either party shall have the right to terminate this Agreement on any date by:

(a) the Client giving Administrator not less than thirty (30) days advance written notice of termination.

(b) Administrator giving the Client not less than one hundred and eighty (180) days advance written notice of termination.

Administrator may, at its sole discretion, terminate this Agreement in the event that Client fails to properly fund the program within fifteen (15) days of receiving a written request to do so from Administrator.

Upon termination by either party, Administrator shall, upon the request and at the expense of the Client, provide computer runs detailing various aspects of the Client's program. Upon termination, the Client understands and agrees that, except where there is evidence of negligence or willful misconduct or fraud, the Administrator is released from all liability, loss or damage arising in any manner out of the performance by Administrator pursuant to the terms of this Agreement.

It is understood that at termination of the Agreement, Administrator shall not have any responsibility or obligation to handle any incurred claims beyond the termination date except as set forth in paragraph I. A. (vi), above.

V. ADMINISTRATOR FEES

Administrator shall receive consideration in accordance with the following:
Client shall pay Administrator a flat rate of $230,000 per year for claims adjusting.
The amount will be paid in monthly installment payments due at the beginning of each month.

Additionally Client will pay Administrator for the following services at the stated rates: Medical Bill Repricing for $1.25 per line, 3 line minimum per bill; Network Access for 25% of savings; Subrogation for 10% of dollars recovered; Telephonic Case Management for $78 per hour; Field Case Management for $85 per hour; Hospital Bill Audits for 25% of savings. These amounts shall be billed to the claims files as claims expenses as they are incurred.

These rates are guaranteed for a period of two (2) years from the date of inception. Subsequent years, if any, will have a price increase not to exceed the greater of all items Southeast CPI, or 5% per year.

If the Client, for any reason whatsoever, fails to make a required fee payment or necessary contribution for claim payment as requested by Administrator on a timely basis, Administrator may suspend the performance of its services to the Client until such time as the Client makes the proper remittance.

VI. OWNERSHIP AND RETENTION OF CLAIM FILES

Administrator will retain all claim files during the time the Agreement is in effect. Subject to the foregoing, Administrator will make available to the Client for copying, at Client's expense, or inspection any records relating to any claim files serviced pursuant to this Agreement upon written request of the Client. Administrator will also make claim files available to any other third party as required by and in accordance with applicable law. All claim files created pursuant to this Agreement are the sole property of Client.

Upon termination of the Agreement, Administrator will be responsible for the retention and storage of all claim files. Client is also responsible for all shipping costs, if any, associated with transporting of claim files.

VII. NOTICE

Whenever written notice is required under the terms of this Agreement, it shall be delivered either in person or by registered mail to the appropriate party. Notice by registered mail shall be addressed as follows:

ADMINISTRATOR

Employers Mutual, Inc.
700 Central Parkway
Stuart, FL 34994
ATTN: President

CLIENT

City of Hollywood, Fl
2600 Hollywood Boulevard
Hollywood, FL 33020
ATTN: Risk Management

VIII. NON-ASSIGNMENT

The provisions of this Agreement supersede any prior Agreements or understandings to the contrary. No party hereto shall have the right to assign this agreement without the written consent of the other party, which will not be unreasonably withheld.

IX. NON TRANSFER OF POWERS

Nothing contained in this Agreement shall be construed to constitute a Transfer of Powers in any way whatsoever. This Agreement is solely an Agreement for provision of services.

X. ENFORCEMENT

In the event that it becomes necessary for either party to employ counsel to collect his obligation or to enforce this Agreement, whether or not suit be brought, the prevailing party shall recover a reasonable attorney's fee, including fees on appeal. For all enforcement actions, jurisdiction will be in Broward County, Florida.

XI. SEVERABILITY

Should any provision of this Agreement be declared invalid by a Court of competent jurisdiction, same shall be deemed stricken herefrom and all other terms and conditions of this Agreement shall continue in full force and effect as if the invalid provision had never been made a part hereof.

XII. NON-WAIVER

No delay by either party in enforcing any covenant or right hereunder shall be deemed a waiver of such covenant or right, and no waiver of any particular provision hereof shall be deemed as waiver of any other provision or a continuing waiver of such particular provision, and except as so expressly waived, all provisions hereof shall continue in full force and effect.

XIII. ENTIRE AGREEMENT

The Client's RFP-4150-08-JE and the Administrator's corresponding proposal and amendments (if any) are hereby incorporated into this agreement. This Agreement constitutes the entire understanding of the parties with respect to provision of services. It may not be modified nor any of its provisions waived unless such modifications and/or waiver is in writing and is agreed to and signed by both parties.

XIV. THIRD PARTY BENEFICIARIES

There are no third party beneficiaries of this Agreement, either intended or implied.

XV. DEFENSES

(i) Administrator agrees to defend and hold the Client harmless:

(a) for any penalty or fine the Client shall suffer that is solely the fault of Administrator;

(b) for the recovery of claims processing errors arising from Administrator's performance, pursuant to the terms of this agreement, excepting liability for any such error that is reasonable, made in good faith, and within acceptable industry standards. Administrator shall use diligent efforts toward the recovery of any loss therefrom. Administrator's liability, if any, shall be limited to the amount in excess of the claim amount(s) payable under the terms of the agreement.

(c) for any claims resulting from errors, omissions or negligence on the part of Administrator unless the actions of Administrator were taken at the direction of the Client or as the result of the Client's negligence.

(ii) The Client agrees to defend and hold harmless:

(a) for any and all claims that arise out of this contract in the event of an adverse result or judgment when Administrator could have settled the claim within its discretionary settlement authority.

(b) for any action resulting from Administrator acting at the direction of the Client in the event Administrator becomes liable to any third parties;

(c) for any action resulting from a cause of action involving a claim covered under the Client's self-insurance program where Administrator's involvement is providing the services specified under this contract.

(iii) Both parties acknowledge that Client has the final authority in the administration of this program.

(iv) Both parties acknowledge that neither Client nor Administrator has the authority or capacity to affect or force the settlement of a claim by any person making a claim against client or any insurance company providing benefits as a part of Client's program.

IN WITNESSES WHEREOF, the parties hereunto set their hands and seals this 10 day of October, 2008.

CLIENT	EMPLOYERS MUTUAL, INC.
Authorized Signature	Authorized Signature
Gail Reinfeld	Tim McCreary
Typed or Printed Name	Typed or Printed Name
Director of HR/Risk Mgmt	President
Title	Title
10/10/08	9-17-08
Date	Date
Witness Signature	Witness Signature