

COUNTY COLLEGE OF MORRIS Business and Finance Division Procedures	
Subject: INSURANCE REPORTING FOR DAMAGE TO COLLEGE PROPERTY	Page: 13.11.01
	Date: 6/27/2019

General

The college must comply with the Morris County Insurance Fund requirements regarding the reporting of damage to college property, and accidents involving college owned vehicles, to insure a prompt submission of claims and timely reimbursement where appropriate.

The Department of Public Safety must be notified immediately of any damage to college property or accident involving a college owned vehicle. The Department of Public Safety must notify the Office of the Vice President for Business and Finance immediately so incidents can be reported promptly to Morris County Risk Management.

Authority

Vice President for Business and Finance

Title 2C of the New Jersey State Criminal Laws

Title 39 New Jersey Motor Vehicle Laws:

<https://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enu>

Responsibility

Employees

Director of Public Safety

Director of Plant and Maintenance

Business Services Coordinator

Procedure

A. DAMAGE TO COLLEGE PROPERTY

Employee Responsibility:

1. Any employee discovering damage to college property is required to report it immediately to the Department of Public Safety (973-328-5550), without disturbing the affected item or area.

Public Safety Responsibility:

2. The Department of Public Safety will send an Officer to the scene to complete an Investigation Report (attachment A) and copies must be immediately forwarded to the appropriate Vice President, the Vice President for Business and Finance, the Director of Plant and Maintenance and the Business Services Coordinator. The Department of Public Safety will recommend to the Vice President for Business and Finance, or his designee, whether or not the appropriate state and/or local authorities should be contacted.
3. If the loss/damage is due to any violation of criminal laws, the Director of Public Safety will pursue the matter as provided by law and seek any appropriate reimbursement. If such reimbursement is obtained it will be deposited into the college's Insurance Loss Reimbursement account to be reallocated as per instruction by the Vice President for Business and Finance.

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Plant & Maintenance Responsibility:

4. If repairs are required to facilities, Plant and Maintenance will determine the cost involved if done in-house or by an outside contractor/vendor, and arrange for repairs after consultation with the appropriate Department Head. If repairs are required for inventory items (i.e. furniture or equipment), the appropriate Department Head will make the arrangements. A copy of the estimate or bill must be forwarded to the Business Services Coordinator. Responsibility for funding of any repairs will be determined on a per incident basis.

Business Services Coordinator Responsibility:

5. If the cost of the loss is greater than the insurance deductible, the Business Services Coordinator will immediately notify Morris County Risk Management.
6. Upon receipt of the bill, the Business Services Coordinator will prepare a Proof of Loss Form (attachment B) for signature by the Vice President for Business and Finance. The Proof of Loss Form must be notarized and forwarded to Morris County Risk Management with a copy of the bill and any other pertinent documentation.
7. If the claim is approved for payment by Morris County Risk Management they will forward a Morris County Insurance Fund Voucher which must be signed by the Vice President for Business and Finance and returned to the Morris County Insurance Fund.
8. Upon receipt of reimbursement from the Morris County Treasurer's Office a Cash Transmittal Form (see Procedure 03.12) must be completed and brought with the check to the Accounting Department. Funds will be deposited into the Insurance Loss Reimbursement Account and reallocated as deemed appropriate by the Vice President for Business and Finance.

Case # :

CR2019-000127



County College of Morris (CCM) Department of Public Safety
PUBLIC SAFETY
214 CENTER GROVE ROAD
RANDOLPH , NJ, 07869

Case Report

Reported By: FICHTER, JOHN

Incident Types Label **SAMPLE REPORT - VOID -** Offender Incident Disposition

Incident Occurred Date Incident Occurred End Date Incident Discovered / Called In
06/26/2019 at 1144

Location Specific Location

DEPARTMENT OF PUBLIC SAFETY

Report Synopsis/Overview

SAMPLE REPORT - VOID - SAMPLE REPORT - VOID

List of contacts in this report

TEST, JOHN OTHER

Contact # 1 (OTHER)

Full Name Student ID /SSN

JOHN TEST

Addresses

Street Number Street Direction Street Name Street Type Apt./Suite

TEST TEST TERRACE

City State Zip Country Address Type

TEST

Phones :

(N/A) TEST

Vehicle #1 (TEST)

Plate Type Plate Number Vehicle Make Vehicle Style

AUTOMOBILE TEST

Note

SAMPLE REPORT - VOID - SAMPLE REPORT - VOID

Narrative text

SAMPLE REPORT - VOID - SAMPLE REPORT - VOID

Prepared By:
FICHTER, JOHN(600)

Submitted Date
06/26/2019 1150

Signature

Reviewed By/Date

FICHTER, JOHN 06/26/2019 1151



MORRIS COUNTY INSURANCE FUND COMMISSION

ATTACHMENT B

**c/o DIVISION OF RISK MANAGEMENT
P.O. BOX 900, MORRISTOWN, NJ 07963-0900**

SWORN STATEMENT - PROOF OF LOSS

Claim No.: _____

Name of Risk: _____ County College of Morris _____

Location of Risk: _____

1. Identification of Loss	Kind of Loss: _____ Date of Loss: _____	
	Cause and Origin of Loss:	
2. Occupancy	State specifically how the building described, or containing the property described, was occupied at time of loss:	
3. Title and Interest	Interest in the property at time of loss: County College of Morris	
	Other persons having interest therein or encumbrance therein:	
4. Total Insurance	Total amount: \$	The furnishing of this form or the preparation of proofs by a representative of the Morris County Insurance Fund Commission is not a waiver of any of its rights.
5. Cash Value	Actual cash value at time of Loss: \$	
6. Loss and Damage	Whole loss and damage: \$	
7. Amount Claimed	Amount claimed: \$	

This loss did not originate by any act, design or procurement on my part or by anyone insured by this fund. I have not done or consented to anything that would violate the conditions of this policy. The only articles for which I am making claim hereunder are those damaged or destroyed by this loss. I have not concealed any property not destroyed nor willfully misled the Insurance Fund as to the extent of my loss. I have set forth my loss herein and in the annexed schedules honestly and to the best of my ability. I will furnish any other information that may be required and it will be considered a part of this proof of loss.

State of New Jersey
County of Morris

Signature: Karen VanDerhoof, VP for Bus. & Finance

Subscribed and sworn to before me this _____ day of _____ 20_____

PLEASE FORWARD ORIGINAL TO THE MORRIS COUNTY INSURANCE FUND COMMISSION c/o RISK MANAGEMENT