Contents

1. GOAL ............................................................................................................................................................2
2. RISK MANAGEMENT RESPONSIBILITY TO REPORT CLAIMS...............................................................2
3. REPLACEMENT COST ................................................................................................................................8
4. DEFINITIONS ................................................................................................................................................8
5. ATTACHMENTS ...........................................................................................................................................8
1. Goal

It is the goal of the University of the Pacific (Pacific) to provide its employees with a legally compliant and safe workplace. In order to achieve this goal, all levels of management and supervision are required to ensure that these guidelines are followed.

2. Risk Management Responsibility to Report Claims

2.1 This policy describes procedures for reporting all claims and provides general information on the Pacific's insurance coverage. Nothing in this policy shall impose or limit legal requirements or requirements of the State of California Department of Insurance.

Risk Management is responsible for:

- Monitoring the financial risk to Pacific incurred in the day to day activities of doing business.
- Managing financial risk through a variety of methods including, but not limited to, the procurement of insurance.
- Receiving and processing claims against Pacific by forwarding a claim to an insurer or resolving a loss internally.

Pacific is primarily insured through the Office of Budget and Risk Management. Risk Management must approve the purchase of other insurance to protect Pacific or as required contractually to protect others under third party liability.

2.2 General Liability Claims – Third Party Bodily Injury or Property Damage

All claims against the Pacific should be reported to the Department of Risk Management by either completing **ATTACHMENT A. Notice of Claim - Personal Injury or Property Damage** or contacting Risk Management. All the known facts of the event resulting in the injury or damage should be included. Statements from all witnesses and/or Pacific employees will be obtained in writing and received as soon as possible.

California statute requires a claimant against the Pacific to send written notice to the Pacific that includes information about how and when the event occurred, why the claimant feels the Pacific is responsible and the damages the individual is claiming including any costs he/she has incurred. This notice should be sent to Risk Management.

2.3 Automobile & Property Claims – First Party University Property

Loss of Pacific property by theft, vandalism, fire, windstorm, hail, or other accidental loss must be reported to Risk Management as soon as practical after the loss is discovered, using the Notice of Claim - Loss or Damage to Pacific Property form **(ATTACHMENT B.)** or calling Risk Management. Automobile accidents and property losses are reported to Risk Management by using the Notice of Claim - Automobile/Equipment Accident Report form **(ATTACHMENT C.)**. If
these losses involve criminal activity, including theft or vandalism, they must also be reported to the Campus Public Safety Department. If a theft or loss of money or securities has occurred, the loss must be reported immediately to Public Safety and Risk Management.

To report a property or automobile loss to Risk Management, a department must:

- complete either ATTACHMENT B. Notice of Claim-Loss or Damage to Pacific Property or ATTACHMENT C. Notice of Claim-Automobile/Equipment Accident Report;
- attach a copy of the police report, if applicable;
- attach a copy of the purchase document as proof of ownership, purchase, and value; and
- attach an estimate of the loss, listing the vendor and replacement or repair cost of each item.

Risk Management will then review the information received and determine if there is coverage.

2.4 Summary of Insurance Coverage

2.4.1 Property – Occurrence Policy

Damage to Buildings and Business personal property, valuable papers (if scheduled), and electronic data processing equipment, caused by direct physical loss from fire, rain, wind, vandalism and theft and other covered causes of loss.

High deductible: $100,000 per claim

Exclusions:
Loss by mysterious disappearance, pollution, wear, tear, animals, flood, earthquake, terrorism and unsecured property.

Contact Risk Management to confirm other exclusions and coverage’s.

All of the above have limits provided to the carrier based on current information from appraisals and past information.

Trailers we would have to rent or purchase in the event they are used during Business Interruption activities would be covered under this policy as rented, borrowed or leased property, same deductible.

2.4.2 Automobile (Physical Damage and Auto Liability) – Occurrence Policy

Physical Damage/Comprehensive Damage: This policy provides physical and comprehensive damage but only for University owned vehicles and vehicles rented on behalf of the University for business.

Deductible: $1,000 per vehicle per claim
If the University purchases, leases or receives a courtesy vehicle, there will be no coverage for that vehicle if it is not reported to the insurance carrier as soon as possible and no later than 10 workings day.

Auto Liability:
This coverage pays for damages to another persons vehicle, property or person that occurred during an automobile accident where the University driver is at fault.

2.4.3 General Liability – Occurrence Policy

Provides coverage for those sums that the University becomes legally obligated to pay as damages because of “injury” or “property” damage to a third party (someone other than an employee) and not while in an automobile.

Exclusions:
Scuba diving, competitive equestrian horseback riding; platform diving, all activities and operations on ski slopes. Contact Risk Management to confirm other exclusions and coverage’s.

Deductible: None

2.4.4 Excess Liability – Occurrence Policy

Purchased to provide higher limits over the General Liability and Auto Liability policy’s referenced above.

Deductible: $10,000 per claim

2.4.5 Inland Marine (Fine Arts) – Occurrence Policy

“Fine Arts” means paintings, etchings, pictures, tapestries, art glass windows, valuable rugs, statuary, marbles, bronzes, antique furniture, rare books, antique silver, manuscripts, porcelains, rare glass, bric-a-brac, and similar property, of rarity, historical value or artistic. HAS TO BE SCHEDULED OR THERE IS NO COVERAGE WHEN THERE IS A LOSS.

Deductible: Same as property deductible

2.4.6 Crime – Claims Made Policy

Covers Employee Dishonesty for loss or damage to Money, Securities and other property by employee theft, Depositors Forgery or Alteration of checks, drafts, etc and theft disappearance and destruction of money and securities from inside and outside the premises by an outside party. This is a claims made policy which means a claim has to be reported to the insurance carrier in the policy period the incident occurred or there will be no coverage.

Deductible: $10,000 per claim

Exclusions:
We do not currently have coverage for Computer and Funds Transfer Fraud – covers loss of
Money, Securities or other property due to the use of a computer to fraudulently cause a transfer from inside the premises or the banking premises. We have requested an application from our insurance carrier to obtain a quotation.

2.4.7 Hawaii and Washington State Workers’ Compensation – Claims Made Policy

Covers single faculty member in Hawaii overseeing an internship program. Separate from the University’s main workers’ compensation program. This coverage is not self-insured. Washington State covers single employee who is a University recruiter.

2.4.8 Medical Professional Liability (Malpractice) – Claims Made Policy

Covers malpractice claims against faculty in the following departments: Dental School, Dental Hygiene Clinic, Pharmacy, Psychology, Behavior Analysts, Physical Therapy, Athletic Trainers, Music Therapy, Speech-Language Pathology, Nurse Practitioners, Physician Assistants, Clinical Psychologists, Counseling Psychologists, Medical Assistants, Marriage & Family Therapist, Adult Asthma Management Clinic, Chronic Fatigue Lab, Human Physiology Lab & Clinician in Sports Science. This is a claims made policy which means a claim has to be reported to the insurance carrier in the policy period the incident occurred or there will be no coverage.

Exclusion:
Medical Doctors and those departments that provide medical services not reported to the carrier.

Deductible: $10,000 per claims

Exclusions:
Doctors, Nurses and those departments that provide medical services not reported to the carrier.

2.4.9 Excess Professional Liability (Malpractice) – Claims Made Policy

Purchased to provide higher limits over the Medical Professional Liability policy referenced above.

Deductible: $10,000 per claim

2.4.10 Foreign Liability – Occurrence Policy

Foreign Liability covers negligent acts of the student, faculty and staff in another country other than the United States while studying or working on behalf of the University.

Deductible: None
2.4.11 Media/Broadcast Liability – Occurrence Policy

Provides coverage for defamation or other tort related to disparagement or harm to the character, reputation or feelings of any person or organization, including libel, slander, product disparagement, trade libel, infliction of emotional distress, out rage or outrageous conduct through the University’sbroadcastings or publishing’s.

Deductible: $10,000 per claim

2.4.12 Director’s & Officers/Employment Professional Liability – Claims Made Policy

Provides insurance for claims made against Board members, officers, staff and faculty for wrongful dismissal, discharge or termination (either actual or constructive) of employment, including breach of an implied contract; harassment (including sexual harassment whether “quid pro quo”, hostile work environment or otherwise); discrimination, (including but not limited to discrimination based upon age, gender, race, color, national origin, religion, sexual orientation or preference, pregnancy, or disability); retaliation (including lockouts); employment-related misrepresentation(s) to an Employee or applicant for employment with the Organization; employments-related libel, slander, humiliation, defamation or invasion of privacy; wrongful failure to employ or promote; wrongful deprivation of career opportunity, wrongful demotion or negligent Employee evaluation, including the giving of negative or defamatory statements in connection with an employee reference; wrongful discipline; failure to grant tenure or practice privileges; failure to provide or enforce adequate or consistent organization policies or procedures relating to any other Employment Practice Violation; violation of any individual’s civil rights relating to any of the above.

D&O deductible = $175,000
EPL deductible = $150,000

This is a claims made policy which means a claim has to be reported to the insurance carrier in the policy period the incident occurred or there will be no coverage.

2.4.13 Student Malpractice Liability – Claims Made Policy

Covers malpractice claims against students and their University supervisor while completing required internship programs in the following departments: Pharmacy, Psychology, Behavior Analysts, Athletic Trainers, Music Therapy, Speech-Language Pathology, Physical Therapy, Adult Asthma Management Clinic, Chronic Fatigue Lab, Human Physiology Lab, Clinician in Sports Science & Dental Students.

Deductible: $10,000

Exclusions:
Medical Doctors and those departments that provide medical services not reported to the carrier.
2.4.14 Business Travel Accident – Occurrence Policy

Provides accidental death and dismemberment benefits worldwide while students, faculty, staff, and alumni are traveling on University sponsored trips.

Deductible: None

2.4.15 Intercollegiate Sports 180 days to notify insurer of a claim

Provides accidental death and dismemberment benefits worldwide for injuries caused during the following sports programs: MEN: Baseball, Basketball, Golf, Swimming, Tennis, volleyball, Water Polo, Cheerleaders, Band, Student Trainers, Team Manager & Assistants. WOMEN: Basketball, Cross Country, Field Hockey, Soccer, Softball, Swimming, Tennis, Volleyball, Water Polo, Cheerleaders, Pom-Pom Girls, Band, Student Trainers, Team Manager & Assistants. Also covered are summer “off-season” SUPERVISED practice sessions for ICA participants.

Deductible: $90,000 per person per claim

2.4.16 Legal Malpractice Liability – McGeorge School of Law

Not managed by Risk Management

2.4.17 Fiduciary Liability – Claims Made Policy

Pays on behalf of the insured, legal liability arising from claims for alleged failure to prudently act within the meaning of the Pension Plan Reform Act of 1974. “Insured” is variously defined as a trust or employee benefit plan, any trustee, officer or employee of the trust or employee of the benefit plan, employer who is the sole sponsor of a plan and any other individual or organization designated as a fiduciary.

Deductible: $10,000

2.4.18 Privacy/Network Security (Includes Crisis Management Coverage) – Claims Made Policy

Pays for claims arising out of a privacy breach or a breach of privacy regulations, claims brought by employees arising out of a privacy breach or a breach of privacy regulations, actions taken by regulators, any sanction fines and penalties imposed for breach of privacy regulations, costs for public relations efforts necessary to mitigate reputational damage following a privacy breach, crisis management and customer notification expenses when Pacific reasonably considers that action is needed in order to avert or mitigate any material damage to Pacific’s brands that constitutes a newsworthy event and a public relations consultancy is needed.

Deductible: $150,000
3. Replacement Cost

3.1 Amount Paid by Insurance

3.2.1 When a loss occurs, the Pacific insurance may pay to replace the stolen property on a covered loss. Replacement will be based on the cost to replace with like kind and quality based on current market prices.

3.2.2 If not a covered cause of loss, department may have to pay for any replacement of damaged or stolen equipment.

3.2 Disclaimer

This procedure is not an insurance document in that stated values, inclusions, exclusions and actual coverage for any event must be applied against an actual insurance party. This procedure is not a contract and is only a document for generalized information and how to process a claim for Pacific. Please contact Risk Management for questions on actual insurance coverage that exists for Pacific.

4. Definitions

**Claims Made policy:** Type of insurance policy which pays only those claims that occur and are filed during the period covered by the policy.

**Exclusion:** In general terms an event, peril or other restriction or elimination on coverage. See policy for exclusions. Not all policies have the same exclusion.

**Occurrence Policy:** Type of insurance policy which pays only those claims that occur during the period covered by the policy. Coverage may apply if claim reported outside policy period.

5. Attachments

5.1 ATTACHMENT A: Personal Injury or Property Damage

5.2 ATTACHMENT B: Loss or Damage to pacific Property

5.3 ATTACHMENT C: Automobile/equipment accident report
ATTACHMENT A

NOTICE OF CLAIM
PERSONAL INJURY OR PROPERTY DAMAGE
LAST REVISED: 07/23/2010

This notice should be completed as soon as practical after the occurrence. If it is not completed within ninety (90) days of the occurrence, the claim may be denied based on improper notice. The completed form must be submitted to:

University of the Pacific
Risk Management
3601 Pacific Avenue
Stockton, CA 95211

Full Name: _________________________________________

Phone Number(s): ___________________________________

Mailing Address (City, State, Zip Code): ________________________________

Amount of claim against the Pacific (if known): $ _________

Describe WHERE, WHEN, and HOW the damages or injury occurred and why you feel the Pacific is responsible for your loss. Include names of all persons involved and any witnesses, including their addresses and telephone numbers.

Date of Occurrence:___________________               Approximate Time: __________________

Location of the Occurrence:_______________________________________________

Description of the Occurrence:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

All of the statements made in this claim are true and correct to the best of my knowledge.

___________________________________________________________
Signature of Claimant(s)/Date
ATTACHMENT B

NOTICE OF CLAIM
Loss or Damage to Pacific Property
Last Revised: 07/23/2010

Departments must report loss of Pacific property due to theft, vandalism, fire, windstorm, hail, or other accidental loss to Risk Management, 3601 Pacific Avenue. This report should be completed as soon as practical after the occurrence. Please attach:

- a copy of the police report, if applicable;
- a copy of the purchase document as proof of ownership, purchase, and value; and
- an estimate of the loss, listing the vendor and replacement or repair cost of each item.

Automobile accidents are reported on ATTACHMENT C, "Casualty and Liability Insurance and Claims."

Description of the event causing the loss:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Department Incurring Loss: __________________________ Department Code: ___________

Contact Person____________________________________ Phone #____________________

Department Account Number for Insurance Recovery: ________________________________

Date of Occurrence: _____________________ Approximate Time: ______________________

Location of Loss/Building/Room: _________________________________________________

Description of the Property Lost or Damaged/PACIFIC Inventory Number (If Applicable)
____________________________________________________________________________

Serial Number/Value/Repair Cost: ________________________________________________

If the equipment or property lost is NOT repairable and is valued at $1,000.00 or more, a copy of this report must be sent to Plant Fund Accounting along with a copy of the police report.
NOTICE OF CLAIM
Automobile/Equipment Accident Report
Last Revised: 07/23/2010

Departments must report loss of Pacific property due to an automobile or motorized equipment (similar to a motorized vehicle) accident to the Department of Risk Management, 3601 Pacific Avenue, as soon as practical after the occurrence. Complete both sides of this form and attach:

- a copy of the police report, if applicable;
- a copy of the purchase document as proof of ownership, purchase, and value; and
- an estimate of the loss, listing the vendor and replacement or repair cost of each item.

Automobile accidents must also be reported to the Campus Public Safety.

Police Report Filed: Yes ______ No____ If yes, indicate agency (i.e. Public Safety, SPD, other) ____________________________________________

Department: ____________________________ Organization Code: ____________

Pacific Automobile Information:

Name of Driver: __________________________

Work & Home Phone Number(s): ____________________________

SSN: _________________ Driver's License #/State: ____________________________

Vehicle #___________ License Plate #____________ Year ____ Make ______ Model_______

Serial # _______________

Date & Time of Accident: ____________________________

Location of Accident: __________________________________________

Location of Damage on Vehicle: ______________________ Can Vehicle Be Driven: Yes___ No___

Citations Issued (for what?) ____________________________

Names of All Passengers in the Vehicle (if none, write none)

____________________________________________________________________________

Names of All Injured in PACIFIC Vehicle: ____________________________

Department Account Number for Insurance Recovery: ____________________________
Pacific Driver’s Account of Accident: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Other Party:

Name of Other Driver, Property Owner, or Pedestrian__________________________________________

Drivers License #/State _________________________________________________________________

Address/City/State/Zip____________________________________________________________________

Daytime Phone # _______________ Nighttime Phone # ______________

License Plate # _________Year ____ Make _______Model ________

Location of Damage on Vehicle _________________Can Vehicle Be Driven: Yes___ No___

Citations Issued (for what) _____________________________________________________________

Insurance Company/Policy Number _______________________________________________________

Names of All Passengers in the Vehicle (if none, write none)

Names, Addresses, and Phone Numbers of All Those Injured in Other Vehicle

Other Party’s Account of Accident: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________