



LAKE COUNTY
BOARD OF COUNTY COMMISSIONERS
County Procedure

Title: Property & Liability Program

Number: ES-5.02.02

Approved: July 13, 2009

Originator: Office of Employee Services
& Quality Improvement

Review: July 13, 2014

I. PURPOSE AND SCOPE

The purpose of this document is to provide procedures for reporting property damage and liabilities.

II. REFERENCES

- A. Replaces Property & Liability Program (ES-5.02.02) approved January 6, 2009.
- B. Chapter 768.28, Florida Statutes, Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.
- C. Workers' Compensation and Property & Liability Policy (LCC-71)
- D. Workers' Compensation Program (ES-5.02.01)
- E. Workers' Compensation and Property & Liability Claims Settlement Policy (LCC-72)
- F. Workers' Compensation and Property & Liability Claims Committee (ES-5.03.01)

III. APPLICABILITY

This procedure applies to all employees of Lake County Board of County Commissioners (BCC) and employees from other Lake County agencies covered by the County's Property & Liability Program.

IV. PROCEDURES

During a Property & Liability claim, it is important that the manager/supervisor, employee and the Third Party Administrator communicate with one another to ensure that all

information is obtained concerning the claim. The Office of Employee Services and Quality Improvement (Employee Services) is always available to answer questions or provide guidance concerning Property & Liability policies and procedures.

A. Responsibilities

1. Employee - All Lake County employees are required to immediately report to their Supervisor any incidents involving damage to Lake County property. The employee must not admit liability or offer a settlement in situations when damage is made to citizen(s) property.
2. Management/Supervisory - Supervisors will immediately complete the property damage reports for incidents involving damage to Lake County or citizens' property. The supervisor is responsible for ensuring that all reports are completed, collected, and submitted as a complete packet to the Office of Employee Services immediately following an incident. (*See Section F*)
3. Service Providers - The Third Party Administrator (TPA) will gather information, communicate with claimants, obtain statements, and when necessary, negotiate settlements.
4. Employee Services will contact the Third Party Administrator concerning property & liability claims, coordinate meetings and actions of the Worker's Compensation and Property & Liability Claims Committee, and advocate the County's position regarding settlement of claims.

B. Damage to County Property

1. Supervisors must report any damage to County property to Employee Services immediately following an incident or as soon as possible after the damage has been discovered utilizing the property damage forms. The forms must include information on the year, make, model, and County property item number. A photo of the damaged item should also be provided. (*See Section F*)
2. Any incident involving vehicle damage, theft, disappearance, vandalism or "hit and run" must also be reported immediately to the appropriate law enforcement authority.
3. If County property damage is under \$1,000, the repair payments will be the responsibility of the Department that had custody of the equipment at the time of the incident. It is recommended that the Department obtain at least two (2) estimates for repair.
4. If County property damage is over \$1,000, the repair payments will be the responsibility of Employee Services and TPA.

5. Employee Services will act as the liaison between the supervisor and the TPA, to obtain the necessary information, provide contact information for appraisals, provide explanations and advocate the County's position on any settlement recommended by the TPA.

C. Damage to County Vehicles

All accidents involving damage to County vehicles shall be reported to Employee Services immediately following an incident. The Supervisor will forward the completed Lake County Property Damage forms and a copy of the local authorities' investigation report from the accident scene, if applicable, to Employee Services. The supervisor should take pictures of the vehicle damage and the accident scene and forward them to Employee Services, along with any documents and reports.

1. Local Authorities' Accident Report

- a. County at fault - If the appropriate law enforcement authority's accident report from the scene of the accident indicates that the County vehicle driver was at fault, the supervisor will require the employee driver to submit to a drug and alcohol test at a Lake County authorized Healthcare Provider immediately following the local authorities' completed investigation. The supervisor will escort the employee to the testing facility. If the County driver is at fault, Employee Services will conduct an investigation to gather more information and make recommendations for preventing future accidents and possible corrective action towards employee involved.
 - b. Driver at fault - If the local authorities' accident report from the scene of the accident indicates that the other vehicle driver is at fault, the County driver will obtain the other driver's insurance company information. Employee Services will contact the driver at fault's insurance company for claim reporting, appraisal, and payment procedures.
2. If the preliminary estimate of the County vehicle damage is over \$1000, estimates shall be obtained from two (2) local repair shops and submitted to Employee Services. Employee Services will advise the supervisor to schedule repairs at an approved facility. Once the repairs are complete, Employee Services or the TPA will process the payment.
 3. When necessary, Employee Services will report the claim to the TPA and the TPA will contact a property damage appraiser to assess the amount of damage. The vehicle will be repaired at a repair shop according to the appraised estimate and the TPA will process payment directly to the repair shop or the claimant.

D. Personal Vehicles

1. Employees who choose to drive their personal vehicle on County business will be required to report any claims for their personal vehicle to their personal insurance. The employee's personal insurance shall cover damages for his/her personal vehicle. The County will not reimburse employees for deductibles on insurance policies.
2. If a personal vehicle is to be used for County business, the employee shall:
 - a. maintain auto insurance in accordance with Florida state law,
 - b. provide proof of insurance to Employee Services upon request,
 - c. maintain the vehicle in safe operating condition.
3. Motorcycles may not be used for County business.
4. County logos shall not be applied to personal vehicles.

E. Injury and/or Property Damage to a Citizen

Supervisor must notify Employee Services immediately following an injury and/or property damage to a citizen.

1. Citizens' injuries or property damage at a County facility

The supervisor must report the incident immediately to Employee Services. The Citizen Property Damage & Injury Report form (*See Attachment 3*) must be completed by the supervisor. The supervisor is responsible for ensuring that all appropriate reports are completed, collected, and submitted to Employee Services immediately following an incident. (*See Section F*)

2. Citizen's injury, vehicle or other property damage claims

Employee Services will investigate the incident and decide whether the claim should be accepted, denied and/or sent to the TPA for further investigation. If a claim is to be denied, a denial letter will be sent to the claimant. If it is determined that the County has responsibility for the damage, the TPA will assign an appraiser to assess the damage. Employee Services and/or the TPA will request settlement authority from the County.

3. Citizen's vehicle damaged by a County road defect

Employee Services will investigate a report from a citizen claiming damage to personal vehicle caused by a Lake County road defect.

- a. Employee Services will obtain details of damage from citizen (and witness/es if available) and complete the Potholes and Other Road Hazards Report form (*See Attachment 6*).
- b. Employee Services will contact the Public Works Road Operations department and provide information on the road defect. This information will include location, direction citizen traveling, distance from edge of road, dimensions, etc. Employee Services will request maintenance records, if any, on the pothole and/or other road defect. If the maintenance record for road defect will include the location and when the repair was completed. The Public Works Road Operations Department/Division will also provide information if there are no previous complaints of the road defect. The Public Works Road Operations Department/Division are to respond with the information on the road defect as soon as possible.
- c. If there are no previous complaints or if Public Works Road Operations have repaired a pothole and/or other road hazards within 72 hours of receiving notification of the road defect, Employee Services will forward a Denial Letter, if applicable to the citizen.

F. County Property Damage caused by Citizen or Private Entity

1. If post-incident investigation indicates that damage to Lake County property was caused by a citizen or private entity (such as County guardrail damage from a vehicle accident), Employee Services will contact the citizen to obtain insurance contact information and contact the citizen's insurance company for payment.
2. If the citizen is uninsured, uncooperative or unreachable, the County and/or the TPA will attempt to recover costs for the County property damage. If the costs are not recovered, payment will be processed by the County and/or TPA from the County's insurance fund.

G. Property & Liability Reports

Property & Liability reports can be obtained from the Lake County intranet, either through the "Forms" Quick Link or by going to the Employee Services Property & Liability webpage through the intranet or the internet.

Supervisors are responsible for ensuring that all appropriate reports are completed, collected, and submitted to Employee Services immediately following an incident.

1. Supervisor is responsible to insure that the following respective Lake County reports are immediately completed after incidents involving damage to County property, including buildings, vehicles and equipment.

- a. Required: Lake County Property Damage – Supervisor Investigation
(Attachment 1)
 - b. Required: Lake County Property Damage – Employee Statement
(Attachment 2)
 - c. Required if witness(s): Incident Report – Witness Statement (Attachment 3)
2. Citizen Property Damage & Injury Report (Attachment 4) – The Supervisor must complete immediately for any County incident that involves injury and/or property damage to a citizen.
 3. Lake County Property Damage - Lightning Loss Affidavit (Attachment 5)
 - a. A Certified Electrician must complete following lightning damage to County property.
 - b. The form must be notarized before forwarding it to Employee Services.
 4. Pothole and Other Road Hazards Report (Attachment 6) – Employee Services must complete following a report of a road hazard claim by a citizen.

H. Property & Liability Webpage

The Lake County Workers' Property & Liability Webpage provides specific information on the County's Property & Liability procedures and forms. To obtain this information, go to the Employee Services website through the intranet/internet, click on Property and Liability in the Related Links column.

I. Property & Liability Flow Chart

The Property & Liability Flow Chart provides quick reference information on steps to take for reporting damage to County property. (Attachment 7)

J. Workers' Compensation and Property & Liability Claims Committee

The purpose of the Workers' Compensation and Property & Liability Claims Committee is to review, approve/deny and settle Workers' Compensation, Property and/or Liability claims of \$25,000 or less, and will review and recommend for approval claims greater than \$25,000 to be presented to the Board of County Commissioners for approval. The Workers' Compensation and Property & Liability Claims Committee shall accept or give all proper releases on behalf of the County.

The Board of County Commissioners upon deeming it to be in the best interest of the program to settle a worker's compensation, property or liability claim shall have the authority to do so for claims with a value greater than \$25,000.

K. Safety Action Team

The Safety Action Team will review Property Damage reports at monthly meetings and make recommendations to reduce or eliminate future damage to County property.

L. Further Investigation

Employee Services may require more information than the Property Damage Reports provide. An investigation can be initiated if Employee Services deems it necessary because of information either contained or lacking in the reports. An Employee Services employee will conduct an investigation to gather more information and make recommendations for corrective actions.

V. **RESERVATION OF AUTHORITY**

The authority to issue or revise this Procedure is reserved to the County Manager. The County Manager may authorize exceptions to this procedure when deemed appropriate.

Approved By: Cindy Hall, County Manager
Date: 7/13/09

Attachment 1



Lake County Property Damage – Supervisor Investigation

Lake County Board of County Commissioners

Supervisor must complete this report **immediately** following property damage.

Report must include **FULL** details concerning the property damage incident

Section I – Property Damage/Conditions/Facts

Name of Employee		Department		Division		Job Title	
Date of Incident	Time of Incident	Name of Supervisor			Phone Number of Supervisor		
Name of Division Director (If Applicable)				Name of Department Director			
Specific Location of Incident				Type of damage			
Names of all Witnesses							
<p>Specifically, describe the items / property damaged in the incident. Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). Details are crucial for processing and prevention.</p>							
<p>Supervisor Investigation:</p>							

Section II – Preventative Action

<p>What preventative action will eliminate/minimize the risk of this type of incident again? What would employee do to prevent incident? Examples: Written procedure, training, equipment change, corrective actions-warning/suspension to employee, , etc.</p>
<p>Supervisor Preventative Action:</p>

Forward completed report to the Office of Employee Services & Quality Improvement , Admin. Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778. (Please attach Employee and Witness Statements, repair estimates, police reports and pictures and submit reports/forms as one packet, if possible, to Employee Services.)

Attachment 2



Lake County Property Damage – Employee Statement

Lake County Board of County Commissioners

Employee must complete this report **immediately** following the property damage.

Report must include **FULL** details concerning the injury/illness incident.

Section I – Employee Information			
Name of Employee		Phone Number	E-mail
Department		Division	Job Title
Date	Time	Injury or Illness Report Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Supervisor
Specific Location of Incident		Type of Damage	
Names of all Witnesses			

Section II – Conditions/Facts

Specifically, describe the items / property damaged in the incident. Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). Details are crucial for processing and prevention.

Employee Statement:

Forward completed report to the Office of Employee Services & Quality Improvement, Admin. Building, Rm. 430 /
 315 W. Main St., Tavares, FL 32778.



Incident Report – Witness Statement

Lake County Board of County Commissioners

(This form can be used for workers' compensation and/or property and liability situations.)

Witness must complete this report **immediately** following the incident.

Report must include **FULL** details concerning the incident.

Section I – Witness Information		
Name of Witness	Department of Witness	Phone Number of Witness
Section II – Conditions/Facts		
Name of Employee involved in the Incident		Supervisor of Employee involved in the Incident
Date of Incident	Time of Incident	Specific Location of Incident
<p>Specifically, describe the incident: How it occurred, what was our involvement, what was the employee doing (describe task being done), for how long, with what equipment, at what pace, conditions at the incident site (e.g., sunny, slippery, indoors, etc.) Identify possible causes/factors that may have contributed to the incident (e.g., unsafe act, equipment, use of personal protective equipment, etc.) Details are crucial for processing and prevention. <i>(If completing form by hand, please feel free to continue statement on back or attach additional sheets allowing ample room for explanation.)</i></p>		
<p>Witness Statement: <input type="text"/></p>		

Forward report to the Office of Employee Services & Quality Improvement, Admin. Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778.

Attachment 4



Citizen Property Damage & Injury Report

Lake County Board of County Commissioners

This report must be completed **immediately** following the damage or injury.

Report must include **FULL** details concerning the incident

Section I - Property Damage / Injuries / Facts				
Name of Citizen		Address of Citizen		Phone Number of Citizen
Name of Employee		Department	Division	Job Title
Date of Incident	Time of Incident	Name of Supervisor		Phone Number of Supervisor
Name of Division Director (If Applicable)			Name of Department Director	
Specific Location of Incident			Type of Incident (Property Damage and/or Injury)	
Officials called to the Scene (Police, Fire, EMS)				
Names & Phone Numbers of all Witnesses				
Section II – Condition/Facts				
Specifically describe the property damaged or injury in the incident. Describe the task being done and conditions at the site. (For example, sunny, wet surface, indoors, etc. For Property Damage - include manufacturers, serial numbers and costs (if known), extent of damage and events that led to the damage. For Injuries - describe the extent of the injury and the events that led to the injury. Details are crucial for processing and prevention of future incidents.				
Statement:				

Forward completed reports to the Office of Employee Services & Quality Improvement, Admin. Building, Rm.
 430 / 315 W. Main St, Tavares, FL 32778.

Attachment 5



Lake County Property Damage- Lightning Loss Affidavit

Lake County Board of County Commissioners

This report must be completed by a certified electrician.

Report must include FULL details concerning the lightning incident.

Date of Inspection		
Name of Inspector/Repairer		Name of Contractor
Address, State, County of Contractor		
Model Number	Serial Number	Model Year
Date of Purchase	Price	Size
Place Purchased	Owned by	Address
Date of Loss	Time of Loss	
Are damaged item(s) available for inspection?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where?		
Check one of the below:		
(a) <input type="checkbox"/> Definitely not caused by lightning.		
(b) <input type="checkbox"/> There is no evidence of lightning damage.		
(c) <input type="checkbox"/> While there is no evidence of any direct lightning strike, a power surge caused indirectly by lightning, damaged the items listed. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.		
(d) <input type="checkbox"/> There is no doubt lightning caused this loss. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		

Inspector/Repairer's Signature

Acknowledged before me by the above named on this _____ of _____
 Day Month Year
 (Seal) Notary Public

Send original report to the Office of Employee Services & Quality Improvement, Admin.
 Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778.

Attachment 7

