

'He Said, She Said' 2020 Spring Short Courses

Minnesota Association of Townships Insurance and Bond Trust (MATIT)

Jon Mocol – MATIT Agency Manager

Claims Procedures For Property and Auto Claims

1. Some type of loss occurs
2. If the loss involves bodily injury, the first thing is to make sure the person or persons are out of any further imminent danger
3. Contact the proper authorities for all accidents
4. Start to document what occurred by taking photos and writing down what occurred
5. Contact Minnesota Association of Townships Agency at **1-800-262-3864** to report the claim.
6. When you call the agency, you will provide the following information:
 - A. Your township name and the county
 - B. The policy number if you have it
 - C. Your name as the person reporting the claim, as well as your contact information
 - D. Date of loss
 - E. Clerk name, telephone number and if applicable email address
 - F. Type of loss
 - G. Township contact information
 - H. The claimant (other party's information) name, address, phone number and email information, as well as their insurance information
7. When talking with the other party be careful about what is said, it is important to not say anything that could be construed as fault on the part of the township.
8. Exchange insurance information and when calling in to the agency provide all exchanged information.
9. This information is passed over to the Claim's Administrator, who will review and either adjust the claim internally or will assign an adjuster to the claim.
10. Once the investigation is completed the claim will either be approved or denied.
11. If a claim is approved a check will be sent out.
12. If a claim is denied the declination letter will be sent out and copied to the township.

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Claims Procedures for Litigated Claims

1. Lawsuit is started by a third party and filed with township
2. Township will contact the agency at 1-800-262-3864 to report the claim
3. When you call the agency, you will provide the following information:
 - A. Your Township Name and the county
 - B. The Policy Number if you have it
 - C. Your Name as the person reporting the claim, as well as your contact information
 - D. Date of loss
 - E. Clerk Name, telephone number and if applicable email address
 - F. Type of loss
 - G. Township contact information
 - H. The claimant (other party's information) name, address, phone number and email information, as well as their insurance information
4. The agency will request that you submit the lawsuit paperwork through an email or faxing the information to 1-763-497-3233
5. This information will be provided to the Claims Administrator
6. Claims Administrator will review the claim to assess the best municipal attorney for the case from the trust's vetted attorney list.
7. Once the vetted attorney is contacted, they will check to see if there is any conflict with them proceeding with defending the case, if no conflict occurs the attorney will be assigned to the case.
8. From here the case is in the hands of the defense attorney and the courts as to where the case goes
9. During this procedure the defense attorney will work very closely with the township board to inform about the case.

State of Minnesota

_____ County

Affidavit of _____

I, _____, having been sworn, provide this Affidavit and state the following:

1. I am an employee of _____ Township, in _____ County, Minnesota. As an employee I perform maintenance work on the township's roads.
2. On or about **DATE**, _____ called Gopher State One Call to request subsurface utility location services for a culvert installation project. The locate ticket was called in for the area of _____ Road that is about ¼ to ½ mile from the intersection of _____ Road and _____ Road.
3. _____ marked the area in which the work was to be performed with white FLAGS or PAINT, hereafter called the "Work Area." Sometime later, we received the locate ticket from Gopher One indicating which utilities had responded to the locate request. The locate ticket indicated Frontier Communications cable was marked.
4. On or about **DATE**, my co-worker, _____, and I went to the Work Area to begin the culvert installation.
5. There were no flags, paint, or other markings to indicate any subsurface utility within the marked Work Area. There were no remnants of any markings within the Work Area. I observed red flags located about 20 yards east of the road, but the flags were outside the Work Area.
6. Since there were no markings to indicate subsurface utilities within our Work Area, we excavated the area around the culvert.

Affiant's Printed Name

Affiant's Signature

Sworn to and subscribed to me on this _____ day of _____, 20__.

Notary Public

Notary Seal