

D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures (see page 2).
2. In the event of serious incidents after normal working hours, such as death or significant injury, please call the Risk Manager at (954) 438-8776 or the Risk Management Coordinator at (954) 554-5467.
3. When an incident is reported to a department director or supervisor, involving facilities for which they are responsible, all information pertinent to the incident should be submitted to Risk Management.
4. When gathering information on an incident, such efforts should be limited to the knowledge immediately available to the involved department. This means that attempts to obtain data from outside sources (i.e. discussions with a claimant or attorney or even another department) should not be conducted without the prior knowledge of Risk Management or the City Attorney's office.
5. No matter what the circumstances surrounding the incident may be, the City employee or Department is never to make an admission of liability to any of the parties involved in the incident. This judgment shall be made by the Risk Management Division.
6. All correspondence originals, particularly from injured parties, should be forwarded to Risk Management.

E. Covered Losses

1. The Risk Management Division will adjust and settle all claims against the City in accordance with Section 5.01 of the City Charter and Florida Statute 768.28.
2. Losses not reported in a timely fashion will be given a penalty factor of 1.5 for purposes of the budget history. In other words if a department sustains a \$5,000 loss which is not reported timely, the department's loss history will be charged with \$7,500 for the loss instead of \$5,000.

### NOTICE OF LIABILITY ACCIDENT

\*\*\*\*\*

**PURPOSE** To report injury (s) to person (s) who **ARE NOT** city employees. To report damage to property **NOT OWNED** by the city.

\*\*\*\*\*

DEPARTMENT:  DIVISION:

SUPERVISOR:  PHONE #:

DATE OF ACCIDENT:  TIME:  POLICE OR #

\*\*\*\*\*

SELECT ONE (X): PROPERTY DAMAGE:  INJURED PERSON (S):

NAME:  AGE:

ADDRESS:

STATE:  ZIP:  PHONE:

INJURY/PROPERTY DAMAGE:

LOCATION OF ACCIDENT:

\*\*\*\*\*

DESCRIPTION OF ACCIDENT:

\*\*\*\*\*

WITNESS:	NAME:	ADDRESS	PHONE
<input type="text"/>			

\*\*\*\*\*

DATE OF REPORT:  SUPERVISOR SIGNATURE:

## AUTOMOBILE LIABILITY PROGRAM

### A. Purpose

This program provides protection for the City and its employees for claims made against the City by members of the public arising out of bodily injury or property damage caused by or alleged to have been caused by a City vehicle.

### B. Examples

1. A City vehicle strikes another vehicle.
2. A City vehicle strikes a private dwelling.
3. An object falls off the truck and strikes a vehicle or pedestrian.

### C. Reporting Procedures

1. Notification of such incidents should be provided to the Risk Management Division immediately. Incidents occurring after normal working hours should be reported by voicemail to (954) 828-5177 or by e-mail to [riskmanagement2@fortlauderdale.gov](mailto:riskmanagement2@fortlauderdale.gov).
2. The initial verbal notification to Risk Management should contain:
  - a. Name, address and telephone number of claimant.
  - b. Location of incident.
  - c. Description of incident.
  - d. Witnesses' name, address and telephone number.
3. All reports of such incidents to Risk Management should be accomplished via Form RM-FIN109 - Notice of Automobile Accident/Incident (see page 9).
4. The Police Department will use official department reports in place of Form RM-FIN109.
5. The Fire Rescue Department will use official department reporting Form FR00047 (see page 10) in place of Form FM-FIN109.
6. Written reports should be submitted by the operator of the City vehicle within 24 hours.
7. See PSM 6.12.1.1 at <http://lauderlink/lauderlink/psm.htm>

D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures (see page 5).
2. Departments should impress on all drivers that after an incident the operator should make every effort to obtain the names, addresses, and telephone numbers of witnesses, as many times they leave the scene before police arrive.
3. In the event of serious incidents after normal working hours, such as death or significant injury, please call the Risk Manager at (954) 438-8776 or the Risk Management Coordinator at (954) 554-5467.
4. If the incident causes an injury to a City employee, a "Notice of Injury" report must also be completed (see page 19).

E. Important Responsibilities of Employees

1. A City vehicle involved in an incident should not be moved until so directed by the Police Department when they respond to the scene. If the damaged vehicle is obstructing traffic, the driver is obligated under Florida law to move the vehicle and allow for the regular flow of traffic. This should be accomplished if a greater hazard is being created, but only after photographs are taken for documentation. Also, if you have traffic cones, flags, barricades, etc., or have an emergency beacon on your vehicle, you are required to use these to help identify the incident scene.
2. The incident must be reported to the Fort Lauderdale Police Department immediately. Fort Lauderdale Police will dispatch an accident investigation unit to take pertinent photographs and prepare a traffic complaint. If the incident location is outside the corporate limits of the City of Fort Lauderdale, our Police personnel will notify the appropriate police jurisdiction to investigate.
3. Employees involved in an incident have the responsibility of obtaining the name, address, and telephone number of all parties involved, including witnesses, regardless of the subsequent investigative reports compiled by local law enforcement authorities.
4. The department director or supervisor for the division to which the vehicle belongs must be notified by telephone or radio immediately. The department director or supervisor will then notify Risk Management.
5. No matter what the circumstances surrounding the incident may be, the City employee is never to make an admission of liability to any of the parties involved in the incident. This judgment shall be made by the Risk Management Division.
6. Every City vehicle involved in an incident is to be taken to the City garage for evaluation of damages, whether or not any damage is visible.

F. Use of City Vehicles Off-Duty

1. Employees authorized to use City vehicles off-duty are at their own expense/liability when operating the vehicle off-duty and not within the course and scope of employment. Florida case law has deemed traveling to and from work not to be in the course and scope of employment.
2. Employees authorized to use City vehicles off-duty are responsible for purchasing and maintaining insurance for liability associated with the use of the City vehicle, in an amount sufficient to protect themselves and their families from the risk of using the City vehicle while off-duty and not within the course and scope of employment.
3. In the event of any off-duty incident involving a City vehicle, the operator will contact the Risk Management Division the next business day to provide personal insurance information.
4. See PSM 8.1.3.2 at <http://lauderlink/lauderlink/psm.htm>

G. Use of Personal Vehicles on City Business

1. Employees must have prior authorization to use personal vehicles on City business and shall carry liability insurance on any vehicles so used in addition to any other insurance coverage required by State law.
2. Personal vehicles used on City business shall be in good mechanical condition.
3. When using a personal vehicle on City business during any portion of a normal or overtime working day, City employees shall adhere to all rules pertaining to the use of City vehicles.
4. Any accidents occurring while a personal vehicle is being used on City business shall be reported to the employee's insurance carrier in addition to adhering to the procedures prescribed for accidents involving City vehicles.
5. The City will reimburse collision/comprehensive damages sustained on City business not paid for by a liable party and/or employee's insurance carrier up to a maximum of \$200 per occurrence, provided that the accident was not the employee's fault. All such claims will be submitted to the Risk Management Division for processing.
6. See PSM 8.1.1.3 at <http://lauderlink/lauderlink/psm.htm>

H. Covered Losses

1. The Risk Management Division will adjust and settle all claims against the City in accordance with Section 5.01 of the City Charter and Florida Statute 768.28.
2. Losses not reported in a timely fashion will be given a penalty factor of 1.5 for purposes of the budget history. In other words if a department sustains a \$5,000 loss which is not reported timely, the department's loss history will be charged with \$7,500 for the loss instead of \$5,000.

### NOTICE OF AUTOMOBILE ACCIDENT/INCIDENT

\*\*\*\*\*  
PURPOSE: TO REPORT ANY TYPE OF DAMAGE TO CITY VEHICLES  
\*\*\*\*\*

DEPARTMENT  DIVISION

CITY DRIVER  EMPLOYEE #

SUPERVISOR  PHONE #

DATE OF ACCIDENT  TIME OF ACCIDENT  POLICE OR #

#### CITY VEHICLE

YEAR  MAKE  VEH #  TAG #

DRIVER INJURED? YES  NO  UNK  PASSENGER (S) ? YES  NO  UNK

PASSENGER (S) NAME

CITY VEHICLE DAMAGE (list involved areas that apply)

#### OTHER VEHICLE/PROPERTY (IF ANY)

OWNER  DRIVER

ADDRESS (owner)

ADDRESS (driver)

PHONE # (home)  WORK

DRIVER INJURED? YES  NO  UNK  PASSENGER (S) ? YES  NO  UNK

VEHICLE/PROPERTY

DAMAGE (describe)

Diagram Accident/Incident on back of page

# FORT LAUDERDALE FIRE-RESCUE

## Notice of Vehicle Accident, Incident or Liability Accident

### City Employee Information (Required):

Department: Division: Unit #: Vehicle #:

City Driver: Employee ID#

Supervisor: Phone #: INC #:

Date/Time of Incident: Signature: \_\_\_\_\_

Incident Location:

Description of Incident:

---

### City Vehicle Information (Required):

Make: Year: VIN #: Tag:

Driver Injured: Yes  No  Unknown  Passenger Injured: Yes  No  Unknown

Passenger(s) Name:

City Vehicle Damaged: Doors  Wide  Windshield  Lft Rear  Rt Rear  Lft Front  Rt Front  Other

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### Other Vehicle or Property (if any):

Owner: Phone (work/home):

Address (Owner):

Address (Driver):

Vehicle Damaged: Make: Year: VIN #:

Tag #: Damage:

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### Other Persons/Non-City Employees (if any)

Name: Phone (work/home):

Address:

Area of Injury:

Description of Injury:

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### Witnesses (if any); Please list name, phone number and address, if available.

Witness:

Witness:

Witness:

---

### Reviewer Signatures (required):

Employee (include rank): \_\_\_\_\_ Date: \_\_

\_\_\_\_\_



## VEHICLE COLLISION AND COMPREHENSIVE

### A. Purpose

This program provides for the repair of damages to City vehicles arising out of automobile incidents and vandalism.

### B. Examples

1. City vehicle is backed into a pole.
2. Unknown persons stole the battery from City vehicle.
3. City vehicle's windshield broken by flying rock.
4. Other person backed into a parked City vehicle.

### C. Reporting Procedures

1. All reports of such losses to Risk Management should be accomplished via Form RM-FIN109 - Notice of Automobile Accident/Incident (see page 9).
2. The Police and Fire Rescue Departments will follow Auto Liability Program, Section C - Reporting Procedures, Part 4 or 5 (see page 5).
3. Written reports should be submitted to Risk Management, no matter how minor the damage, within 24 hours.
4. See PSM 6.12.1.1 at <http://lauderlink/lauderlink/psm.htm>

### D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures.
2. Obtain name, address, and telephone numbers of all parties involved, including witnesses.
3. If the incident causes an injury to a City employee, a "Notice of Injury" report must also be completed (see page 19).

### E. Important Responsibilities of Employees

1. Collision
  - a. If the incident involves another vehicle, the City vehicle is not to be moved unless it is obstructing traffic.
  - b. Use traffic cones, flashers, etc. (if available), to identify accident scene.

- c. Report the incident to the Fort Lauderdale Police Department immediately. If not in their jurisdiction, they will notify the appropriate police department to respond and investigate.
  - d. Notify your immediate supervisor or department director, by telephone, immediately.
  - e. Obtain names addresses, and telephone numbers of all parties involved; do not rely only on police investigators.
  - f. If the incident does not involve another vehicle and there are no injuries, follow Reporting Procedures (see page 11).
2. Comprehensive
- a. If theft of vehicle, or parts from vehicle, or vehicle is damaged by fire, follow steps (a) through (e).
  - b. If damage is vandalism (i.e. broken windshield, scratched paint), follow Reporting Procedures (see page 11).
3. Every City vehicle involved in an incident is to be taken to the City garage for evaluation of damages, whether or not any damage is visible.

F. Covered Losses

- 1. The Risk Management Division will adjust and settle all claims against the City in accordance with Section 5.01 of the City Charter and Florida Statute 768.28.
- 2. The City's "Self-Insured Fund" will only pay for repairs to City vehicles that are damaged due to covered collision and comprehensive claims, as defined by insurance standards.
- 3. Departments are responsible for any repairs which are deemed to have been caused by "abuse" or "wear and tear" to the vehicle.
- 4. The Risk Management Division will adjust and reimburse all departments for losses in excess of \$500 if the vehicle damage has not been previously reported to Risk Management.
- 5. Losses not reported in a timely fashion will be given a penalty factor of 1.5 for purposes of the budget history. In other words if a department sustains a \$5,000 loss which is not reported timely, the department's loss history will be charged with \$7,500 for the loss instead of \$5,000.

## SAFE DRIVER AWARD PROGRAM

### A. Purpose

The City of Fort Lauderdale recognizes that the safe operation of City vehicles is an important part of the overall safety program and for controlling loss costs. The safe driver award program is designed to promote and reward safe driving behavior in the operation of City vehicles by employees.

### B. Eligibility

1. Departments will submit a list of all new eligible City drivers to the Risk Management Division each fiscal year.
2. Drivers: Must be assigned to drive City vehicles as a routine part of their work duties at least nine (9) months each fiscal year to qualify for the program.
3. Heavy Equipment Operators: Must operate equipment as a routine part of their work duties at least nine (9) months each fiscal year to qualify for the program.
4. Fire Department Driver/Engineers: Qualify by definition of their work duties at least nine (9) months each fiscal year.
5. Sworn Police Officers: No longer participate in the program, per union contract.

### C. Monitoring

Each January, the departments will submit to the Risk Management Division a list of all new eligible City drivers from the previous fiscal year. The submitting departments are responsible for certifying that all employees on the list meet the eligibility requirements, and have been actively driving at least nine (9) months during the fiscal year in the indicated Position and/or Divisions.

### D. Accident Free Driving

Awards will be given for accident free driving on the basis of a fiscal year. Example: 10/1/2012 through 9/30/2013. Three types of vehicle accidents will not count against the driver's record:

1. A City vehicle that is legally parked and/or unoccupied.
2. A City vehicle that is struck while legally stopped in traffic, and within the boundary lanes of traffic.
3. Accidents that occur during City approved training exercises while under the supervision of a trainer.

E. Preventable Vehicle Accidents

Drivers will be subject to disciplinary measures in accordance with the City's policies when involved in preventable vehicle accidents. The more preventable accidents the employee is involved in, the more severe the discipline.

F. Awards

1. Eligible accident free drivers will receive an annual cash award in the form of a check from the City according to the eligibility scale of \$10 per year starting the year they entered the program.
2. If a driver has a non-preventable vehicle accident, he/she will not receive a check for that year. The accumulated years will not be lost.
3. If a driver has a preventable vehicle accident, he/she loses the accumulated years and begins again from zero (0), as when they became eligible for the program.
4. The annual cash award is contingent upon budgetary approval and is operated at the City's discretion as a voluntary award program managed by the Risk Management Division.

G. Additional Recognition

Risk Management may, at its discretion and funding approval, provide additional non-monetary awards and/or recognition for notable safe driver achievements.

Supervisors Eligible

- H. Supervisors are eligible for the awards. The time that has been logged as a driver prior to becoming a supervisor will be considered. Supervisors may not be above the rank of captain or division head.

## POLICE PROFESSIONAL LIABILITY PROGRAM

### A. Purpose

This program provides protection for the City and its law enforcement officials for claims made against the City by members of the public arising out of bodily injury, property damage, false arrest, assault, etc., caused or alleged to have been caused by police officers in the performance of their duties exclusive of automobile liability claims.

### B. Examples

1. A citizen alleges that they were assaulted by a police officer.
2. A citizen alleges that they were wrongfully arrested.
3. A citizen alleges that their property was damaged during a routine police investigation.

### C. Reporting Procedures

1. All reporting of such incidents should be accomplished via the standard "OR" reports.
2. Written reports should be submitted as soon as possible and should contain:
  - a. Name, address and telephone number of claimant.
  - b. Location of incident.
  - c. Description of incident.
  - d. Witnesses' name, address and telephone number.
3. No matter what the circumstances surrounding an incident, the City employee is never to make an admission of liability to any of the parties involved in the accident. This judgment shall be made by the Risk Management Division.
4. See PSM 6.12.1.3 at <http://lauderlink/lauderlink/psm.htm>

D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures (see page 15).
2. An "OR" report shall be submitted to Risk Management whenever there is a possibility that a claim for damages is indicated.
3. In the event of serious incidents after normal working hours, such as death or significant injury, please call the Risk Manager at (954) 438-8776 or the Risk Management Coordinator at (954) 554-5467.
4. If the incident results in an injury to a City Police Officer, a "Notice of Injury" report must also be completed (see page 19).
5. All correspondence originals, particularly from injured parties, should be forwarded to Risk Management.

E. Covered Losses

1. The Risk Management Division will adjust and settle all claims against the City in accordance with Section 5.01 of the City Charter and Florida Statute 768.28.
2. Losses not reported in a timely fashion will be given a penalty factor of 1.5 for purposes of the budget history. In other words if a department sustains a \$5,000 loss which is not reported timely, the department's loss history will be charged with \$7,500 for the loss instead of \$5,000.

## WORKERS' COMPENSATION PROGRAM

### A. Purpose

This program provides protection for the employees of the City for any injuries sustained arising out of and in the course and scope of their employment.

### B. Examples

1. Employee trips over a rock.
2. An employee is assaulted by a civilian.
3. An employee injures himself while lifting work material.

### C. Reporting Procedures

1. All reporting of such incidents should be accomplished via Form DWC-1 (see Page 19).
2. Verbal notification of such incidents should be provided to the Risk Management Division immediately should the injury employee need medical attention. Incidents occurring after normal working hours should be reported by voicemail to (954) 828-5177 or by e-mail to [riskmanagement2@fortlauderdale.gov](mailto:riskmanagement2@fortlauderdale.gov).
3. Written reports should be submitted within 24 hours.
4. See PSM 6.12.1.3 at <http://lauderlink/lauderlink/psm.htm>

### D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures.
2. Should the incident be of a serious nature, the primary duties of the department should be that the employee receives prompt and immediate medical attention (i.e. calling 911 for treatment and transportation to the nearest hospital emergency room).
3. The Notice of Injury (Form DWC-1) should be completed immediately and distributed as follows:
  - a. Page designated "Division Copy"- to Risk Management
  - b. Page designated "Carrier Copy"- to Risk Management
  - c. Page designated "Employee Copy" – to Employee
  - d. Page designated "Employer Copy" – to Departmental Files

E. Important Responsibilities of Employees

1. All work-related incidents resulting in an injury must be reported to the immediate supervisor as soon as possible.
2. All employees must use the medical facilities designated and authorized by Risk Management.
3. After normal working hours, all employees are authorized to seek prompt medical attention if required at any hospital emergency room or personal physician.
4. Call Risk Management at 954-828-5177 if you have any questions or problems.
5. See PSM 6.6.1.1 at <http://lauderlink/lauderlink/psm.htm>

F. Covered Losses

1. The Risk Management Division will adjust and settle all claims against the City in accordance with Section 5.01 of the City Charter and Florida Statute 440.
2. Any fines from the Florida Division of Workers' Compensation will be the responsibility of the department that failed to report the injury in a timely manner.
3. Losses not reported in a timely fashion will be given a penalty factor of 1.5 for purposes of the budget history. In other words if a department sustains a \$5,000 loss which is not reported timely, the department's loss history will be charged with \$7,500 for the loss instead of \$5,000.



## EMPLOYER: SEND DIVISION AND CARRIER COPIES TO YOUR INSURANCE CARRIER (NOT YOUR AGENT)

### FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPT. OF LABOR & EMPLOYMENT SECURITY  
DIVISION OF WORKERS' COMPENSATION  
For assistance call 1-800-342-1741  
or contact your local EAO Office  
Report all deaths within 24 hours (904) 488-3044

RECEIVED BY CARRIER	SENT TO DIVISION	DIVISION REC'D DATE

PLEASE PRINT OR TYPE

#### EMPLOYEE INFORMATION

NAME (First, Middle, Last)	Social Security Num <sup>er</sup>	Date of Accident (Month/Day/Year)	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS Street/Apt. #:	EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)		
TELEPHONE Area Code      Number	INJURY/ILLNESS THAT OCCURRED		
OCCUPATION DATE OF BATH	PART OF BODY AFFECTED		

#### EMPLOYER INFORMATION

COMPANY NAME: <u>City of Fort Lauderdale</u>	FEDERAL ID NUMBER (FBI N) <b>59-6000319</b>	DATE FIRST REPORTED (Month/Day/Year)
D.B.A.	NATURE OF BUSINESS	POLICYMEMBER NUMBER
Street: <u>100 N. Andrews Avenue</u>	DATE EMPLOYED	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
City: <u>Ft. Lauderdale</u> s. : FL zip: <u>33301</u>	LAST DATE EMPLOYEE WORKED	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
TELEPHONE Area Code      Number <u>954-828-5177</u>	RETURNED TO WORK IF YES, GIVE DATE <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP / /
EMPLOYER'S LOCATION ADDRESS (if different)	DATE OF DEATH (if applicable)	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO
Street: _____	AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of hours per day _____
City: _____ State: _____ Zip: _____	PLACE OF ACCIDENT (Street, City, State, Zip)	Number of hours per week _____
LOCATION (if applicable)	Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, file @ a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.	Number of days per week _____
COUNTY OF ACCIDENT:	EMPLOYEE SIGNATURE (if available to sign) _____ DATE _____	NAME ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
EMPLOYER SIGNATURE _____ DATE _____	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	

#### CARRIER INFORMATION

<input type="checkbox"/> 1. Case Denied--DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all info in #3)
<input type="checkbox"/> 3. Lost Time Case -- 1 st day of disability	Salary continued in lieu of comp? <input type="checkbox"/> YES Salary End Date / /
Date First Payment Mailed / /	AWW _____ Comp Rate _____
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T.-80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> Death	

REMARKS:

			CARRIER NAME, ADDRESS & TELEPHONE  GALLAGHER BASSER SERVICES 1551 SAWGRASS CORPORATE PARKWAY SUITE 220 SUNRISE FL 33323 (954) 846-1331 is employer self-insured? <input type="checkbox"/> YES <input type="checkbox"/> NO
CARRIER CODE *	EMPLOYEE'S RISK CLASS CODE	EMPLOYER'S SIC CODE	
SERVICE CODE/PA CODE	CARRIER FILE #		
0166			

LES Form DWC-1 (01/94)

Form RM-1-IN-1 22 Rev. 10/03

WHITE-Division, CANARY-Carrier, PINK-Employee, GOLD-Employer

## PROPERTY INSURANCE

### A. Purpose

This program provides protection for the City for losses to tangible property arising out of fire, wind, flood, explosion, riot, vandalism, etc., for all buildings and contents.

### B. Examples

1. A building is damaged or destroyed by fire.
2. A building is damaged by an automobile or truck.
3. A building is damaged by flood waters.

### C. Reporting Procedures

1. All reporting of such losses to Risk Management should be accomplished via Form RM-FIN143 Report of Damage to City Property (see page 22).
2. Verbal notification of such incidents should be provided to the Risk Management Division if the loss is expected to exceed \$1,000. Incidents occurring after normal working hours should be reported by voicemail to (954) 828-5177 or by e-mail to [riskmanagement2@fortlauderdale.gov](mailto:riskmanagement2@fortlauderdale.gov).
3. The initial verbal notification should contain:
  - a. Location of incident.
  - b. Description of loss.
  - c. Estimate of damages.

### D. Important Responsibilities of Department

1. Following the steps outlined under Reporting Procedures.
2. In the event of serious incidents after normal working hours, such as losses of \$25,000 or more, please call the Risk Manager at (954) 438-8776 or the Risk Management Coordinator at (954) 554-5467.
3. Photographs of the damages should be made.

### E. Covered Losses

1. The Risk Management Division will adjust and reimburse all departments for losses in excess of \$5,000 provided the structure damaged has been previously reported and "insured" with Risk Management.

2. New structures should be added under this program via memo to Risk Management giving the location, description and replacement cost value of the property and contents.
3. Losses will be adjusted and reimbursed to the department sustaining the loss, in the same manner, as coverage is applicable and payable under the City's property insurance policy.
4. Departments are reasonable for any damages not covered under the City's property insurance policy, such as "wear and tear" on a building.

# REPORT OF DAMAGE TO CITY PROPERTY

INSTRUCTIONS: This form must be completed in duplicates promptly and in detail when any City structure is damaged as the result of Fire, Explosion, Windstorm, Lightening, Accident, or any other cause, regardless of the circumstances or extent of damages. Both copies are to be forwarded through established supervisory channels to the second level of authority. After being properly noted, the original will be sent by the second level of authority to Risk Management. ALL CASES INVOLVING ESTIMATED DAMAGE OF \$5,000 OR MORE SHALL BE REPORTED IMMEDIATELY BY TELEPHONE TO THE RISK MANAGEMENT DIVISION, AND THIS REPORT WILL FOLLOW PROMPTLY.

---

1. Date of damage: \_\_\_\_\_ 2. Time: \_\_\_\_\_ A.M/P.M.

3. Type or kind of property damaged: \_\_\_\_\_

4. Location of damaged property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. How did damage occur? (State Whether from Fire, Windstorm, Explosion, etc.)

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---

\_\_\_\_\_  
\_\_\_\_\_

6. Nature and extent of damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Approximate loss \$ \_\_\_\_\_

8. Was the damage due to work being done by a contractor, or caused by other than City employees?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If so, explain fully, giving names and complete addresses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FIDELITY AND ROBBERY

### A. Purpose

This program provides protection for the City and its employees against claims arising out of dishonesty or robbery.

### B. Examples

1. Employee embezzles City funds.
2. Employee is robbed of City funds.
3. City property is stolen from a warehouse.

### C. Reporting Procedures

1. All reporting of these losses to Risk Management should be done via the police report.
2. A written report (i.e. memo) should accompany the police report.
3. Verbal notification of such incidents should be provided to the Risk Management Division if the loss is expected to exceed \$1,000. Incidents occurring after normal working hours should be reported by voicemail to (954) 828-5177 or by e-mail to [riskmanagement2@fortlauderdale.gov](mailto:riskmanagement2@fortlauderdale.gov).

### D. Important Responsibilities of Departments

1. Following the steps outlined under Reporting Procedures.
2. All pertinent information should be documented immediately by the supervisor or department director. Do not rely on police investigation solely.
3. In the event of serious incidents after normal working hours, such as losses of \$25,000 or more, please call the Risk Manager at (954) 438-8776 or the Risk Management Coordinator at (954) 554-5467.

### E. Covered Losses

1. The Risk Management Division will adjust and reimburse all departments for losses in excess of \$5,000 provided the incident has been previously reported to Risk Management.
2. The Risk Management Division will coordinate the investigation of losses with the City's Fidelity and Commercial Crime insurance carrier.

## CONTRACTORS' INSURANCE AND INDEMNITY REQUIREMENTS

It is possible for the City to be held legally liable to third parties for the negligence of contractors or others who perform services (i.e. construction services, maintenance services, trucking services, etc.) on behalf or for the City. In addition, the City may be held liable for Workers' Compensation benefits to an injured employee of a contractor, should the contractor fail to provide Workers' Compensation Insurance for their employees.

To protect the City's interest from these contingencies, the following requirements have been drafted by the Risk Management Division and must be followed in order to properly protect the City's interest from possible legal liabilities. **Risk Management must review all Insurance Requirements in contracts and Certificates of Insurance from contractors.**

These guidelines are extended:

1. To establish a consistent practice with regard to insurance and other matters;
2. To avoid the utilization of City insurance coverage where a contractor should be protecting the City; and
3. To provide further protection against the negligent acts of contractors and subcontractors.

### A. Insurance Requirements

1. Workers' Compensation and Employer's Liability Insurance

Limits: Workers' Compensation - Per Florida Statute 440  
Employer's Liability - \$500,000 per occurrence

Any firm performing work on behalf of the City of Fort Lauderdale must provide Worker's Compensation insurance. Exceptions and exemptions can only be made if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Workers' Compensation Division at phone number (850) 413-1601 or on the web at <http://www.myfloridacfo.com/WC/>

2. Commercial General Liability Insurance

Covering premises/operations, products/completed operations, independent contractors, and contractual liability.

Limits: Combined Single Limit Bodily Injury/Property Damage - \$1,000,000 per occurrence

This coverage must include:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors
- f. Coverage for hazards commonly referred to as “Explosion, Collapse and Underground” exclusions – Note: Only required on construction contracts.

3. Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily Injury - \$250,000 per person; \$500,000 per occurrence  
 Property Damage - \$100,00 per occurrence  
 Combined Single Limit - \$1,000,000 per occurrence

4. Professional Liability (Errors & Omissions) Insurance

Limits: \$2,000,000 per occurrence with defense costs in addition to limits

Note: Only required on contracts for consultants, advisors, professional services etc.

5. Construction Insurance (Builder’s Risk)

The Contractor, at their own cost and expense, shall provide and maintain the applicable construction insurance until the work is accepted by the City of Fort Lauderdale. Said coverage shall be written for 100% of the completed value, covering the City of Fort Lauderdale as a named insured with a deductible as provided by contract. All premiums and deductibles shall be at the expense of the Contractor.

Note: Only required on building construction contracts.

Note: Since services will be performed by a wide variety of independent contractors ranging from the one-man business to the large nationally known companies, and since the work or services to be performed will vary from non-hazardous to very hazardous, it may be possible or necessary, with the prior approval of the Risk Management Division, to reduce or increase the aforementioned limits of insurance on specific contracts.

B. Contract Requirements

The following language shall be incorporated in all contracts where feasible:

1. Hold Harmless/Indemnity Agreement

The Contractor agrees to protect, defend, indemnify and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, costs, changes or other expenses or liabilities of every kind including attorney fees in connection with or arising directly or indirectly out of the work agreed to or performed. Without limiting for foregoing, any and all such claims, suits, etc., relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The Contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at their sole expense and agrees to bear all other costs and expense related thereto.

Note: Contact the City Attorney's Office to confirm current hold harmless and indemnity agreement requirements and wording.

2. Notice of Insurance Cancellation

The City of Fort Lauderdale shall be given notice ten (10) days prior to cancellation or modification of any stipulated insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Department.

3. Insurance Company/Policy Requirements

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the Risk Management Division. Any exclusions or provisions in the insurance maintained by the Contractor that precludes coverage for the work contemplated in this contract shall be deemed unacceptable, and shall be considered a breach of contract.

4. Waiver of Subrogation

Where applicable, the insurance policies of the Contractor will be endorsed to waive all rights of subrogation against the City of Fort Lauderdale.



5. Subcontractors

Contractor shall require all of its subcontractors to provide the aforementioned coverage as well as any other coverage that the Contractor may consider necessary, and any deficiency in the coverage or policy limits of said subcontractors will be the sole responsibility of the Contractor.

C. Certificates of Insurance

The City will require an **original** Certificate of Insurance, prior to allowing any contractor to begin work on City property. Contractor shall furnish the City of Fort Lauderdale with the original Certificate of Insurance to the attention of the person initiating the contract, evidencing the following:

1. Insurance company or companies affording coverage, acceptable to the City;
2. Contractual Liability Endorsement included in the Commercial General Liability policy;
3. Naming the City of Fort Lauderdale as an additional insured on the Commercial General Liability policy;
4. The City will be given prior written notice of any cancellation or material change in any policy;
5. Effective and expiration dates of the policies; and
6. Special Endorsements where necessary;

D. Real Estate Appraisal Services Insurance Requirements

In addition to the below stated insurance requirements, appraisers must be State of Florida certified with three years of eminent domain experience.

Limits: Commercial General Liability - \$100,000 per person; \$300,000 per occurrence  
 Workers' Compensation - Per Florida Statute 440  
 Professional Liability (E&O) - \$100,000 per occurrence

E. Important Responsibilities of Departments

1. When the contract specifications are created, the above listed suggestions should be incorporated therein when appropriate.
2. All contracts, leases, concession agreements and purchase orders for services (exclusive of purchase orders for supplies) should be referred to the Risk Management Division in draft form for review at least two weeks prior to bid advertising or negotiations.

3. Upon receiving the required Certificates of Insurance, they should be forwarded to the Risk Management Division for review and approval.
4. When requesting proof of insurance on a general liability exposure, the following should apply:
  - a. All construction related activities should require that the contractor provide the City with an “Owners and Contractors Protective Liability Policy.” Example: construction of a building, sewer line, etc.
  - b. All service related activities should require that the contractor provide the City with an **original** Certificate of Insurance, including the interests of the City as an “additional insured.” Example: rug cleaning contract, repairing a leaking roof, machine, etc.
  - c. The Procurement Services Department and Risk Management Division are charged with the responsibility of monitoring the insurance certificates for competitively bid contracts; the individual departments are responsible for monitoring compliance of contractors that are performing jobs based on informal, departmental quotes/bids.
  - d. When Procurement does not have a contract with a vendor it is the individual departments’ responsibility to obtain and maintain **original, valid, or current** certificates from vendors that they use to do work on City property. All general insurance information for companies not under contract with the City must be reviewed and approved by Risk Management.
5. Depending on the work to be performed, scope, duration, etc., limits of liability and insurance requirements may be modified, as circumstances direct, by the Risk Management Division.