Standard Operating Procedure (SOP)
Insurance Claims

SOP No. AS-0017  Revision: 01
Department: Administrative Support  Date: 3-17-16
Dept. Head Approval: 3-17-16
Director Approval: 3-17-16

Purpose
To establish guidelines for Facilities Management Administration staff for filing Property Insurance Claims.

Responsibility

1. The following people are responsible for following this SOP:
   1A. All Facilities Management Employees.

Definitions

1. TMA: Facilities Management’s computer maintenance management system/work order system.
2. EBO: Expert Business Office.
3. Risk Management: Administers all WVU insurance claims.
4. WC: Facilities Management Work Control

Procedure

1. Request is submitted to Work Control (WC) for repairs to WVU property.
2. Individual work orders are made for the appropriate trades.
3. Pictures are taken of all damage and are submitted to WC. WC will file hardcopies, scan link information to the project record in TMA, and forward the photos to Risk Management.
4. WC to add project information to Insurance report that is sent to Risk Management on a monthly basis where all information is tracked and kept up to date until completion.
5. Operations Managers and Associate and Assistant Directors determine if damages are going to be an insurance claim (deductible > $2,500.00). (If
6. Risk Management provides the completed State of WV Insurance Loss Notice form. This is reviewed and signed by the Operations Manager or Associate/Assistant Director, and the signed copy is sent to WC and Risk Management. WC will file hard copies, and scans and links this information to the Project record.

7. The immediate Supervisor responsible for the repair must notify WC that an insurance claim will be needed and is also provided with any additional detailed information. WC creates a project in TMA.

6. Risk Management, FM Director, and Associate/Assistant Directors are notified of TMA project number, and a Project Manager / Operations Manager is established.

7. Initial and future work orders are linked to the project.

8. Project Manager/Operations Managers send quotes and cost estimates to WC. WC will file hard copies, scan and link information to the project record, and forward it to Risk Management.

9. Once repairs are made and WC is notified of completion, copies of all completed work orders, TMA purchases, and the project record are sent to Risk Management by WC.

10. Project status is updated in TMA to “Awaiting Insurance Payment.”

11. Notification of insurance reimbursement deposit is received from the EBO.

12. Project status is updated in TMA as “Insurance Check Deposited.”

13. Project is completed in TMA.

14. Process is complete.
Insurance Claims

Request is submitted for repairs to university property.

Individual work orders are made for appropriate trades.

Pictures are taken of damage and submitted to FM Work Control. Work Control will file hard copies, scan and link them to the project record, and forward to Risk Management.

Operations Managers / Associate & Assistant Directors determine if damages are going to be an insurance claim deductible > $2,500.00. (If the project is not > than $2,500.00, the project is completed and billed from the Minor Repair account.)

Insurance Loss Notice - State of WV worksheet (See attached) is reviewed and signed by Operations Managers or Associate/Assistant Director. Work Control forwards signed copy to Risk Management.

The immediate Supervisor must notify Work Control that an insurance claim is needed and is also provided with any additional detailed request information, and a project is created in TMA.

Risk Management, FM Director, and Associate/Assistant Directors are notified of project number, and an FM contact is established.

Initial and future work orders are linked to the project.

Project Manager/Operation Manager will send quotes and cost estimates to Work Control. WC will file hard copies, scan and link information to the project record, and forward information to Risk Management.

Once repairs are made and Work Control is notified of completion, copies of all completed work orders, TMA purchases, and the project records, are sent to Risk Management by Work Control.

Project status is updated in TMA to "Awaiting Insurance Payment."

Notification of insurance reimbursement deposit is received from EBO Department.

Project status is updated in TMA to "Insurance Check Deposited."

Project is completed in TMA.

Process is complete.
**INSURANCE LOSS NOTICE - State of West Virginia**

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

1. **Insured Name:** __________________________  **Insured Acct. # (required)** 0176
   **Insured Address:** __________________________
   **Insured Phone Number (day):** __________________________
   **Contact Person:** __________________________  **Position with Insured:** __________________________  
   **For insured:** __________________________  **(Contact Person)**

2. **Date of Loss:** __________________________  **Time of Day:** __________________________
   **Location of Occurrence:** __________________________  
   **Description of Occurrence:** __________________________
   **Investigated By:** __________________________  **(Police, Fire, etc.)**

3. **Injured/Property Damaged**  
   **Use additional sheet(s) as necessary**
   **Name (injured/owner)** __________________________  **Home Phone #:** __________________________
   **Address:** __________________________  **Work Phone #:** __________________________
   **Age ____ Sex ____ Social Security #:______ Occupation:** __________________________
   **Employer:** __________________________  **Where is Property Now?** __________________________
   **Description-Injury:** __________________________
   **Description-Property Damage:** __________________________  **Estimate Amt. $** __________________________
   **Witnesses:** __________________________

4. **Auto Losses Only**  
   **Use additional sheet(s) as necessary**
   **Insured Vehicle**  
   **Year ____ Make ____ Model:** __________________________
   **VIN:** __________________________
   **Vehicle Driver:** __________________________
   **Vehicle Owner:** __________________________
   **Passengers:** __________________________
   **Claimant Vehicle**  
   **Year ____ Make ____ Model:** __________________________
   **VIN:** __________________________
   **Vehicle Driver:** __________________________
   **Vehicle Owner:** __________________________
   **Passengers:** __________________________

5. **Insured Property Losses Only:**  
   **Loss Type**  
   [ ] Fire  [ ] Windstorm  [ ] Burglary & Theft  [ ] Boiler & Machinery  [ ] Fidelity  
   [ ] Vehicle  [ ] Aircraft  [ ] Other

**SUBMITTED BY:** __________________________  **DATE:** __________________________

West Virginia Board of Risk & Insurance Management  
* 90 MacCorkle Ave., S.W. Suite 203, So. Charleston, WV 25303  
(304) 766-2646  *  (800) 345-4669  *  fax (304) 744-7120