



January 3, 2022

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

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 \$2,000**, 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**
4. 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**
6. 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**
3. Supervisors Accident Investigation Report, **Form #02-932**
4. Employee Accident/Mishap
5. * 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
4. * Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)
5. Employer Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6100 Due (30) days**