WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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Office of West Virginia Secretary Of State

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY:

Risk And Insurance Management

TITLE-SERIES:

115-05

RULE TYPE:

Legislative

Amendment to Existing Rule:

No

Repeal of existing rule:

Yes

RULE NAME:

115-05 Procedure for Providing Written Notification of Claims of Potential Liability to the State

or Its Employees

PRIMARY CONTACT

NAME:

West Virginia Board of Risk and Insurance Management

ADDRESS:

1124 Smith Street Suite 4300

Charleston, WV 25301

EMAIL:

maryjane.pickens@wv.gov

PHONE NUMBER:

304-766-2646

CITE STATUTORY AUTHORITY:

29-12-5

EXPLANATION OF THE STATUTORY AUTHORITY FOR THE LEGISLATIVE RULE, INCLUDING A DETAILED SUMMARY OF THE EFFECT OF EACH PROVISION OF THE LEGISLATIVE RULE WITH CITATION TO THE SPECIFIC STATUTORY PROVISION WHICH EMPOWERS THE AGENCY TO ENACT SUCH RULE PROVISION:

This legislative rule is being repealed and replaced with a parallel more appropriate procedural rule. The rule provides a fundamental procedure for the agency and for its insured to provide notice of potential claims. This legislative rule was promulgated following a decision of the W. Va. Supreme Court of Appeals, State ex rel. Billy Ray C v. Skaff, 190 W. Va., S.E.2d 847 (1993), in a mandamus action directing BRIM to create formal procedures and a form for notifying it of a potential liability claim.

In conjunction with this repeal, the agency filed a procedural rule that includes an updated Insurance Loss Notice Form and revised language to reflect modern methods of notification of potential claims. Because the procedures and form in the rule are more appropriately implemented by a procedural rule, the agency believes the legislative rule should be repealed.

IS THIS FILING SOLELY FOR THE SUNSET PROVISION REQUIREMENTS IN W. VA. CODE §29A-3-19(e)? No

IF YES, DO YOU CERTIFY THAT THE ONLY CHANGES TO THE RULE ARE THE FILING DATE, EFFECTIVE DATE AND AN EXTENSION OF THE SUNSET DATE? No

DATE eFiled FOR NOTICE OF HEARING OR PUBLIC COMMENT PERIOD:

7/9/2020

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED:

8/8/2020

COMMENTS RECEIVED:

No

(IF YES, PLEASE UPLOAD IN THE COMMENTS RECEIVED FIELD COMMENTS RECEIVED AND RESPONSES TO COMMENTS)
PUBLIC HEARING: No
(IF YES, PLEASE UPLOAD IN THE PUBLIC HEARING FIELD PERSONS WHO APPEARED AT THE HEARING(S) AND TRANSCRIPTS)

RELEVANT FEDERAL STATUTES OR REGULATIONS: No

WHAT OTHER NOTICE, INCLUDING ADVERTISING, DID YOU GIVE OF THE HEARING?

None

SUMMARY OF THE CONTENT OF THE LEGISLATIVE RULE, AND A DETAILED DESCRIPTION OF THE RULE'S PURPOSE AND ALL PROPOSED CHANGES TO THE RULE:

The legislative rule was filed following a decision of the W. Va. Supreme Court of Appeals in a mandamus action directing BRIM to create formal procedures and a form for notification of potential liability claims.

STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE RULE:

The legislative rule should be repealed because it does not implement any specific provision in Code, however, it describes a fundamental procedure for the agency and its insured to provide notification of potential damage claims. The rule is procedural in nature and promulgates an Insurance Loss Notice Form.

The repealed legislative rule will be replaced with a new procedural rule that includes modern methods of notification of potential claims which the current rule fails to consider. Adoption of a procedural rule and form content will satisfy the Courts directive.

SUMMARIZE IN A CLEAR AND CONCISE MANNER THE OVERALL ECONOMIC IMPACT OF THE PROPOSED LEGISLATIVE RULE:

Α.	ECONOMIC IMPACT	ON REVENUES OF	STATE GOVERNMENT:
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None

B. ECONOMIC IMPACT ON SPECIAL REVENUE ACCOUNTS:

None

C.	ECONOMIC IMPACT OF THE LEGISLATIVE RULE ON THE STATE OR ITS RESIDENTS:
No	ne

D. FISCAL NOTE DETAIL:

Effect of Proposal		Fiscal Year	
	2020 Increase/Decrease (use "-")	2021 Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0	0	0
Personal Services	0	0	0
Current Expenses	0	0	0
Repairs and Alterations	0	0	0
Assets	0	0	0
Other	0	0	0
2. Estimated Total Revenues	0	0	0

E. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT):

BRIM is seeking to repeal this rule. The rule was promulgated in 2000 as a Legislative rule in order to promulgate a form. The rule is more appropriate as a procedural rule. The rule also needs updating and BRIM is promulgating an updated procedural rule to replace this Legislative rule. Repealing this Legislative rule will have no immediate or long range increases or decreases in personal services, current expenses, repairs and alterations, assets, other costs and revenues.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

Misty Peal -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

TITLE 115 LEGISLATIVE RULE BOARD OF RISK AND INSURANCE MANAGEMENT

SERIES 5 PROCEDURE FOR PROVIDING WRITTEN NOTIFICATION OF CLAIMS OF POTENTIAL LIABILITY TO THE STATE OR ITS EMPLOYEES

§115 5 1. Gene	ral.
Insurance Mana; properly and pro	ope. This rule establishes a procedure for the West Virginia Board of Risk and gement to provide the applicable form(s) to insured entities in order for insured entities to emptly notify the West Virginia Board of Risk and Insurance Management of potential against State employees and/or against the State of West Virginia.
1.2. Au	thority W. Va. Code §29-12-5.
1.3. Fili	ing Date May 26, 2000.
——————————————————————————————————————	Sective Date June 1, 2000.
§115 5 2. Purp	ose.
Management car	establish a procedure whereby the West Virginia Board of Risk and Insurance in be made aware in a timely manner of any incident which may, in the future, lead to y for damages against the State of West Virginia.
§115 5 3. Defin	u itions.
——————————————————————————————————————	I in these regulations, unless used in a context that clearly requires a different meaning,
3.1. "Bo	oard" means the West Virginia Board of Risk and Insurance Management.
office of elected W. Va. Code §2	sured entity" means any agency, board, college or university, commission, department, state official, the Legislature, the Supreme Court of Appeals, municipality, as defined in 9-12A-3(b), or political subdivision, as defined in W. Va. Code §29-12A-3(e), or any ch is insured for liability purposes through the "Board."
whether full-tim for an "insured €	mployee" means any officer, agent, employee, or servant, whether compensated or not, e or not, who is authorized to act and is acting within the scope of his or her employment entity." "Employee" includes any elected or appointed official of an "insured entity," but an independent contractor of an "insured entity."
which may resul	ent" means any activity either observed by an "employee" or made known to him or hele It in injury or property damage to a third party, or which may otherwise result in liability emages against the State of West Virginia, its employees, or other "insured entity."

4.1. The West Virginia Board of Risk and Insurance Management will assist the insured entity with

§115 5 4. Reporting Requirements.

115CSR5

establishing a contact person within the respective agency to facilitate completing the Insurance Loss Notice Form (claim form).

- 4.2. Any "employee" who either witnesses or is made aware of an "incident" as defined in Subsection 3.4, should as soon as practicable, gather all pertinent data and complete the Insurance Loss Notice Form (claim form), attached to and made a part of this rule as Appendix A, as appropriate.
- 4.3. The completed Insurance Loss Notice Form (claim form), shall be forwarded to the 'Board,' as soon as possible, via United States first class mail or transmitted by facsimile.
- 4.4. The "Board" and/or its insurance carrier, shall retain a copy of the submitted Insurance Loss Notice Form (claim form) for a period of two (2) years, or longer if the "Board," in its discretion, deems it necessary.

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Instructions: For all losses, complete sections 1, 2 &	!	Coding
For Auto losses also section 4	1	
For Insured <i>Property</i> losses also section 5 (1) Insured Name:		(
(1) Insured Name.	Histired Acct. #	(required)
Insured Address:		
Insured Phone Number (day):	<u></u>	
For insured	(Contact Person)	
Contact Person	Position with	Insured
(2) Date of Loss: Location of Occurrence: (Street address)	Time of Day:	_
Location of Occurrence: (Street address)		
Description of Occurrence:		
Name (injured/owner)	neet(s) as necessary Home Phone #:	
Name (injured/owner) Address: Age Sex Social Security #:	Home Phone #: Work Phone #: Occupation:	
Name (injured/owner) Address: Age Sex Social Security #: Employer:	Home Phone #: Work Phone #: Occupation: Where is Property Now?	
Name (injured/owner) Address: Age Sex Social Security #:	Home Phone #: Work Phone #: Occupation: Where is Property Now?	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury:	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description-Property Damage: Witnesses:	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description-Property Damage: Witnesses: (4) Auto Losses Only use additional sheet(s)	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description Property Damage: Witnesses: (4) Auto Losses Only use additional sheet(s) Insured Vehicle	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am Am Occupation: Claimant Vehicle	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description Property Damage: Witnesses: (4) Auto Losses Only use additional sheet(s) Insured Vehicle	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am Am Claimant Vehicle Year Make Model	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description-Property Damage: Witnesses: (4) Auto Losses Only use additional sheet(s) Insured Vehicle MakeModel	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am As necessary Claimant Vehicle Year Make Model VIN	
Name (injured/owner) Address: Age Sex Social Security #: Employer: Description Injury: Description Property Damage: Witnesses: (4) Auto Losses Only use additional sheet(s) Insured Vehicle Make Model Driver	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am As necessary Claimant Vehicle Year Make Model VIN Vehicle Driver	
Name (injured/owner) Address: Age Sex Social Security #:	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am Claimant Vehicle Year Make Model VIN Vehicle Driver Vehicle Owner Passengers	t. \$
Name (injured/owner) Address: Age Sex Social Security #:	Home Phone #: Work Phone #: Occupation: Where is Property Now? Estimate Am Claimant Vehicle Year Make Model VIN Vehicle Driver Vehicle Owner Passengers	t. \$

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