

2025 LIABILITY CLAIMS MANUAL

MEMBER GUIDE TO THE SDRMA
PROPERTY/LIABILITY PACKAGE PROGRAM OVERVIEW AND
HOW TO FILE A CLAIM



THIS PAGE INTENTIONALLY LEFT BLANK



SDRMA Property/Liability Claims Management Program - Section 1	3
SDRMA Program Overview.....	4
SDRMA Contact Information.....	5
When You Have a Claim - Section 2	6
<i>Filing a Claim</i> Flow Chart	7
<i>Third Party Claims</i>	
Third Party Claims Process Overview	9
Evaluating the Contents of a Claim	10
Claim Form	11
Notice of Rejection of Claim (Form).....	12
Notice of Rejection by Operation of Law (Form)	13
Notice of Insufficiency of Claim and Return Without Action (Form)	14
<i>Late Claims</i>	
Late Claims Overview	16
Late Claims Notice of Return, Without Action (Form)	17
Application for Leave to Present Late Claim Overview	18
Notice of Return, Without Action Application for Leave to Present Late Claim (Form).....	19
<i>First Party Claims</i>	
First Party Claims Process Overview	21
<i>Incident Report (First Party and Third Party)</i>	
Incident Report	23



SDRMA Property/Liability Claims Management Program



BACKGROUND

Special District Risk Management Authority (SDRMA) recognizes that claims management is a critical component of a risk management program, and we believe it serves as the strength of our program. We are committed to helping our members create a safe and productive work environment by helping to prevent claims and maintain member operations. SDRMA's primary objective is to serve our members as a single comprehensive resource providing quality coverage protection, professional risk and claims management services.

CLAIMS MANAGEMENT

At SDRMA claims is our product. Our primary program objective is to help our members and claimants with fair and equitable claims management services. Under the supervision of SDRMA's Chief Risk Officer, members are provided professional claims management with our "in-house" claims department.

REPORTING CLAIMS TO SDRMA

Claims are reported directly to SDRMA either by fax, phone, online or via email to claims@sdrma.org. All claims are individually reviewed and evaluated to determine the members' liability exposure. We aggressively manage and defend claims on behalf of our members. SDRMA maintains a zero tolerance policy for fraud.

STATE-OF-THE-ART CLAIMS MANAGEMENT SOFTWARE

SDRMA uses state-of-the-art claims management software to provide our members with accurate up-to-date information on the status of each claim, including loss run reports and financial information. Moreover, during the claim examining process SDRMA claims staff will contact our members directly to communicate and discuss claim activity and status.



Meet Your SDRMA Property/Liability Claims Team

SDRMA is committed to protecting our members' assets by effectively managing claims.

SDRMA's Chief Risk Officer Debbie Yokota has over 25 years of experience in claims management and has extensive knowledge in public agency operations and risk exposures. Please do not hesitate to call us for assistance at 800.537.7790 or via email at claims@sdrma.org.



Mailing Address

Special District Risk Management Authority

1112 I Street, Suite 300, Sacramento, CA 95814
Phone 800.537.7790 or 916.231.4141
Fax 916.231.4111

Keith Ikami, Liability Claims Specialist I

kikami@sdrma.org

Roberto Lozano, Liability Claims Manager

rlozano@sdrma.org

Debbie Yokota, CPCU, Chief Risk Officer

dyokota@sdrma.org

All SDRMA property/liability claims are self-administered in-house by your dedicated SDRMA claims professionals

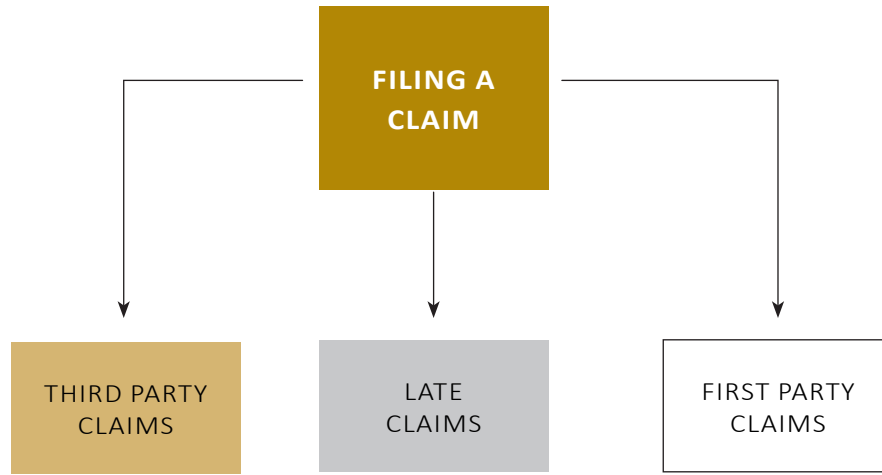




When You Have A Claim



WHAT TO DO WHEN YOU HAVE A CLAIM



Claims Referenced

Third Party Claims8
Late Claims.....16
First Party Claims.....21



Third Party Claims



Under California law, before any payment is made to a Third Party (the Claimant) for injuries or damage to real or personal property, a claim must be filed with the public entity specifying the allegations against the public entity and the amount of the claim. SDRMA as a Joint Powers Authority, self administers the claims filed against participating Property/Liability Program members. SDRMA claims staff investigates, evaluates and determines the members' potential liability exposure on all claims and will negotiate a settlement or deny liability on behalf of the member. In some cases, a claim will proceed into litigation and claims staff will direct counsel in the defense of the action and ultimate resolution of the claim. This section outlines what steps a member will take when a claim is presented to the public entity.

1. A claim is any written request for payment arising out of a claim of liability and must be presented to the public entity prior to the filing of a lawsuit. The claim must be signed by the claimant or by some person on their behalf.
2. Under Government Code §911.2, a claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action.
3. The following information must be contained in the claim:
 - a. Name and post office address of the claimant.
 - b. Post office address to which the person presenting the claim desires notices to be sent.
 - c. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim.
 - d. A general description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of presentation of the claim.
 - e. The name or names of the public employee or employees causing the injury, damage or loss, if known.
 - f. The amount claimed, if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim, but the claim shall indicate whether the claim is a limited civil case.
 - g. The signature and date of claimant or some person on claimant's behalf.
4. Following receipt of the claim, the public entity has 45 days in which to act on the claim. Otherwise, the claim is deemed to have been automatically rejected as a matter of law.
5. Please complete the Incident report on page 23 of this document and submit it with the claim by using the online reporting tool in MemberPlus under Report A Claim tab.
6. A rejection letter must be sent to the claimant or their representative at the address specified in the claim. The rejection notice must contain the mandatory notification language advising the claimant that they have six (6) months from the date of the Notice of Rejection to file a lawsuit. A template is included in MemberPlus- Report a Claim tab.
7. Avoid any references to insurance, insurance company adjusters, risk managers, or any other statements that might indicate that the claim is being given any further consideration. Statements of that type may lead to a voiding of the rejection and extend the time frame available to a claimant for filing a lawsuit.
8. If you have sent a Notice of Insufficient Claim within the time prescribed and the claimant (or attorney) has not filed an amended claim correcting the insufficiency; your Governing Body should reject the claim.
It is essential that you use the correct letter format so that the time for filing a lawsuit is not extended and so that you do not waive insufficiencies as a defense.
9. If you have sent a Notice of Insufficient Claim and the claimant (or attorney) has filed an amended claim, but has not done so within the time allowed by the Government Code (15 days), your Governing Body should reject the claim, but should reserve the right to assert the untimeliness of the filing of the amended claim, as a defense.
10. Your District Counsel should assist you through this stage of the process, but SDRMA will answer your questions if you call 800.537.7790.
11. Under California Government Code, your agency is required to provide a claim form when requested. A General Claim Form is available to provide a claimant or their representative in this claims manual.



Do this work immediately upon receipt of claim.

CHECKING CONTENTS OF THE CLAIM

The claim must contain information required by Government Code §910 and §910.2. If the claim elements meet all the requirements of §910 and §910.2, the claim is evaluated for acceptance or rejection. If the public entity disputes any of the allegations of the claim or the amount claimed, the claim should be rejected. The Governing Body needs to take formal action to reject the claim. Use the **NOTICE OF REJECTION OF CLAIM** form.

After 45 days from the date the claim was received by the public entity and the public entity has taken no action to reject or accept the claim, the claim is deemed rejected as a matter of law. Use the **NOTICE OF REJECTION BY OPERATION OF LAW** form.

INSUFFICIENT CLAIM

Assuming that a claim has been presented, the public entity has the responsibility of reviewing it and notifying the claimant if the claim is (1) insufficient, or (2) untimely. A failure to notify a claimant of defects or omissions in his or her claim can result in a waiver of the deficiencies. §911. The entity should not take any action on the claim but should return the claim to the claimant using the **NOTICE OF INSUFFICIENCY OF CLAIM FORM AND RETURN WITHOUT ACTION** form. The member should identify the specific deficiencies in the claim.

TIME FOR NOTIFYING OF INSUFFICIENCY

The claimant must be notified of an insufficiency within twenty (20) days of the time of presentation of the claim. A mailed claim is deemed presented on the date it is mailed. §915.2.

NOTIFYING CLAIMANT OF INSUFFICIENCY OF CLAIM

If a review of the claim shows that the claimant has failed to comply “substantially” with the requirements regarding the contents of the claim, the public entity must notify the claimant of the insufficiency. §910.8.

NO GOVERNING BODY ACTION FOR 15 DAYS AFTER NOTICE OF INSUFFICIENCY

The Governing Body of the public entity which acts upon claims cannot reject a claim until at least 15 days have elapsed from the date notice is sent to the claimant of the insufficiency of his or her claim. §910.8. This delay gives the claimant time to remedy the deficiencies.

CLAIMANT NEGLECTS TO GIVE ADDRESS

The public entity is relieved of the necessity to give any notices whenever no mailing address is supplied by the claimant. §915.4(b), 911.3(b).

COMPLETE THE PROOF OF SERVICE SECTION

Complete the **PROOF OF SERVICE** section on each form and keep a copy for documentation purposes.

NOTE: Dates begin on date of postmark- save all envelopes.



NAME OF PUBLIC ENTITY		
CLAIMANT'S NAME		ADDRESS
SSN	PHONE	
The post office address to which the person presenting the claim desires notices to be sent:		
The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:		
A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:		
The name or names of the public employee or employees causing the injury, damage, or loss, if known:		
The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.		
If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.		
SIGNATURES		
SIGNATURE OF CLAIMANT		DATE
SIGNATURE OF CLAIMANT REPRESENTATIVE		DATE
DATE RECEIVED BY ENTITY		



NAME OF ENTITY
Notice is hereby given that the Claim which you presented to _____ (NAME OF ENTITY) on _____ (DATE) was rejected by _____ _____ (NAME OF ENTITY) on _____ (DATE).
WARNING
Subject to certain exceptions, you have six (6) months from the date this Notice of Rejection of Claim was personally delivered or deposited in the mail to file a court action on this Claim. (See Government Code Section 945.6.) You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. This Notice of Rejection of Claim applies only to claims under state law and shall not extend any time limits as may be imposed upon the claimant(s) for pursuit of the claimant(s)' rights under federal laws, statutes, or other sources of rights of recovery in favor of claimant(s). Please also be advised that pursuant to Sections 128.5 et seq. and 1038 of the California Code of Civil Procedure, the _____ (Name of Entity) will seek to recover all costs of defense in the event a legal action is filed on the matter and it is determined that the action was not filed in good faith and with reasonable cause, or as otherwise determined to justify the imposition of attorney's fees and costs of suit pursuant to such sections, as well as any other sections or laws enuring to the benefit of the (Name of Entity), its officers, officials, employees, agents, or representatives.
PROOF OF SERVICE
On _____ (DATE), I served the within NOTICE OF REJECTION OF CLAIM on the claimant by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant. I declare under penalty of perjury that the foregoing is true and correct. Executed at _____ _____ (LOCATION), California, on _____ (DATE).
NAME
SIGNATURE



NAME OF ENTITY

Notice is hereby given that the Claim which you presented to _____
 (NAME OF ENTITY) on _____ (DATE) was rejected Without Action by Operation of Law on
 _____ (DATE).

WARNING

Subject to certain exceptions, you have six (6) months from the date this Notice of Rejection by Operation of Law was personally delivered or deposited in the mail to file a court action on this Claim. (See Government Code Section 945.6.)

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

This Notice of Rejection by Operation of Law applies only to claims under state law and shall not extend any time limits as may be imposed upon the claimant(s) for pursuit of the claimant(s)' rights under federal laws, statutes, other sources of rights of recovery in favor of claimant(s).

Please also be advised that pursuant to Sections 128.5 et seq. and 1038 of the California Code of Civil Procedure, the _____ (Name of Entity) will seek to recover all costs of defense in the event a legal action is filed in the matter and it is determined that the action was not filed in good faith and with reasonable cause, or as otherwise determined to justify the imposition of attorney's fees and costs of suit pursuant to such sections, as well as any other sections or laws enuring to the benefit of the _____ (Name of Entity), its officers, officials, employees, agents, or representatives.

PROOF OF SERVICE

On _____ (DATE), I served the within **NOTICE OF REJECTION BY OPERATION OF LAW** on the claimant by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.

I declare under penalty of perjury that the foregoing is true and correct. Executed _____
 _____ (LOCATION), California, on _____ (DATE).

NAME

SIGNATURE



NAME OF ENTITY	
TO	DATE OF CLAIM
<p>This is to advise you that your Claim has been reviewed, evaluated, and found to be deficient for the reason(s) circled below:</p> <ol style="list-style-type: none"> 1. The Claim fails to state the name and mailing address of the claimant. 2. The Claim is not signed. 3. The Claim fails to state the mailing address to which the person desires notices to be sent. 4. The Claim does not provide enough information to determine when, where, and/or how the incident/accident occurred. 5. The Claim does not provide enough information to determine what the loss, damage, or injury is. 6. The Claim does not provide enough specific information to determine what, if anything, the public entity did or failed to do to create liability exposure. 7. The Claim does not comply with Government Code 910(f) as to the amount sought or the court of appropriate jurisdiction. 8. The Claim does not provide the name(s) of any of our employees who may be responsible for the incident/accident. <p>The Claim will not be acted upon for fifteen (15) days from the date of this Notice to allow for your amendment of this Claim.</p> <p>WARNING: A Claim that is deficient or does not contain sufficient information, as required by law, may not be Considered to have been filed in a timely manner and may prevent the prosecution of a lawsuit based on the incident/accident which is the subject of this Claim.</p>	
PROOF OF SERVICE	
<p>On _____ (DATE), I served the within NOTICE OF INSUFFICIENCY OF CLAIM on the claimant by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. Executed at _____ _____ (LOCATION), California, on _____ (DATE).</p>	
SIGNATURE	DATE



Late Claims



1. A **LATE CLAIM** is a basic claim filed with the entity six (6) months after the date of loss or notice of loss by the claimant or their representative or 1 year for property damage claims.
2. A Late Claim should not be rejected since that rejection will result in a waiver of the defense of the statute of limitations as well as any other defenses available to the entity. A Late Claim notice should be handled as explained below.
3. California Government Code requires that the entity grant or deny an Application for Leave to Present a Late Claim within forty-five (45) days after the Application is presented to the entity. If no action is taken by the entity on the Application within 45 days of date of service of the Late Claim, the claim is presumed to be denied as a matter of law (§911.6) and the entity should return the claim without taking action.
4. Written notice must be sent to the claimant or their representative that the claim was not filed timely and that it is being returned without further action. Use the **LATE CLAIM NOTICE OF RETURN, WITHOUT ACTION** form.
5. **FAILURE TO SEND THE NOTICE WILL CONSTITUTE A WAIVER OF THE DEFENSE OF THE STATUTE OF LIMITATIONS.**
6. If after receiving the **LATE CLAIM NOTICE OF RETURN WITHOUT ACTION** form and the claimant still desires to pursue the claim, the claimant or their representative must file an **APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM** (basically a letter) with the entity.



NAME OF ENTITY
DATE
TO
<p>The claim you presented to the (INSERT TITLE OF GOVERNING BODY OR OFFICER) on (INDICATE DATE) is being returned because it was not presented within six months after the event or occurrence as required by law.</p> <p>See Sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.</p> <p>Your only recourse at this time is to apply without delay to (NAME OF PUBLIC ENTITY) for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code.</p> <p>Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.</p> <p>You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.</p>
NAME
SIGNATURE
PROOF OF SERVICE
<p>On _____ (DATE), I served the within NOTICE OF RETURN, WITHOUT ACTION, A LATE CLAIM by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. Executed at _____ _____ (LOCATION), California, on _____ (DATE).</p>
NAME
SIGNATURE



1. A claim filed after the applicable statute date must be accompanied by an **APPLICATION FOR LEAVE TO PRESENT LATE CLAIM** (a letter from the claimant). Otherwise, it must be handled as specified in the LATE CLAIM section of this Manual.
2. Call SDRMA claims department at 800.537.7790 to discuss handling **APPLICATION FOR LEAVE TO PRESENT LATE CLAIM**.
3. The application must be filed within one (1) year after the accrual (reasonable knowledge) of the cause of action for injury to person or damage to real or personal property.
4. The application shall state the reason for the delay in presenting the claim.
5. The Governing Body shall grant or deny the Application within forty-five (45) days after it is presented to them. The Application should be rejected if the Governing Body disputes the allegations contained in the claim or the amount of damages claimed.
6. It is important that the rejection letter specify that the rejection is of the **APPLICATION** and not the **CLAIM**. Failure to so specify can result in a loss of an available Statute of Limitations defense. Use the **NOTICE OF RETURN, WITHOUT ACTION, APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM** form.
7. Complete the Proof of Service section when mailing a **NOTICE OF RETURN, WITHOUT ACTION, APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM** form.



NAME OF ENTITY
DATE
TO
<p>The APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM you presented to _____ _____ (NAME OF ENTITY) on _____ (DATE) is being returned to you without action because it was not presented within one (1) year of the incident/accident that is the subject of the Claim as is required by law. (See Sections 901, 911.2 and 911.4 of the Government Code.)</p>
NAME
SIGNATURE
PROOF OF SERVICE
<p>On _____ (DATE), I served the within on the claimant a PROOF OF SERVICE.</p>
<p>On _____ (DATE), I served the within on the claimant a NOTICE OF RETURN, WITHOUT ACTION, OF AN APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM, by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. Executed at _____ (LOCATION), California, on _____ (DATE).</p>
NAME
SIGNATURE



First Party Claims



As part of SDRMA MemberServices program, SDRMA provides Property Coverage for Members scheduled property from loss or damage. The Member is the First Party in the Coverage Agreement. If a member scheduled structure(s) (real property) or scheduled contents (office equipment, personal property, etc.) is damaged a claim should be presented to SDRMA.

SDRMA also offers a Vehicle Comprehensive / Collision Program. Members will schedule specific automobiles or trucks subject to a deductible. This program provides for the repair or replacement of a damaged scheduled vehicle.

FIRST PARTY (MEMBER) PHYSICAL PROPERTY DAMAGE

1. A participating member of the Property / Liability Program can complete the **INCIDENT REPORT** form and submit it to SDRMA for damage or destruction of public entity scheduled property.
2. Damaged property must be scheduled with SDRMA under the Property Schedule, either as Building or Contents.
3. Identify specific loss location.
4. Property losses are subject to a \$1,000 member deductible per loss unless otherwise noted in the member's coverage documents.
5. Complete the **INCIDENT REPORT** form: (attach, if available)
 - Photos of damage;
 - Repair estimate;
 - Replacement estimate;
 - Police Report (If available).

FIRST PARTY (MEMBER) VEHICLE COMPREHENSIVE/COLLISION PROPERTY DAMAGE

1. A participating member of the Vehicle Comprehensive / Collision Program can complete the **INCIDENT REPORT** form to submit a claim to SDRMA for repair or replacement of public entity vehicle damaged in an automobile accident/ occurrence.
2. Damaged vehicle must be listed with SDRMA under the Vehicle Schedule.
3. Identify specific vehicle by VIN Number.
4. Comprehensive / Collision losses are subject to a member deductible, per loss.
5. Complete **INCIDENT REPORT** form: (attach, if available)
 - Photos of damage;
 - Repair estimate;
 - Replacement estimate;
 - Police Report (If available).



Incident Report (First Party and Third Party)



TODAY'S DATE		
MEMBER		ADDRESS
CONTACT PERSON		
PHONE	EMAIL	
TYPE OF LOSS (CHECK ALL THE BOXES THAT APPLY)		
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS
DESCRIBE INCIDENT		
FOLLOW UP ACTION TAKEN		
CONTACT PERSON		ADDRESS
HOME PHONE	WORK PHONE	
WAS INJURED PERSON MOVED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS ACCIDENT INVESTIGATED BY AUTHORITIES <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHO?	WAS CLAIMANT GIVEN CLAIM FOR DAMAGE FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO
WITNESS NAME		ADDRESS
HOME PHONE	WORK PHONE	
PLEASE LIST ADDITIONAL WITNESSES AND CLAIMANTS ON SEPARATE SHEET OF PAPER		
** ADDITIONAL INFORMATION REQUIRED FOR VEHICLE CLAIMS ONLY **		
MEMBER VEHICLE INFORMATION		
VIN#	TYPE OF AUTO (YEAR, MAKE, MODEL)	
DRIVER	PASSENGER	
PASSENGERS		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
CLAIMANT VEHICLE INFORMATION		
VIN#	TYPE OF AUTO (YEAR, MAKE, MODEL)	
DRIVER	ADDRESS	PHONE
OWNER	ADDRESS	PHONE
POLICE/SHERIFF/CHP OFFICE REPORTED TO		REPORT NUMBER



2025 LIABILITY CLAIMS MANUAL

1112 I Street, Suite 300
Sacramento, CA 95814-2865
800.537.7790