MONTHLY BUSINESS MANAGERS’ MEETING

“MANAGING YOUR RISK”

Tuesday, April 5, 2011
9:30 am – 11:00 am
225 Peabody Hall

Presented by Risk Management
Managing Your Risk

Fran Guerin, Administrative Manager
Colorado Robertson
Office of Risk Management
Topics

- Our Mission
- What is Risk Management?
- Enterprise Risk Management
- Insurance
- Workers’ Compensation
The mission of Risk Management is to protect people, property, the environment, financial, and other resources in support of the University’s teaching, outreach, research, and student services.
LSU Risk Management

- Office of Risk Management
- Environmental, Health and Safety
- Office of Parking, Traffic and Transportation
- Financial System Services
What is Risk Management?

Policies, procedures, and practices involved in identification, analysis, assessment, control, and avoidance, minimization, or elimination of unacceptable risks.
Enterprise Risk Management

Is a coordinated approach to assessing and responding to all risks that affect the achievement of an organization’s objectives. Includes both upside and downside risks.
Enterprise Risk Management

Integrated Framework

- Leadership, Culture, Values
- Strategic Goals
- Risk / Opportunity Identification
- Risk / Opportunity Assessment
- Response
- Control Activities
- Information & Communication
- Measuring & Monitoring

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Insurance

Auto Liability
Property
Student Trip Travel
Workers’ Compensation
Insurance Costs

FY 2010-2011
Premiums
$13.5 Million

5% Discount
-$483,746
Loss Prevention Audit
Insurance Claims

<table>
<thead>
<tr>
<th></th>
<th>FY 2007/08</th>
<th>FY 2008/09</th>
<th>FY 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Damages</td>
<td>14</td>
<td>395</td>
<td>22</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>220</td>
<td>241</td>
<td>243</td>
</tr>
<tr>
<td>General Liability</td>
<td>100</td>
<td>73</td>
<td>57</td>
</tr>
<tr>
<td>Auto Liability</td>
<td>26</td>
<td>37</td>
<td>48</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Contracting of State ORM services began in 2010 with all lines of coverage to be completed by 2014.

Has not affected the claims process.

We do not anticipate any major changes.
Auto Liability
# Auto Coverage

<table>
<thead>
<tr>
<th>University</th>
<th>Rentals</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>- $1,000 Deductible</td>
<td>- $1,000 Deductible</td>
<td>- Collision Only</td>
</tr>
<tr>
<td>- DA-2041 Required</td>
<td>- DA-2041 Required</td>
<td>- Up to $1,000 Deductible reimbursement</td>
</tr>
<tr>
<td>- Two Estimates</td>
<td>- Rental Agreement</td>
<td>- DA-2041 Required</td>
</tr>
<tr>
<td></td>
<td>- Itemized Invoice</td>
<td>- Travel Authorization</td>
</tr>
<tr>
<td></td>
<td>- Proof of Payment</td>
<td>- Proof of Repairs (must show deductible)</td>
</tr>
<tr>
<td></td>
<td>- In-State Rentals</td>
<td>- Proof of Insurance</td>
</tr>
<tr>
<td></td>
<td>- No Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- DA-2041 Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Rental Agreement</td>
<td></td>
</tr>
</tbody>
</table>
Drivers must:

- complete **annual** driving history form (DA-2054)
- take on-line driver safety class every 3 Years
- possess a valid U.S. driver’s license
- be an employee or student worker

Students are **Not** authorized
to drive university owned/rented vehicles
Drivers must:

- report traffic violations to department/supervisor
- pay any and all traffic fines
Property Coverage
Property Coverage

- Property deductible $1,000 (paid by department)
- Settlement is based on repair/replacement cost, less $1,000 deductible and depreciation
- As of July 1, 2010 wages (overtime included) of state employees used for property repairs are not compensable.

Reporting Building and Content Losses

- **Required Info**
  - Date
  - Time
  - Location (bldg/rm#)
  - Police Report and Pictures if Available
  - Cause of Damage

- **Property Info**
  - Date of Purchase
  - State Property Tag or Equipment Inventory Sheet
  - Itemized list of supplies/parts/rentals
  - Proof of Payment
Student Trip Travel Insurance

- Provides coverage for students/participants
- While participating in approved field trips
- $0.08 per student/per day
  - Injury coverage only (illness excluded e.g. flu)
  - Up to $2,500
- Employees including student workers participating as part of their job requirements are covered under workers’ compensation. (trip travel not needed)
Workers’ Compensation
Coverage

- Covers all University employees injured during the course and scope of their work.
  - Medical Treatment
  - Prescriptions
  - Lost Time \( (66^{2/3}\%) \) up to maximum
- No out of pocket expenses for employees
Claim Reporting Process

1. Employee notifies supervisor/department immediately
2. Supervisor completes a Workers’ Compensation injury report form ASAP
3. Employee provides doctor’s excuse to department/Risk Management
4. Any work restrictions should be reported to Risk Management
5. Department notifies Risk Management when employee returns to work

Employees should **not** file a claim with their personal health insurance
FILE WITHIN 5 DAYS OF INCIDENT. (In the event of a serious or fatal injury or illness, notify within 24 hours. It is the supervisor’s responsibility to report lost time due to an occupational injury or disease. Failure to do so immediately may result in departmental fines. NOTE: PLEASE FILL IN EACH BLANK)

Workers’ Compensation Injury Report Form

Name ___________________________ LSU ID ________________________

Address ___________________________ Zip ________________________

Home Phone (____) _____________ Sex _______ Date of Birth ________

Marital Status _______ No. of Children Under 18 _______ Date of Hire ________

Department (Name) ___________________________ Budget Code _______ Title Code _______

Date of Injury ________ Time of Injury ________ Normal Starting Time ________

Did the employee miss work due to this accident/illness? ________

Date Returned to Work ________ Time Returned to Work ________

Date Employer Knew ________ Supervisor ________

Mosh Defect? ________ Same Wage? ________ Empl Promise? ________
On-line Forms

- Property Claims
- Hold Harmless Agreement
- General Liability Claim
- General Liability Loss Notice
- Mileage Expense Record
- Trip Travel Request
- Trip Travel Student Listing
- Workers’ Compensation Injury Report
- Workers’ Compensation Worksheet
Workers’ Compensation Injury Report Form

Name
LSU ID
Address
Zip

Home Phone (____)  Sex  Date of Birth
Marital Status  No. of Children Under 18  Date of Hire
Department (Name)  Budget Code  Title Code

Date of Injury  Time of Injury  Normal Starting Time
Did the employee miss work due to this accident/illness?

Date Returned to Work  Time Returned to Work

Date Employer Knew

Mech Defect?  Same Wage?  Empl Provider?

Work Phone Number (____)  Unsafe Act?  Hourly Salary $

Exact Location of Injury (Building, etc.)
Nature of Injury or Illness
Physician and Address

Diagnosis:  Diagnosis Date:

How Did Injury Occur?

Activity When Injured

Corrective Action Taken
Questions

Office of Risk Management

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