# **Department of Administration**





DIVISION OF RISK MANAGEMENT Scott Jordan, Director

> P.O. Box 110218 Juneau, Alaska 99811-0218 Main: 907.465.2180 Fax: 907.465.3690

January 1, 2021

# Certificate of Self-Insurance

Re: Liability Insurance Coverage for Alaska State Owned Vehicles

To Whom It May Concern:

This notice shall serve as verification that the State of Alaska provides automobile liability insurance protection for all State-owned vehicles and employee drivers of such vehicles, including while traveling through the Sovereign Dominion of Canada.

The State of Alaska provides this coverage through the State's Self-Insurance Program as authorized under AS 37.05.287. The State of Alaska and its agencies are covered for property and liability exposures. Losses that fall within these self-insured levels, including those for which we are contractually liable, are covered by the financial resources of the State and are administered under the self-insured claims program handled by this office.

Any inquiries can be addressed to this office at the address listed above, or you may call me at (907) 465-5724 for additional information. Thank you for your courtesy and attention to this matter.

Sincerely,

Sheri Gray

Sheri Gray Risk Manager

Vehicle Accident/Incident	Employee Accident/Injury	Damage to Property
ent of an accident or incident involv- tor vehicle that is state-owned, pri- vrned or rented in bodily injury or death of a person, the driver (employee) shall immedi- ify, by the quickest means, the Alas- Troners or Incral law enforcement	In the event of an employee accident that is fatal to one or more employees, or requires in -patient hospitalization of one or more em- ployees, the supervisor shall immediately notify the Regional Safety Officer.* If the Re- gional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). The report must he made immediately hut no	In the event of an accident or incident that results in damage to property, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.
65.080). Form 12-209 MUST be com- not investigated by a law enforce- ency and sent to the address on the ds and as soon as possible. the driv-	All other employee accidents, with or without injury shall be immediately reported to their supervisor.	When the estimated damage exceeds <u>\$15,000.00</u> . Risk Management shall be im- mediately notified, by telephone or the quick- est means. The following forms must be completed and
oyee) shall notify his Supervisor, juipment Fleet and the Regional Micer afety Officer to complete. Employee	The following forms must be completed and forwarded as soon as possible: 1. Employer Report of Occupational Injury or Illness, Form #07-6101 Due (10) days	<ol> <li>Liability Accident Notice, Form # 02-919</li> <li>Supervisors Accident Investigation Report Form # 02-932</li> <li>Employee Accident/Mishap</li> </ol>
: <i>Mishap form used in N.R. Only</i> accidents shall be immediately re- b their supervisor.	<ol> <li>Employee Report of Occupational Injury or Illness, Form #07-6100 Due (30) days</li> <li>Summinum Anaident Instantian Do</li> </ol>	<ol> <li>* Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)</li> </ol>
wing forms must be completed and cd as soon as possible: visors Accident Investigation Report, <b># 02-932</b> ty Accident Notice, <b>Form # 02-919</b> cate of Insurance (all accidents over	<ol> <li>Supervisors Accident investigation Report, Form #02-932</li> <li>Employee Accident/Mishap</li> <li>* Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)</li> </ol>	<ol> <li>Employer Report of Occupational Injury or Illness (IF the employee was injured), Form # 07-6101 Due (10) days</li> <li>Employee Report of Occupational Injury or Illness (IF the employee was injured), Form # 07-6100 Due (30) days</li> </ol>
<ol> <li>Form # 466</li> <li>Yee Accident/Mishap Incident/ ent Review Investigation Folder (If is damage over \$5,000.00 or a re- ncident within (1) years' time of first ent)</li> </ol>		
yer Report of Injury or Illness (IF the byee was injured), <b>Form # 07-6101</b> 10) days yee Report of Injury (If the employee		

In the event of an accident or i

\$2.000, the driver (employee) s pleted if not investigated by a la ment agency and sent to the ac resulting in bodily injury or deat or where property damage is m ately notify, by the quickest me ka State Troopers or local law ing a motor vehicle that is state (AS 28.35.080). Form 12-209 vately owned or rented form.

er (employee) shall notify his Si State Equipment Fleet and the Afterwards and as soon as pos Safety Officer. \*N.R. Safety Officer to complete Accident Mishap form used in I All other accidents shall be imn ported to their supervisor. The following forms must be co forwarded as soon as possible: 1. Supervisors Accident Investi

Form # 02-932

2. Liability Accident Notice, For 3. Certificate of Insurance (all a

Accident Review Investigatic 4. Employee Accident/Mishap \$501), Form # 466

there is damage over \$5,000 peat incident within (1) years incident)

5. Employer Report of Injury or employee was injured), Forr Due (10) days

6. Employee Report of Injury (If the employ was injured) Form # 07-6100 Due (30)

days

Appendix B

Chapter 10 Incident-Injury-Property Info

#### Vehicle Accident/Incident

In the event of an accident or incident involving a motor vehicle that is state-owned, privately owned or rented

resulting in bodily injury or death of a person, or where property damage is more than <u>\$2,000</u>, the driver (employee) shall immediately notify, by the quickest means, the Alaska State Troopers or local law enforcement. (AS 28.35.080). Form 12-209 MUST be completed if not investigated by a law enforcement agency and sent to the address on the form.

Afterwards and as soon as possible, the driver (employee) shall notify his Supervisor, State Equipment Fleet and the Regional Safety Officer.

\*N.R. Safety Officer to complete. Employee Accident Mishap form used in N.R. Only

All other accidents shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

- 1. Supervisors Accident Investigation Report, Form # 02-932
- 2. Liability Accident Notice, Form # 02-919
- 3. Certificate of Insurance (all accidents over \$501), Form # 466
- Employee Accident/Mishap Incident/ Accident Review Investigation Folder (If there is damage over \$5,000.00 or a repeat incident within (1) years' time of first incident)
- 5. Employer Report of Injury or Illness (IF the employee was injured), Form # 07-6101 Due (10) days
- Employee Report of Injury (If the employee was injured) Form # 07-6100 Due (30) days

## Employee Accident/Injury

In the event of an employee accident that is fatal to one or more employees, or requires in -patient hospitalization of one or more employees, the supervisor shall immediately notify the Regional Safety Officer.\* If the Regional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). The report must be made immediately but no later than 8 hours. (AS 18.60.058)

All other employee accidents, with or without injury shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

- 1. Employer Report of Occupational Injury or Illness, Form #07-6101 Due (10) days
- 2. Employee Report of Occupational Injury or Illness, Form #07-6100 Due (30) days
- Supervisors Accident Investigation Report, Form #02-932
- 4. Employee Accident/Mishap
- \* Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)

## **Damage to Property**

In the event of an accident or incident that results in damage to property, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.

When the estimated damage exceeds \$15,000.00. Risk Management shall be immediately notified, by telephone or the quickest means.

The following forms must be completed and forwarded as soon as possible:

- 1. Liability Accident Notice, Form # 02-919
- 2. Supervisors Accident Investigation Report Form # 02-932
- 3. Employee Accident/Mishap
- \* Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)
- Employer Report of Occupational Injury or Illness (IF the employee was injured), Form # 07-6101 Due (10) days
- Employee Report of Occupational Injury or Illness (IF the employee was injured), Form # 07-6100 Due (30) days

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