




Topics for Discussion

- *DFS State Risk Management Trust Fund Coverage & the DMS State Purchasing Insurance Program*
- *Commercial Automobile Policy*
- *Electronic Data Processing Insurance Policy*
- *Statutory Death Benefit (Accidental Death and Dismemberment) Insurance*
- *Government Crime Insurance*
- *Questions*
- *State Purchasing Points of Contact*



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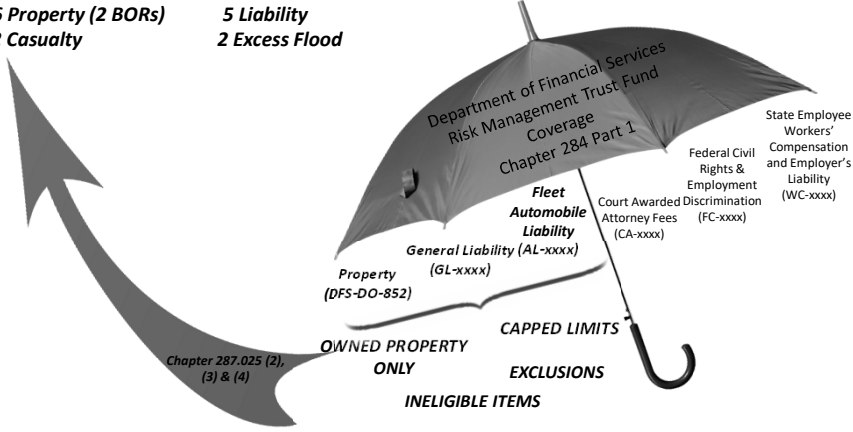
DFS State Risk Management Trust Fund vs. DMS Insurance Program

Division of State Purchasing Insurance Program
287.022(1) Florida Statutes


Policies include:

16 Property (2 BORs)
2 Casualty

5 Liability
2 Excess Flood



Chapter 287.025 (2), (3) & (4)




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SP Commercial Auto Coverage

Policy Period October 20 – October 20 12:01 a.m.


WHAT IS COVERED?




Liability \$1,000,000 each accident
Deductible: NIL




ONLY Scheduled Vehicles
Must be registered in
FleetWave





Personal Injury Protection
\$10,000
324.021 Fl. Statutes




Medical Payments
\$5,000 each insured







Physical Damage
Comprehensive & Collision
Actual Cash Value
Deductible: \$500





SP Commercial Auto & Fleet Management

EFFECTIVE JAN 2022; DMS cannot provide coverage for vehicles NOT registered in FleetWave.

DMS's Bureau of Fleet Management has implemented a new Statewide Fleet Management Information System (FleetWave), which is used for fleet management and reporting.

- o This system requires agencies register all vehicles and to keep records and make reports regarding the effective and efficient use, operation, maintenance, repair and replacement of automobiles, light trucks, and equipment.



For questions related to the fleet management system, FleetWave, please email FleetHelpDesk@dms.myflorida.com.

FleetWave Online: <https://uspod002.chevinfleet.com/StateofFlorida>



SP Commercial Auto vs. SRMTF

- o **The SP Commercial Automobile policy replaces the SRMTF coverage by filling coverage gaps and expanding the limits of the SRMTF Auto Liability Certificate of coverage.**

- ✓ Provides for the physical repair of owned vehicles – excluded from SRMTF
- ✓ Liability coverage up to \$1M which is greater than SRMTF cap \$200K/\$300K

- o **SRMTF Coverage:**

- 1. Auto Liability Certificate DFS-D0-864 Revised 11/05 (AL-xxxx)**

- Exclusions: 1.D.(c) the portion of the claim or judgement which is in excess of the statutory limits of liability; and (i) damage or destruction to property owned by the insured.

- 2. DFS-D0-852 Property Certificate**

- **Property Not covered:**

A.2.j. Property that is covered under another policy, except for the excess of the amount due (whether you can collect it or not) from that other insurance:

A.2.n. Vehicles or self-propelled machines including aircraft and watercraft) that:

- (1) Are licensed for use on public roads; or
- (2) Are operated principally away from the designated premises;

DEPARTMENT OF FINANCIAL SERVICES
Bureau of Risk Management
STATE RISK MANAGEMENT TRUST FUND
FLEET AUTOMOBILE LIABILITY
CERTIFICATE OF COVERAGE

In consideration of the premium and additional amounts herein or added herein and for the amount payable, the State Risk Management Trust Fund (hereinafter referred to as the "Fund") certifies that the State Department or agency herein is the certificate holder providing automobile liability coverage under the terms of the attached policy (AL-xxxx) for the period stated.

This certificate is a statement of the foregoing provisions and conditions, together with such other provisions and conditions as may be stated herein by the attached policy.

1. This certificate shall apply only when the vehicle and driver of the vehicle are licensed in the State of Florida and the driver is licensed in the State of Florida. This certificate shall not apply to any vehicle or driver licensed in any other state or country.

2. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

3. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

4. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

5. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

6. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

7. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

8. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

9. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

10. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

11. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

12. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

13. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

14. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

15. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).


16. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

17. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

18. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

19. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).

20. The certificate shall apply only to the vehicle and driver of the vehicle as described in the attached policy (AL-xxxx).




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SP Commercial Auto Claims

NOTIFY SP OF ALL CLAIMS AS SOON AS THEY OCCUR – Take pictures, etc. and perform the following actions:

1. Download Claim form or contact Policy Manager for form and instructions;
2. Complete form and Submit to SP and those identified in the email from SP; and
3. A claims adjuster will be assigned and work directly with you.



https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_contracts/commercial_automobile_insurance



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SP Electronic Data Processing Insurance

Policy Period June 5 – June 5 12:01 a.m.


WHAT IS COVERED?

Owned EDP	= \$9,013,879
Leased EDP	= 621,111

Owned EDP Medical & Scientific
Leased EDP Medical & Scientific

TRANSIT: EDP \$ 50,000
M&S \$ 100,000

COVERAGE TERRITORY: WORLDWIDE



Surface Pro's Think Pads
Latitudes Servers
Scanners Projectors
Monitors Camcorders


Data Processing Systems with separately identifiable components

Rate per \$100 TIV

Deposit Premiums
Quarterly Earned Premiums
Post Policy Audit

Quarterly Reporting to SP:

Q1 – Jun 5 through Sep 4	Sep 5
Q2 – Sep 5 through Dec 4	Dec 5
Q3 – Dec 5 through Mar 4	Mar 5
Q4 – Mar 5 through Jun 4	Jun 5



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SP EDP Insurance vs. DFS Property

The EDP insurance policy fills coverage gaps in the SRMTF Property Certificate of coverage

- **The SP EDP policy is designed to work “with” the SRMTF property coverage certificate.**
- **DFS-DO-852 sections B.1.-B.9; provides for the following covered causes of loss:**

COVERS OWNED EDP ONLY:

- Fire
- Lightning
- Explosion
- Windstorm or hail
- Smoke
- Aircraft or vehicles
- Riot or civil commotion
- Sinkhole collapse
- Flood

Coverage for defending and paying claims under this certificate is provided under the authority of Chapter 63, Florida Statutes, wherein the state is authorized to administer a self-insurance program. Provision of this certificate does not constitute the issuance of insurance other than on a self-insurance basis, and payment of any covered claim obligations is contingent upon availability of legislative funding.

Throughout this policy the words “you” and “your” refer to the State Agency, Board, Bureau, or other authorized entity created in the Declarations. The words “we” “us” and “our” refer to the State Risk Management Trust Fund (the Fund) or any other successor trust fund administered by the Division of Risk Management for the purposes of providing property loss coverage.

Other words and phrases that appear in “boldface” have special meanings. Refer to SECTION 4 - DEFINITIONS.


A. COVERAGE

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.

1. Covered Property

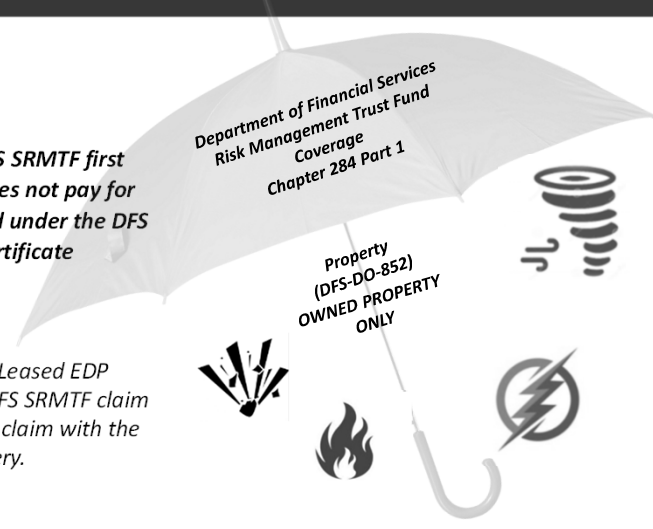
Covered Property means the following types of property for which a limit of insurance is shown in the Declarations, including:

<ul style="list-style-type: none"> (1) Completed additions; (2) Permanently installed: (a) Fixtures; (b) Machinery; and (c) Equipment; (3) Personal property owned by you that is used to maintain or operate the building or structure or its premises, including: 	<ul style="list-style-type: none"> (a) Outdoor furniture; (b) Floor coverings; and (c) Appliances used for refrigerating, ventilating, cooling, heat treating or heating; (4) If not covered by other insurance: (a) Additions, alterations and repairs to the building or structure; (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the building or structure; (5) Year-Rounders Personal Property located in or on the building described in the Declarations or in the open air in a vehicle within 100 feet of the described premises, consisting of the following: <ul style="list-style-type: none"> (i) Furniture; and (ii) Appliances.
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EDP Claims – OWNED EDP - DFS



OWNED EDP:

1. **Submit Claim to DFS SRMTF first since the SP EDP does not pay for those perils covered under the DFS SRMTF Property Certificate**
2. **If denied by DFS:**
 - Follow process for Leased EDP claims; attached DFS SRMTF claim form and denial of claim with the SP Claim for recovery.

<https://myfloridacfo.com/division/risk/state-property-claims>



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SP EDP Claims – LEASED EDP


LEASED EDP :

NOTIFY SP OF ALL CLAIMS AS SOON AS THEY OCCUR – Take pictures, etc. and perform the following actions:

1. Download Claim form or contact Policy Manager for form and instructions.
2. Complete form and Submit to SP and those identified in the email from SP.
3. A claims adjuster will be assigned and work directly with you.

https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_contracts/electronic_data_processing_edp_equipment_insurance





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Statutory Death Benefit – AD&D Insurance

Policy Period November 30– November 30 12:01 a.m.


IS THIS COVERAGE OPTIONAL OR REQUIRED?


REQUIRED BY LAW FOR THOSE CLASSES of employees as provided in sections 112.19, 112.191, 112.1911 and 112.1912 of the Florida Statutes.


This coverage is required for law enforcement, correctional, and correctional probation officers, and firefighters per section 112.19 and 112.191, Florida Statutes.


This statute was expanded in 2019 to add two additional classes of coverage being added:


- 112.1911 Emergency Medical Technicians
- 112.1912 First Responders











Section 112.19 Florida Statute

112.19 Law enforcement, correctional, and correctional probation officers; death benefits.—


(1) As used in this section, the term:

(a) **“Employer”** means a state board, commission, department, division, bureau, or agency, or a county, municipality, or other political subdivision of the state, which employs, appoints, or otherwise engages the services of law enforcement, correctional, or correctional probation officers.

(b) **“Law enforcement, correctional, or correctional probation officer”** means any officer as defined in s. 943.10(14) or employee of the state or any political subdivision of the state, including any law enforcement officer, correctional officer, correctional probation officer, state attorney investigator, or public defender investigator, whose duties require such officer or employee to investigate, pursue, apprehend, arrest, transport, or maintain custody of persons who are charged with, suspected of committing, or convicted of a crime; and the term includes any member of a bomb disposal unit whose primary responsibility is the location, handling, and disposal of explosive devices. The term also includes any full-time officer or employee of the state or any political subdivision of the state, certified pursuant to chapter 943, whose duties require such officer to serve process or to attend a session of a circuit or county court as bailiff.

(c) **“Insurance”** means insurance procured from a stock company or mutual company or association or exchange authorized to do business as an insurer in this state.

(d) **“Fresh pursuit”** means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction, or violation of a county or municipal ordinance. The term does not imply instant pursuit, but pursuit without unreasonable delay.




AD&D Insurance - Benefits

“If Injury to the Covered Person results, within the Time Period for Loss shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.”

Principal Sum :	Line of Duty Coverage	\$ 75,000
	Fresh Pursuit Coverage	\$ 150,000
	Unlawful and Intentional Death & Dismemberment	\$ 225,000

Schedule of Covered Losses	Benefit Amount
Covered Loss	
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	75% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

Time Period for Loss: 365 days from the date of a Covered Accident




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AD&D Insurance

How might the statutory benefit (Chapter 112.19 F.S.) apply to JAC agencies, and the need for each agency to independently research the statute to determine if it does apply to their staff?

- ✓ Each Agency is responsible for determining eligibility as defined by law.
- ✓ Once eligibility is determined, have the eligible individual complete the Chubb Beneficiary Designation Form and provide to their Human Resources group to be placed in their Personnel File.
- ✓ Typically, it is the HR groups that provide these data in accordance with the position descriptions that which include any references to the following statutes as described therein:

112.19	112.19(1)(b)	943.10(14)
112.1911	112.1912	




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AD&D Benefit Claims

NOTIFY SP OF ALL CLAIMS AS SOON AS THEY OCCUR

1. Download Claim form or contact Policy Manager for form and instructions.
2. Complete form and Submit to SP and the Broker on the policy RobinsTeam@bbrown.com
3. The Insurer (Brown & Brown) will work directly with JAC to settle the claim discretely and quickly. To fully support the claim, please provide:
 - Physician's Statement;
 - copies of police reports;
 - newspaper articles, etc., describing the accident;
 - other documents that support the claim; and
 - a copy of itemized hospital bill (In-Hospital Benefit only); as applicable, will be required



CHUBB

Accidental Death Claim Form

IMPORTANT NOTICE: Written notice of claim must be provided within 90 days of the loss. Written proof of loss must be provided within 90 days after the date of loss. If it cannot be provided within that time period, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted more than one year from the date it was otherwise required.

Please mail your completed Claim Form along with the items listed below to:

Chubb USA (Dom) 226 offer Inside USA
PO Box 2044 (Dom) 476 464 Outside USA
Hennrich, PA 15115 9336 (Dom) 481-5179 Fax
ACTAAdmin@Claims@chubb.com

In addition to the Claim Form, the following items are required:

- 1. A Certified Copy of the final death certificate.
- 2. The beneficiary's position based form and Beneficiary Designation.
- 3. Confirmation of employee's Personal Item and personal protection provision.
- 4. The Police Report and autopsy report, and any coroner's inquest.
- 5. If Business Travel, a copy of the employee's itinerary prior to the incident, purpose of trip, destination by and from, to, and confirmation that he has been authorized for the assignment.

Policyholder Name: _____ Policy Number(s): _____

Facts concerning loss(es): _____

Full Name: _____ SSN: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Occupation: _____

Name of Employer: _____

Employer's Address: _____

Beneficiary Name: _____ Date of Birth: _____

Relationship to deceased: _____ SSN: _____

Address: _____ Phone #: _____

Statements regarding the accident

Date of accident: _____ Place: _____

Date specifically how accident happened: _____

Did the accident occur in the course or during the deceased's employment? Yes No

If yes, has there been, or will there be, a claim filed for Workers' Compensation? Yes No

Name of Workers' Compensation Carrier: _____

Address: _____

To be completed if death resulted from motor vehicle accident

https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_contracts/accidental_death_and_dismemberment_insurance

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AD&D Beneficiary Form

Beneficiary Designation/Change Form

The insurance company automatically designates beneficiaries to the first surviving class of the following class of persons: your spouse, your child or children, your mother or father, your sister or brothers and finally, your estate. If you wish to designate your beneficiaries differently than this sequence, you must complete this form and return it to the Policyholder.

Insured Information

Policy Number: _____ Policy Effective Date: _____

Name: _____

Home #: _____ Work #: _____ Fax #: _____

Address: _____

Primary Beneficiary Information - List your beneficiary(ies) and the percentage payable to each. If no percentage is indicated, the beneficiaries will share the benefit equally.

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total*		100%

Contingent Beneficiary Information - A contingent beneficiary will only receive a benefit if all primary beneficiaries are deceased. The contingent beneficiary for all benefit plans in your estate unless you choose another beneficiary. If no choose a contingent beneficiary other than your estate, list the beneficiary(ies) and the percentage payable to each below. If no percentage is indicated, the beneficiaries will share the benefit equally.

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total*		100%


Insured's Signature: _____ Date: _____

ACE American Insurance Company is a member of the Chubb Group of Companies.

- ✓ Every covered employee will complete and provide to HR the beneficiary form for placement in personnel folder.

- ✓ Should an event occur, the form will determine how any benefit shall be paid to the insured beneficiaries.





SP Government Crime Insurance

WHAT IS COVERED?

This insurance policy provides options for coverage against loss of or damage to:


- Money;
- securities, or other property resulting from employee theft;
- robbery or safe burglary inside the premises;
- theft or robbery outside the premises, including losses due to employee dishonesty, and;
- the disappearance or destruction of property.

First party coverage options include:


- ✓ Employee Dishonesty;
- ✓ Faithful Performance of Duty;
- ✓ Excess Employee Dishonesty and;
- ✓ Forgery & Alteration.

Third-party crime insurance covers theft of money and securities while in transit and includes:

- ✓ Theft;
- ✓ Disappearance or destruction of property;
- ✓ inside robbery or safe, and;
- ✓ outside premises.



SP Government Crime Insurance


POLICY NUMBER: 626-038626-6

GOVERNMENT CRIME POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

COVERAGE IS WRITTEN: Primary Excess Coincidence Concurrent

COMPANY NAME AREA:
 UNITED STATES FIRE INSURANCE COMPANY
 A DELAWARE CORPORATION
 HOME OFFICE: WILMINGTON, DELAWARE
 (A Capital Stock Company)

PRODUCER NAME AREA:
 CRC Insurance Services, Inc.
 175 Froelich Farm Blvd.
 Woodbury, NY 11797
 81408

NAMED INSURED: The State of Florida Department of Management Services
 (Also list any Employee Benefit Plan(s) included as Insureds)


MAILING ADDRESS: 4050 Esplanade Way, #360, Tallahassee, FL 32399

POLICY PERIOD FROM: January 1, 2022 To: January 1, 2023 (12:01 A.M. at your mailing address shown above.)

INSURING AGREEMENTS	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft - Per Loss Coverage	\$500,000.00	\$10,000.00
2. Employee Theft - Per Employee Coverage	Not Covered	---
3. Forgery or Alteration	Not Covered	---
4. Inside The Premises - Theft Of Money And Securities	\$500,000.00	\$10,000.00
5. Inside The Premises - Robbery Or Safe Burglary Of Other Property	\$500,000.00	\$10,000.00
6. Outside The Premises	\$500,000.00	\$10,000.00
7. Computer and Funds Transfer Fraud	\$500,000.00	\$50,000.00
8. Money Orders And Counterfeit Money	\$500,000.00	\$10,000.00
If Added by Endorsement, Insuring Agreement(s): Not Applicable		

Coverage is provided only if an amount is shown opposite an insuring agreement. If the amount is left blank or "Not Covered" is inserted, such insuring agreement and any other reference thereto in this Policy are deleted.

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:
 OFAC; and Endrt 1-14.



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SP Government Crime Insurance


Employee Dishonesty

THIS IS BLANKET COVERAGE intended to cover all employees who might potentially handle cash or securities. Therefore, numbers for Class 1 and all others with access to items of value should be as accurate as possible.

- **“Class 1” employees, who should be included?**
 - **Anyone who handles money. Class 1 Employees are ratable employees consisting of:**
 - ✓ all management positions (agency heads, assistant agency heads, directors, assistant directors, bureau chiefs, assistant bureau chiefs, supervisors, presidents, comptrollers, etc.);
 - ✓ all officers, police officers, and all employees who handle, have custody, or maintain records of money, securities and/or other property (cashiers, accountants, bookkeepers, mail room personnel, etc.); and
 - ✓ anyone who has custody of, or can spend, or authorize to spend, or mail/ship, or dispose of, or maintains records of such transactions related to money, securities, other assets and/or other property should be counted as Class 1. This would include PCard holders and property custodians.
- **“All Other” employees, who should be included?**

ALL OTHER - other full time employees that may have access to items of value. It does not include students who set up chairs and may get a small stipend for doing so; those who do clean-up around the campus; others that are really part-time or temporary.

(THE BROKER /INSURER RECOMMEND NO VOLUNTEERS BE COVERED)



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SP Government Crime Insurance

Faithful Performance of Duty Coverage

Endorsement No. 2 effective January 1, 2022 attached to and forming a part of Policy No. 626-038626-6 issued to The State of Florida Department of Management Services.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD FAITHFUL PERFORMANCE OF DUTY COVERAGE FOR GOVERNMENT EMPLOYEES

This endorsement modifies insurance provided under the following:
GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY
GOVERNMENT EMPLOYEE THEFT AND FORGERY POLICY

and applies to the Employee Theft Insuring Agreement:

SCHEDULE

Item No.	Title of Covered Positions	Locations of Covered Positions	No. of Employees Each Position	Limit of Insurance	Deductible
1	Tax Collectors	Dept. of revenue, state and Motor Vehicles	67	\$4,000,000	NL
2	Prison Servers and Investigators	Justice Administrative Commission	429	\$1,000,000	NL
3	Department of Health (DOH) coverage is issued to the Florida Department of Health Orange County Health Management (using Administration)	All	4	\$100,000	NL
4	Department of Economic Opportunity	Process Servers/Investigators	154	\$5,000	NL

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

1. The following is added to the Employee Theft Insuring Agreement designated above:
We will pay for loss or damage to "money", "securities" and "other property" resulting directly from the failure of any "employee" to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your covered property. The most we will pay for loss arising out of any one "occurrence" is the Limit Of Insurance shown in the Schedule. That Limit is part of, not in addition to, the Limit Of Insurance shown in the Declarations.

2. The following exclusions are added to Section D.2, Exclusions:
a. Loss resulting from the failure of any entity acting as a depository for your property or property for which you are responsible.


b. Damages for which you are legally liable as a result of:
(1) The deprivation or violation of the civil rights of any person by an "employee"; or
(2) The tortious conduct of an "employee", except the conversion of property of other parties held by you in any capacity.

We will pay for loss or damage to "money", "securities" and "other property" resulting directly from the failure of any "employee" to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your covered property. The most we will pay for loss arising out of any one "occurrence" is the Limit Of Insurance shown in the Schedule. That Limit is part of, not in addition to, the Limit Of Insurance shown in the Declarations.

CR 25 19 10 10

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Page 1 of 2 □



SP Government Crime Insurance

Faithful Performance of Duty Coverage

“Investigators” who should be included?


TITLE V JUDICIAL BRANCH

CHAPTER 27 STATE ATTORNEYS; PUBLIC DEFENDERS; RELATED OFFICES

27.255 Investigators; authority to arrest,...bond....

4) *Any full-time investigator employed by the state attorney and any special investigator appointed by the state attorney pursuant to the provisions of s. 27.251 shall, before entering into the performance of duties, take and file the oath as prescribed in s. 5, Art. II of the State Constitution.*

The state attorney may require any full-time investigator employed by the state attorney or any special investigator appointed by the state attorney pursuant to the provisions of s. 27.251 to give a bond conditioned on the faithful performance of the investigator’s duties.



SP Government Crime Insurance

Faithful Performance of Duty Coverage

“Process Servers”; who should be included?

TITLE VI CIVIL PRACTICE & PROCEDURE

CHAPTER 48 PROCESS and SERVICE OF PROCESS

48.021 Process; by whom served.—

7. *Take an oath that the applicant will honestly, diligently, and faithfully exercise the duties of a special process server.*

48.29(2) Certification of process servers –

(g) *Execute a bond in the amount of \$5,000 with a surety company authorized to do business in this state for the benefit of any person wrongfully injured by any malfeasance, misfeasance, neglect of duty, or incompetence of the applicant, in connection with his or her duties as a process server. Such bond shall be renewable annually; and*

(h) *Take an oath of office that he or she will honestly, diligently, and faithfully exercise the duties of a certified process server.*



SP Government Crime Claims

NOTIFY SP OF ALL CLAIMS AS SOON AS THEY OCCUR – Take pictures, etc. and perform the following actions:

1. *Download Claim form or contact Policy Manager for form and instructions.*
2. *Complete form and Submit to SP and those identified in the email from SP.*
3. *A claims adjuster will be assigned and work directly with you.*



https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_contract/government_crime_insurance



Questions





SP Insurance Program Contacts

Primary Contact: *Jill Soderberg*
DMS Statewide Insurance Program
4050 Esplanade Way, Suite 360.2Z
Tallahassee, FL 32399-0950
Phone: 850-488-7996
Email: Jill.Soderberg@dms.fl.gov

<i>Nicole Loman (nicole.loman@dms.fl.gov)</i>	<i>AD&D and Crime Insurance Policy Manager</i>
<i>Hunter Beggarly (hunter.beggarly@dms.fl.gov)</i>	<i>EDP Policy Manager</i>
<i>Jill</i>	<i>AUTO</i>

Group Inbox: InsuranceContracts@dms.fl.gov

An overview of the State Purchasing Insurance Coverage Program's available group policies can be found at the following link.

https://www.dms.myflorida.com/business_operations/state_purchasing/insurance_coverage_program

Ms. Soderberg is currently a Purchasing Analyst, specializing in the area of property and casualty insurance, for the Florida Department of Management Services, Division of State Purchasing. She has a Bachelor of Arts degree in history from the University of Central Florida and a Master of Arts degree in business administration from Webster University. Over the last 20 years, Ms. Soderberg has managed multiple contracts valued over \$10M annually and procured and managed up to 24 policies purchased through State Purchasing. She has held the position of the Statewide Insurance Coordinator and been the primary point of contact for insurance related matters in State Purchasing since 2011. She worked for over a decade in the area of procurement and contract management in aerospace manufacturing before taking a position at the Department of Children and Families, Domestic Violence Unit, and eventually moving to her current position at State Purchasing, in 2005.