



Introduction to Insurance & Claims

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The University of Wyoming

carries

multiple insurance policies

covering

500+ buildings and structures,

and approximately

12,000+ students & scholars

and

6,000+ employees

Property Insurance



Property Coverage 2025-26

Insurance Values

- UW owned/insured buildings and structures: \$3.2 billion
- Contents & Mobile Equipment: \$551 million
- Library: \$338 million
- Fine Arts: \$841 million
- Business Income (interruption): \$104 million

Most Property claims are subject to a **\$250,000** deductible per incident.

Wind & hail

some earthquake & flood

\$1 million deductible

General & Professional Liability Insurance



General Liability Coverage

Definition. A standard insurance policy issued to business or organizations to protect them against **liability claims** for bodily injury (BI) and property damage (PD) arising out of premises, operations, products, and completed operations; and advertising and personal injury (PI) **liability**.

*International Risk Management Institute

(Stuff we accidentally do to other people & things)

- General Liability claims are subject to Self-Insured Retentions from \$100,000 to \$1,000,000
- University coverage includes Educators Legal Liability and Employment Practices Liability Coverage

Professional Liability Coverage

Definition. A type of liability coverage designed to protect traditional professionals (e.g., accountants, engineers, attorneys)...against liability incurred as a result of errors and omissions in performing their professional services.

*International Risk Management Institute

- Most professional liability claims are subject to a \$150,000 Self-Insured Retention
- Medical professionals are covered separately by a State Self-Insurance Program in most instances, occasionally by commercial insurance
- University professionals are covered for educational activities and need to discuss with Risk Management if working as a traditional consultant
- Students in professional fields (health sciences, law, etc.) providing services to the public are covered by separate clinical policies

Other Insurance



FOREIGN TRAVEL AND
FOREIGN LIABILITY



AVIATION &
UAV



CARGO



CYBER



CRIME



OUT-OF-STATE AND
FOREIGN WORKERS'
COMPENSATION



ATHLETIC INJURY
CAMP
ACCIDENT/INJURY

Other Insurance Related Issues

Wyoming
Governmental
Claims Act

Insurance
Requirements &
Certificates of
Insurance

incoming/outgoing

Incident & Claims Management

UW Risk Management acts as an internal insurer
to the University



ACCIDENT INFORMATION FORM
FIRST REPORT OF ACCIDENT/INCIDENT



UNIVERSITY OF WYOMING
OFFICE OF RISK MANAGEMENT

PLEASE COMPLETE ALL OF SECTION A AND ANY OF SECTIONS B-D THAT ARE RELEVANT TO THIS ACCIDENT/INCIDENT

Accident Information Form must be filled out and forwarded to Risk (risk@uwyo.edu) as soon as possible

SECTION A		ACCIDENT/INCIDENT DETAILS
REPORTED BY (WHO IS COMPLETING THE FORM):		OTHER PARTY/PARTIES INVOLVED IN ACCIDENT/INCIDENT:
Name: _____		Name: _____
Address: _____ <small>Street Address City State Zip Code</small>		Address: _____ <small>Street Address City State Zip Code</small>
Contact Information: _____ <small>Primary Secondary</small>		Contact Information: _____ <small>Primary Secondary</small>
Persons Involved: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor		Persons Involved: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Visitor
Department: _____		Purpose of Visit on Campus: _____
Supervisor: _____ Contact Information: _____		
Date and Time Accident/Incident	Date and Time Reported	LOCATION OF INCIDENT/ACCIDENT
____/____/____ <small>Month Day Year</small>	____/____/____ <small>Month Day Year</small>	Campus Location:
____ A.M. ____ P.M.	____ A.M. ____ P.M.	<input type="checkbox"/> Main Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Other
		<input type="checkbox"/> Building: _____ Room No: _____ Contact Info: _____
		<input type="checkbox"/> Campus Grounds Location: _____
INCIDENT TYPE: (Check All That Applies)		Brief Description of Accident/Incident: _____
<input type="checkbox"/> Personal Injury/Illness		_____
<input type="checkbox"/> Vehicle Accident		_____
<input type="checkbox"/> Property Damage		_____
<input type="checkbox"/> Work Related		_____
<input type="checkbox"/> Other _____		
FULL NAME OF INJURED PARTY: _____		DATE OF BIRTH: _____ SSN OR UW ID #: _____
WERE ANY OF THE FOLLOWING CONTACTED: Y=Yes N=No (Check All That Apply)		
SUPERVISOR: <input type="checkbox"/> Y <input type="checkbox"/> N		UW POLICE : <input type="checkbox"/> Y <input type="checkbox"/> N
EMERGENCY MEDICAL STAFF: <input type="checkbox"/> Y <input type="checkbox"/> N		HEALTH & SAFETY DEPT: <input type="checkbox"/> Y <input type="checkbox"/> N
		PARENT: <input type="checkbox"/> Y <input type="checkbox"/> N
		NON-UW LAW ENFORCEMENT : <input type="checkbox"/> Y <input type="checkbox"/> N
WHAT HAPPENED TO THE INJURED PARTY: <input type="checkbox"/> First Aid Administered <input type="checkbox"/> Refused Treatment/Transport <input type="checkbox"/> Left With Friend		
<input type="checkbox"/> Transported to Hospital <input type="checkbox"/> Returned to Work <input type="checkbox"/> Went Home <input type="checkbox"/> Went to Physician <input type="checkbox"/> Unknown		

1st Party Auto Claims (UW's vehicle)

- Make sure everyone is safe and take appropriate actions if injuries occurred
- Photograph the vehicle and scene
- Report the accident
- Risk Management will coordinate repairs with Fleet
- Must follow vehicle disposal and purchase procedures



3rd Party Auto Claims (other people's cars)



- Make sure everyone is safe and take appropriate actions if injuries occurred.
- Call the police
- Gather the appropriate information from the other driver including name, insurance & contact information.
- Photograph the vehicles and scene
- Report the accident (risk report & any government report)

*****ALL POST ACCIDENT COMMUNICATIONS MUST GO THROUGH LEGAL AND/OR RISK*****

Do's and Don'ts Regarding Car Rental Damage



- Do – Use Enterprise (UW’s Strategic Partner) whenever possible.
- Don’t - Buy the extra insurance for domestic rentals unless directed in advance by Risk Management or required by agreement.
- Do - Photograph and advise the company of damage.
- Don’t - Pay for any damage on site.
- Do - Give Risk Management’s contact info (307) 766-5767 risk@uwyo.edu if required
- Don’t - Agree to anything related to repair reimbursement.
- Do - Complete an Accident Information Form and email to Risk Management.
- Do – Forward all correspondence to Risk Management.

Auto Deductible Policy

Section XV – University Vehicle Deductibles

Following any at-fault accident in a **University Vehicle**, the responsible department will pay a deductible in accordance with the Risk Management Department’s current deductible policy as follows:

- A. For Damage to University Owned Vehicles:
 - 1. \$100 for the first chargeable accident.
 - 2. \$250 for the second chargeable accident within 360 days of the most recent accident.
 - 3. \$500 per accident for the third chargeable accident and all subsequent chargeable accidents within 360 days of the most recent accident.
- B. For Damage to any other rental or leased vehicle:
 - 1. \$200 for the first chargeable accident.
 - 2. \$350 for the second chargeable accident within 360 days of the most recent accident.
 - 3. \$700 per accident for the third chargeable accident and all subsequent chargeable accidents within 360 days of the most recent accident.

Failure to report an accident in a timely manner shall increase the deductible by one level (for example from \$100 to \$250).

“the driver has 10 days from date of accident to complete and submit these forms”

Property Damage Claims

(smaller losses)



- Mitigate the damage
- Contact Operations
- Complete Accident Information Form
- Secure Risk Management approval of repairs
- Facilitate repairs (like, kind & quality) following Operations Policy
- Submit documentation for reimbursement (or Ops will submit)

Property Damage Claims

(Catastrophic Loss)



- Call 911
- Assure safety of all
- Contact Operations & Risk Management
- Complete Accident Information Form
- Risk Management will coordinate loss with You, Operations, Carrier

Equipment Loss/Damage Claims



If it's part of a larger property claim, will be handled together

If it's separate damage/loss

- Complete Accident Information Form
- Risk Management will authorize repair/replacement
- Purchase repair service/replacement following other University policies or as an authorized emergency
- Follow property disposal procedures (Asset Management Policy)

Contact UWPD (766-5179) 24/7 regarding any urgent incidents.
UWPD can contact Risk Management if required

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