

Reported to the Board of Trustees  
November 8, 2012

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University of Illinois

## **Annual Financial Report**

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**University Office of Risk Management**

Liability, Workers' Compensation and Property Insurance Programs

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**Year Ended June 30, 2012**

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# UNIVERSITY OFFICE OF RISK MANAGEMENT

We are pleased to present the University Office of Risk Management's Annual Financial Report for the fiscal year July 2011 – 2012.

On June 30, 2012, the University Office of Risk Management completed its 36<sup>th</sup> year administering the University's insurance programs. The office was established at the direction of the U of I Board of Trustees in 1976. Since its inception, the risk management office has strived to use effective risk management techniques while improving the delivery of our services in support of the university's mission. To accomplish these objectives we engage in planning, leading, organizing, coordinating, and controlling activities both before and after a loss occurs to minimize adverse effects, at a reasonable cost. In addition, the office has the responsibility of carrying out the policies of the University of Illinois in matters relating to risk management and insurance, and administering the workers' compensation self-insurance program. The University Office of Risk Management and Office of Claims Management/Workers' Compensation are departments within the Office of Treasury Operations and are located in Urbana.

The University of Illinois has campus locations at Urbana-Champaign, Chicago and Springfield, with branches of the Chicago-based health professions at Peoria, Rockford, Urbana, and the Quad Cities. The U of I educates roughly 77,635 students and has continuing education centers in suburban and downstate Illinois, and University Extension offices in many of the state's 102 counties.

The risk management office assists senior leadership in identifying, quantifying, containing, and managing risk so that this institution can attain its objectives. In conjunction with appropriate campus groups, we coordinate the reduction of risk and the prevention of loss within prudently economic constraints, and then implement the most cost-effective risk solution. Risk may come from many sources.

## **Risk Events:**

- Bodily injury, accidental death
- Terrorist threats and/or terrorist actions
- Property loss and/or loss of research data and specimens
- Loss of valuable collections, such as rare books and artwork
- Fraud and/or embezzlement
- Student suicide/murder
- Regulatory fines or penalties and/or regulatory/legislative changes
- Employment practices claims such as sexual harassment or retaliation
- Contamination due to mishandled chemicals or radioactive materials
- Unethical use of human subjects in research
- Unexpected adverse medical outcomes
- Cybercrime

- Workplace safety issues
- Disclosure of electronic information or personal data
- Intellectual property infringement
- Budget rescission
- Inappropriate athletic recruiting
- Negative publicity/scandals, resulting in an inability to recruit top faculty and students
- Class action claims
- Loss of donations
- Interruption or loss of research funding
- Unanticipated increase in the cost of energy
- “Whistleblower” complaints
- Event cancellation
- Climate change
- Business disruption
- Natural disaster
- Pandemic
- Employee/student violence
- Plane/vehicular crash involving key personnel or an athletic team
- Failure to innovate/meet the needs of our students
- Economic slowdown

The aforementioned list is not exhaustive and is only a sampling of the risk an institution as large and complex as the University of Illinois faces. Managing risk is critical.

**Other duties assumed by the risk management office include:**

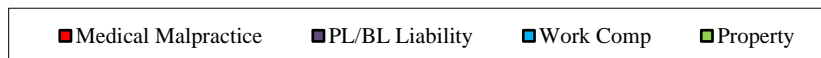
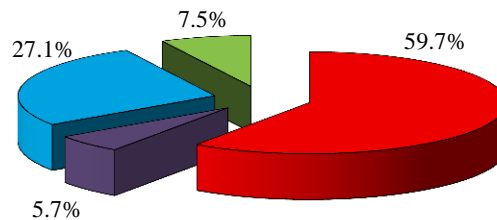
- Acting as a resource to the university community on issues such as auto liability, use of waivers, contractual risk transfer, and professional liability.
- Collecting exposure and claims data information.
- Developing cost containment and loss control programs and policies, in conjunction with campus units to address adverse trends in loss experience.
- Serving on several claims committees, as well as in positions of leadership with various state, regional, and national insurance organizations.
- Reviewing contract and lease language, including insurance requirements, indemnification, subrogation, and hold harmless clauses.
- Advocating for transitional and return to work options for injured employees.
- Purchasing and maintaining competitively priced commercial insurance policies to complement the self-insurance program.
- Issuing RFP’s for commercial insurance products and consulting services.
- Allocating and collecting internal assessments for insurance and funding requirements.
- Issuing certificates of insurance and evidence of self-insurance coverage.
- Negotiating and settling property losses.
- Processing legal expense payments for claims paid from self-insurance trust accounts.
- Analyzing alternative risk transfer and risk financing methods.
- Preparing an annual report for the Board of Trustees and required documentation for external, internal, and federal auditors.

# MAJOR INSURANCE PROGRAMS AT A GLANCE FY2012

Summarized below is a snapshot of the costs associated with the major programs that are discussed in this annual report.

At-a-Glance	By the Numbers
<b>Medical Malpractice</b>	Total funding need decreased roughly 6.7% or \$2.67 million.  <b>Total Funding: \$37.3 million</b>
<b>Public and Board Legal Liability</b>	Total funding need decreased roughly 17.2% or \$750,000.  <b>Total Funding: \$3.59 million</b>
<b>Workers' Compensation</b>	Total funding need increased by 2.7%, or \$480,000.  <b>Total Funding: \$16.96 million</b>
<b>Commercial Property</b>	Total funding need decreased 1% or roughly \$48,000.  <b>Total Funding: \$4.66 million</b>

## FY2012 Program Costs - \$62.53 million



# MAJOR SELF-INSURANCE PROGRAMS

## MEDICAL PROFESSIONAL AND HOSPITAL PROFESSIONAL & GENERAL LIABILITY

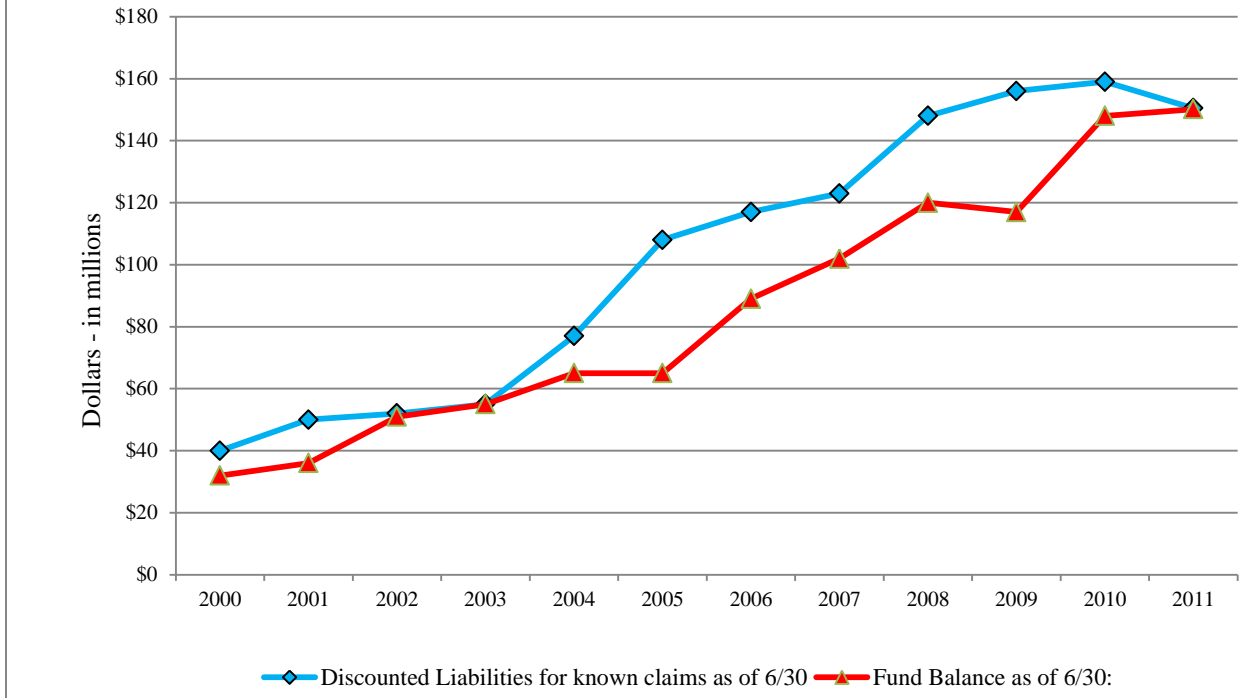
Medical professional liability insurance covers health professionals at the University of Illinois Medical Center at Chicago, the various Colleges of Health Professions, and all student health service centers. The university has been self-insured for medical professional/hospital liability since August 1976, because commercial coverage for teaching hospitals was not available at cost-effective rates. Since March 1981 the university has purchased commercial excess liability insurance to provide additional coverage limits above a large self-insured retention. The retention levels and the limits of coverage purchased have been influenced by availability in the insurance marketplace.

The university annually obtains an actuarial analysis of this self-insurance program. The report estimates the ultimate outstanding losses and expenses (liabilities) on a discounted basis at various confidence levels. The university uses the mean or expected confidence level to determine its outstanding liabilities. FY2012 liabilities, when compared to plan assets, show a funding shortfall of less than \$300,000. This shortfall, amortized over five years, required an additional contribution of \$65,806. The actuarial firm also determines the amount needed to set aside for funding claims that occur during the new fiscal year. The combined total is the normal indicated funding contribution, which is roughly \$32.1 million. Adding in the commercial excess insurance and administration costs brings the FY2012 total funding requirement to \$37.3 million. This amount represents a 6.7% decrease from the prior year's requirement.

### MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE FUNDING INDICATED AT BEGINNING OF FY2012

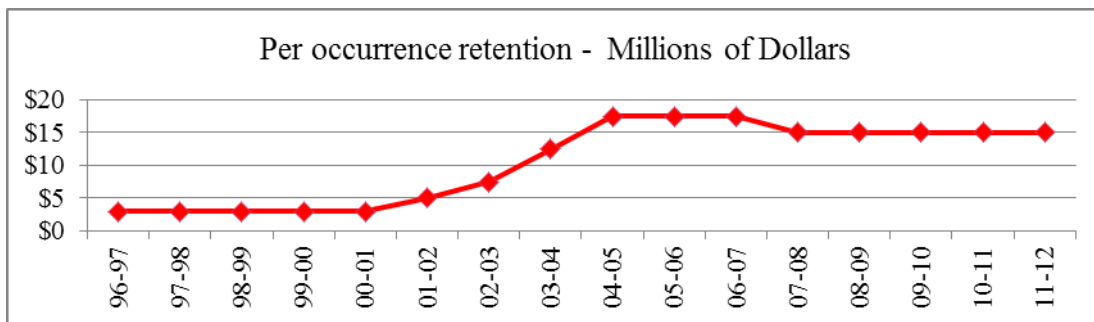
	FY2012 Program Retention of \$10.0 MM per Occurrence w/ \$5.0/\$5.0 MM buffer layer. \$60 million limits.		FY2011 Program Retention of \$10.0 MM per Occurrence w/ \$5.0/\$5.0 MM buffer layer. \$60 million limits.	
	FY2012 Funding		FY2011 Funding	
<b>Per Actuary:</b>				
Discounted Liability for claims at June 30:	150,456,806		159,067,039	
Estimated Fund balance at June 30:	150,157,656		147,905,036	
<b>Funding shortfall or (excess):</b>	299,150		11,162,003	
<b>Amortized shortfall in prior year funding..... (.21997 factor)</b>		65,806		2,455,373
<b>Funding required for Claims.....</b>		<b>32,102,400</b>		<b>32,068,200</b>
<b>Normal Indicated Fund Contribution (total)</b>		<b>32,168,206</b>		<b>34,523,573</b>
<b>Plus:</b>				
Cost of Excess Insurance		4,072,366		4,372,820
Legal/Risk Administrative Cost		1,086,540		1,100,000
<b>Total Funding Need.....</b>		<b>37,327,112</b>		<b>39,996,393</b>
Increase:		-6.7% (\$2,669,281)		-10.6% \$4,746,697

### Hospital/Medical Professional Insurance Discounted Liabilities and Self-Insurance Trust Fund



An historical review of this program shows plan liabilities rapidly increasing before beginning to taper off during 2011. In part, the reason for this dramatic growth is due to high settlements and verdicts, and the unpredictability of juries in Cook County. However, patient safety initiatives, aggressive litigation management, as well as success at trial have contributed to a drop in liabilities for the first time in over a decade.

Because the U of I has been forced to assume higher retentions per claim we must set aside additional funding to pay a higher portion of the claims. To illustrate, in FY1997 the U of I assumed the first \$3 million on a claim. In FY2012, we must assume the initial \$10 million on the first claim and then must erode another \$5 million buffer layer before dropping back to \$10 million per claim thereafter.

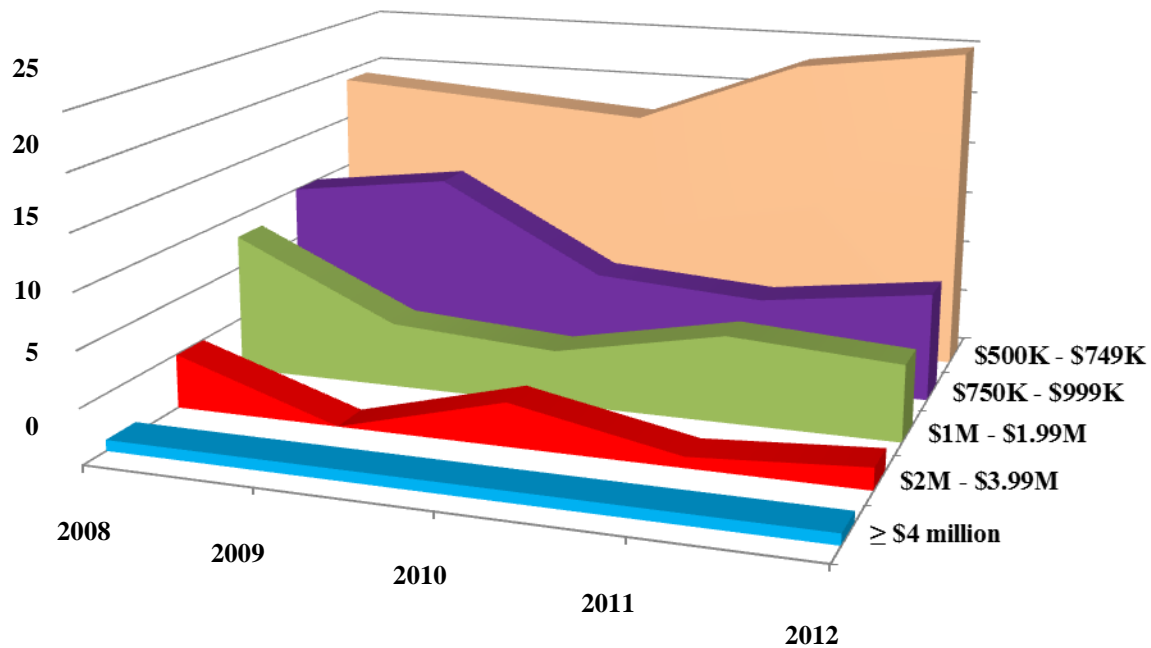


Throughout FY2010 and FY2011 this office worked on a project designed to reduce the overall medical malpractice funding requirement. The focus was limiting exposure to the self-insurance trust when clinicians practice at locations not owned or controlled by the University. In June 2011, the Board of Trustees approved off-site insurance limits of \$1 million per occurrence and \$3 million per policy year, bringing off-site limits in line with what medical practitioners would have in independent practice. The new off-site limits became effective January 1, 2012.

## Claims Reserved at \$500,000 or Greater

# of Reserved Claims at June 30

Value	2008	2009	2010	2011	2012
≥ \$4 million	1	1	1	1	1
\$2M - \$3.99M	5	0	4	1	2
\$1M - \$1.99M	13	6	5	8	7
\$750K - \$999K	15	17	9	8	10
\$500K - \$749K	<u>24</u>	<u>23</u>	<u>22</u>	<u>28</u>	<u>30</u>
	<b>58</b>	<b>47</b>	<b>41</b>	<b>46</b>	<b>50</b>





**PUBLIC (GENERAL) LIABILITY and  
BOARD LEGAL (DIRECTORS' & OFFICERS' and  
EMPLOYMENT PRACTICES) LIABILITY**

The Public Liability self-insurance plan covers liability arising from university owned or controlled premises, as well as negligent acts of faculty and staff that result in property damage or bodily injury to a third party. In Illinois, a Tort Claims Act provides the means for citizens to recover damages from state agencies, and the Act requires claims made for certain torts be brought in the Illinois Court of Claims. In the Court of Claims there are caps on damages of \$100,000 per person. Actions brought in the Circuit and Federal court system are not within the purview of the Illinois Court of Claims.

The Board Legal Liability self-insurance plan covers the university's liability arising from alleged civil rights violations, discrimination, ADA violations, wrongful termination, and other claims that may be filed in the Federal or State Court systems. In addition, coverage extends to directors, officers, and employees who may be individually named in these claims.

The university's public liability and board legal liability self-insurance programs were established in August 1976. Since 1990 both the public liability and the board legal liability self-insurance programs have been supplemented by the purchase of commercial excess insurance above our self-insured retention. The retention levels and the limits of coverage purchased have been influenced by availability in the insurance marketplace.

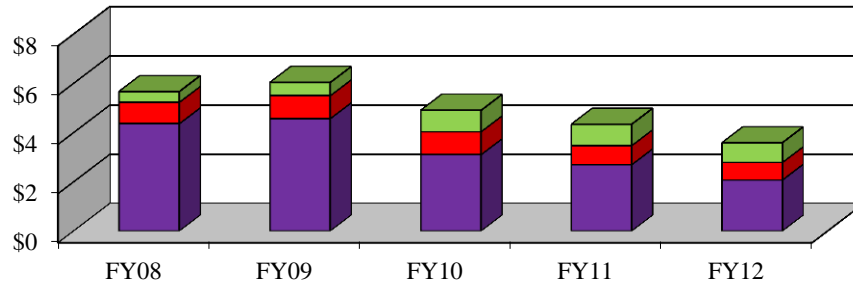
The university annually obtains an actuarial analysis of its public and board legal liability self-insurance programs. The report estimates the ultimate outstanding losses and expenses (liabilities) on a discounted basis at various confidence levels. The university uses the 75<sup>th</sup> percentile confidence level to determine its outstanding liabilities. Funding for liabilities is adjusted to smooth contributions using a five-year amortization of fund surpluses or deficits. When compared to the plan assets there is a funding surplus of approximately \$12.6 million, representing \$2.7 million when amortized over five years. The actuarial firm also determines the amount needed to set aside for funding claims that occur during the new fiscal year. The combined total is the normal indicated funding contribution, which is roughly \$2.01 million. With the cost of commercial excess insurance and administration added, the total FY2012 funding requirement is approximately \$3.6 million. This amount represents a decrease of roughly \$750,000 over the prior year. The costs associated with these two programs have stabilized over the past few years and we are cautiously optimistic that this is a trend and not an anomaly.

The incidences of claims from employment practices have been increasing both nationally and locally. In recent years the University has focused greater attention on training and mediation as means to avoid expensive and protracted litigation. We have experienced a stabilization of costs, in large part due to the increased focus on loss prevention and mitigation.

**PUBLIC AND BOARD LEGAL LIABILITY**  
**SELF-INSURANCE FUNDING INDICATED AT BEGINNING OF FY2012**

	FY2012 Program Retention of \$500,000 per Occurrence for Board Legal; \$500,000 per Occurrence for Public Liability		FY2011 Program Retention of \$500,000 per Occurrence for Board Legal; \$500,000 per Occurrence for Public Liability	
	FY2012 Funding		FY2011 Funding	
<b>Per Actuary:</b>				
Discounted Liability for claims at June 30:	20,699,686		21,318,600	
Estimated Fund balance at June 30:	33,259,431		32,258,411	
<b>Funding shortfall or (excess):</b>	<b>(12,559,745)</b>		<b>(10,939,811)</b>	
<b>Amortized shortfall in prior year funding.....</b> (.21997 factor)		<b>(2,674,053)</b>		<b>(2,406,496)</b>
<b>Funding required for Claims.....</b>		<b>4,747,064</b>		<b>5,101,456</b>
<b>Normal Indicated Fund Contribution (total)</b>		<b>2,073,011</b>		<b>2,694,960</b>
<b>Plus:</b>				
Cost of Excess Insurance (estimated at July 1)		710,509		774,907
Legal/Risk Administrative Cost		803,120		867,000
<b>Total Funding Need.....</b>		<b>3,586,640</b>		<b>4,336,867</b>
Increase:	-17.3%	(\$750,227)	11.5%	(\$561,843)

**Public & Board Legal Liability Annual Cost Components  
at Beginning of Fiscal Year  
(in millions)**



■ Legal/Risk Administrative Costs  
■ Cost of Excess Insurance  
■ Funding required for current year claims including amortized surplus/deficit for past liabilities

## WORKERS' COMPENSATION INSURANCE

Workers' Compensation and Employers Liability insurance is designed to provide a satisfactory way to address the medical and economic aspects of employment-related injuries. Workers' compensation insurance is not based on the legal concept of negligence, but pays without regard to who is at fault, as long as the injury or occupational illness arises out of and in the course and scope of employment. Workers' compensation insurance includes four types of benefits – disability (loss of income) benefits, medical benefits, survivor (death) benefits, and rehabilitation benefits.

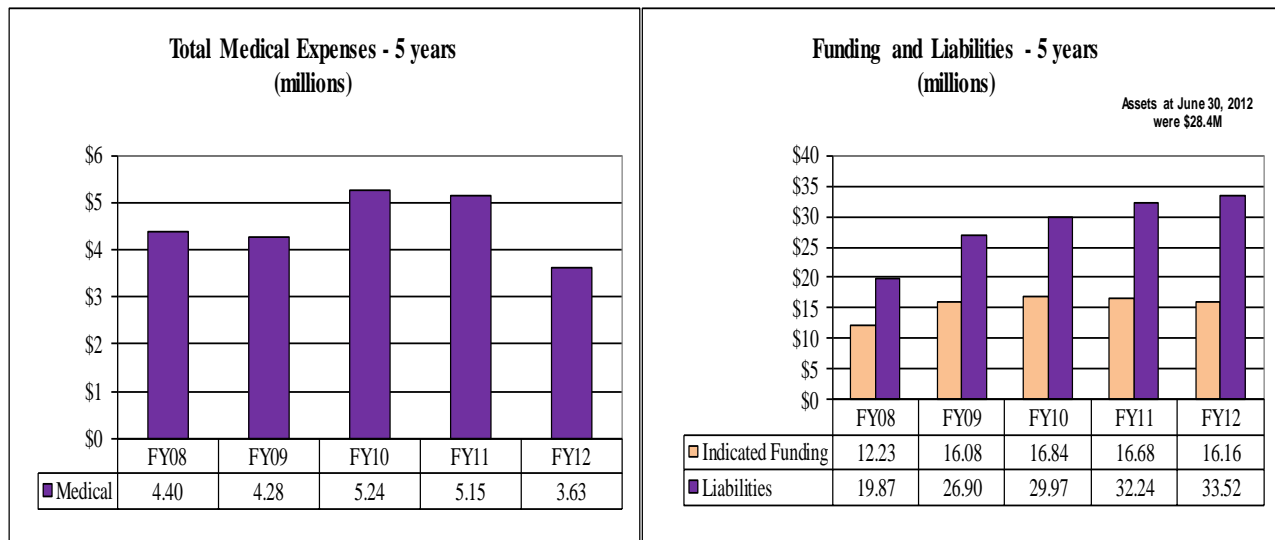
The university has been self-insured for its workers' compensation liabilities since 1918. The workers' compensation exposure is funded through three mechanisms - state appropriation, "recovery" accounts, and payroll assessments. With the exception of a single year in the 1970's the University has not purchased commercial excess coverage for its workers' compensation self-insurance program.

An annual state appropriation provides funding for claims of injured employees whose wage sources are state funds. Payroll assessments provide the funding for claim payments for injured employees whose wage sources are "local" or "grant/gift" accounts. Separate claim payment accounts are maintained for state, auxiliary, and trust wage sources at each of the campuses. A separate trust account is maintained for the UIC hospital exposure. In addition, "recovery funds" were established in the early 1990's as an incentive for loss prevention. Because the employing department is charged 49% of the cost for wages and settlements paid by workers' compensation funds, they have an incentive to return employees to work as soon as possible. The accumulated funds now serve as the source of funds when the state appropriation runs out, and we rely heavily on those accounts due to limited state support.

The university annually obtains an actuarial analysis of its workers' compensation self-insurance program. The report estimates the ultimate outstanding losses and expenses (liabilities) on a discounted basis at various confidence levels. The university uses the 75<sup>th</sup> percentile confidence level to determine its outstanding liabilities. Funding for liabilities is adjusted to smooth contributions using a five-year amortization of fund surpluses or deficits. When compared to the plan assets there is a funding shortfall of roughly \$9.8 million, representing an amortized amount of about \$2.1 million. The actuarial firm also determines the amount needed to set aside for funding claims that occur during each new fiscal year. The combined total is the normal indicated funding contribution of \$16.2 million. With the cost of administration added the total FY2012 funding requirement is approximately \$17 million. This amount represents a -2.7% decrease from the prior year funding requirement, or roughly \$479,500.

**WORKERS' COMPENSATION**  
**SELF-INSURANCE FUNDING INDICATED AT BEGINNING OF FY2012**

	FY2012 Program		FY2011 Program	
	FY2012 Funding		FY2011 Funding	
<b>Per Actuary:</b>				
Discounted Liability for claims at June 30:	33,517,633		32,242,914	
Estimated Fund balance at June 30:	23,706,049		20,217,965	
<b>Funding shortfall or (excess):</b>	9,811,584		12,024,949	
<b>Amortized shortfall in prior year funding..... (.221968 factor)</b>		2,138,756		2,645,199
<b>Funding required for Claims.....</b>		<b>14,024,100</b>		<b>14,029,292</b>
<b>Normal Indicated Fund Contribution (total)</b>		<b>16,162,856</b>		<b>16,674,491</b>
<b>Plus:</b>				
Cost of Excess Insurance		N/A		N/A
Legal/Risk Administrative Cost		794,920		762,775
N/A = do not purchase				
<b>Total Funding Need.....</b>		<b>16,957,776</b>		<b>17,437,266</b>
Increase:		-2.7%    -\$479,490		-1.4%    -\$240,343



It is notable that the cost of medical payments has decreased approximately 30% in FY2012. In part this is due to the use of an external medical bill review firm, which scrutinizes bills for errors and reviews them for relevance and medical necessity.

## Sources and Uses of Funds during Fiscal Year 2012

All of the self-insurance trust funds have these common elements:

- Fund contributions made to the self-insured trust
- Investment income
- Excess insurance company recoveries (if any)

Less the following expenditures:

- Settlements (indemnity payments)
- Legal fees and expenses
- Excess insurance company premium (if any)
- Cost of administration (legal and risk management)

<b>MEDICAL PROFESSIONAL LIABILITY</b>					
Sources and Uses of Funds during Fiscal Year 2012 and for the Period FY91-12					
(in millions)					
	<b>FY12</b>		<b>FY91-FY12</b>		
<b>Beginning Fund Balance:</b>	\$174.7		\$39.3		
<b>Sources:</b>					
Fund Contributions	37.3	94%	444.7	86%	
Investment Income	1.3	3%	50.6	10%	
Quasi-Endowment G/L	1.2	3%	3.2	1%	
Insurance Recoveries	<u>0.0</u>	<u>0%</u>	<u>16.5</u>	<u>3%</u>	
	\$39.9	100%	\$515.0	100%	
<b>Uses:</b>					
Legal & Indemnity payments	41.4	89%	297.6	77%	
Excess Insurance costs	4.1	9%	69.0	18%	
Administrative costs	<u>1.1</u>	<u>2%</u>	<u>19.8</u>	<u>5%</u>	
	\$46.6	100%	\$386.3	100%	
<b>Ending Fund Balance at 6/30/2012:</b>	\$167.9		\$167.9		
<b>Discounted Liabilities at 6/30/2012:</b>	\$165.6		\$165.6		
<b>Funding shortfall/excess:</b>	\$2.3		\$2.3		
<small>Note: Rounding differences may account for slight discrepancies in totals</small>					

For the period ending 6/30/2012 there was a 2.3% increase in medical professional liabilities (discounted) from prior year. Estimated liabilities at period ending 6/30/2012 were \$165.6 million compared to \$161.9 million at period ending 6/30/2011. For the period ending 6/30/2012, liabilities compared to plan assets resulted in a funding excess of \$2.3 million.

<b>PUBLIC &amp; BOARD LEGAL LIABILITY</b>				
Sources and Uses of Funds during Fiscal Year 2012 and for the Period FY91-12				
(in millions)				
	<b>FY12</b>		<b>FY91-FY12</b>	
<b>Beginning Fund Balance:</b>	\$34.0		\$6.0	
<b>Sources:</b>				
Fund Contributions	3.6	92%	80.7	81%
Investment Income	0.3	7%	14.5	15%
Quasi-Endowment G/L	-0.1	-3%	0.5	1%
Insurance Recoveries	<u>0.2</u>	<u>4%</u>	<u>3.6</u>	<u>4%</u>
	<b>\$3.9</b>	<b>100%</b>	<b>\$99.3</b>	<b>100%</b>
<b>Uses:</b>				
Legal & Indemnity payments	1.5	50%	52.2	74%
Excess Insurance costs	0.8	24%	10.7	15%
Mediation training	0.0	0%	0.1	0%
Administrative costs	<u>0.8</u>	<u>26%</u>	<u>7.4</u>	<u>11%</u>
	<b>\$3.1</b>	<b>100%</b>	<b>\$70.4</b>	<b>100%</b>
<b>Ending Fund Balance at 6/30/2012:</b>	\$34.9		\$34.9	
<b>Discounted Liabilities at 6/30/2012:</b>	\$19.0		\$19.0	
<b>Funding shortfall/excess:</b>	\$15.9		\$15.9	
<small>Note: Rounding differences may account for slight discrepancies in totals</small>				

For the period ending 6/30/2012 there were excess funds in the public and board legal liability trust accounts of roughly \$15.9 million. As stated earlier, we have seen a flattening of overall program costs; however, we continue to keep a close eye on new claims that may adversely impact the program in the future.

• • • • •

In the workers' compensation trust accounts, there was an overall funding shortfall of \$8.2 million. In FY2012 we asked for and received an additional \$1.1 million of funding from the Academic Affairs Management Team (AAMT) to shore up the "state" account balances. This infusion of cash, along with an additional \$500,000 in state appropriation enabled us to end FY2012 in a better cash position than in prior years – with account balances totaling \$28.4 million at year-end, compared to just \$7 million a few years ago.

As stated earlier, due to rising workers' compensation costs a "recovery" or "charge-back" assesses 49% of wage replacement, and 49% of settlement costs to the employing department. These charges are assessed to "state" and "auxiliary" wage sources. In addition, claim payments recovered from negligent third-parties (subrogation) are deposited in the "recovery" accounts. The "recovery" program also serves as an incentive for units to initiate safety programs to prevent injuries, and to return injured employees to modified work on a timelier basis.

## WORKERS' COMPENSATION

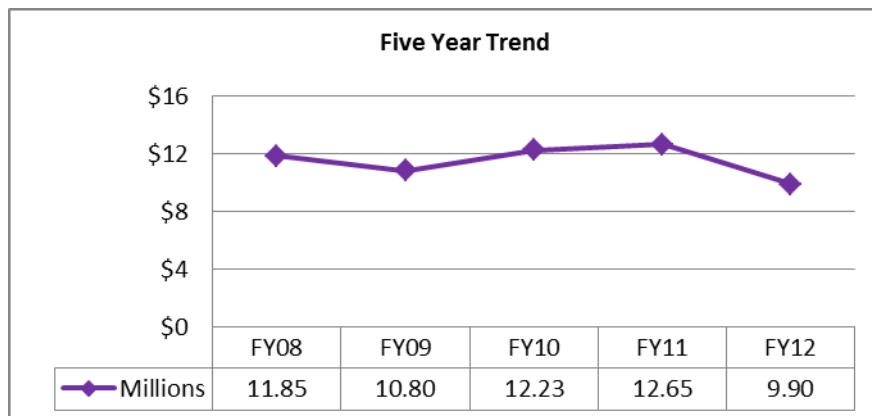
Sources and Uses of Funds during Fiscal Year 2012 and for the Period FY91-12

(in millions)

		FY12		FY91-FY12	
<b>Beginning Fund Balance:</b>		\$24.3		\$0.5	
<b>Sources:</b>					
State Appropriation	6.3	45%		81.3	44%
AAMT Funding	1.1	8%		14.6	8%
Auxiliary and Trust Contributions	5.3	37%		53.3	29%
Investment Income	0.1	1%		5.5	3%
Recovery/Chargebacks	<u>1.3</u>	<u>9%</u>		<u>28.1</u>	<u>15%</u>
	\$14.1	100%		\$182.8	100%
<b>Uses:</b>					
Legal/Medical/Wage & Indemnity payments	9.1	92%		140.1	90%
Loss Control/Safety Programs	0.0	0%		0.2	0%
Miscellaneous	0.0	0%		0.7	0%
Administrative Costs	<u>0.8</u>	<u>8%</u>		<u>13.8</u>	<u>9%</u>
	\$10.0	100%		\$154.9	100%
<b>Ending Fund Balance at 6/30/2012:</b>		\$28.4		\$28.4	
<b>Discounted Liabilities at 6/30/2012:</b>		\$36.7		\$36.7	
<b>Funding shortfall/excess:</b>		(\$8.2)		(\$8.2)	

Note: Rounding differences may account for slight discrepancies in totals

For the period ending 6/30/2012 total Workers' Compensation total expenses decreased for the first time in five years as shown below.



## **COMMERCIAL PROPERTY AND SELF-INSURED PROPERTY PROGRAM**

The university, along with the other members of the Illinois Public Higher Education Cooperative (IPHEC) purchasing group, procures its property insurance through the Midwestern Higher Education Compact (MHEC). While policy coverage terms are determined on a group basis, each participating university has its own basic coverage limits. Excess limits are purchased at the option of each participating university.

Property insurance coverage provides protection to the university for direct physical loss or damage to university property. Perils covered include fire, windstorm, hail, smoke damage, explosion, theft, flood, and earthquake. The policy is written on a scheduled basis to cover buildings and contents and may include business income and expense (including tuition & fees), as well as builder's risk. Flood and earthquake coverage is included for all buildings, but coverage sub-limits of \$100 million apply for both flood and earthquake losses. In addition to the policy flood limit, buildings and contents in the Boneyard flood plain are subject to a further sub-limit of \$50 million with a \$1 million deductible. Boiler and machinery coverage is provided for all campus buildings.

By far the biggest change we have experienced in recent years is the increase in deductible, or retention per loss. For well over a decade, the university had a \$10,000 per occurrence deductible on its auxiliary facilities system buildings, as well as buildings covered by bond issue or built with donor funds. All other buildings were insured with a \$500,000 per occurrence deductible. Beginning July 1, 2003 *all* university buildings are now insured on a scheduled basis with a \$500,000 deductible per occurrence. The single exception is for buildings under construction, which are subject to a \$100,000 deductible. Buildings financed by bond issue; auxiliary enterprise buildings; gift-buildings; etc. are referred to as Schedule I. Academic buildings are referred to as Schedule II.

In FY2004 the U of I established a property insurance deductible self-insurance plan (SIP) to provide funding for losses to Schedule I buildings and contents that fall between \$25,000 and \$500,000. In the event of a loss, Schedule I properties will pay \$25,000 and the University's property SIP will fund the difference. Schedule II buildings have historically had a \$500,000 per occurrence deductible. Beginning FY2008 the risk management office began setting aside funds for an academic property SIP to be used to pay some portion of the \$500,000 deductible.

The university also insures its library collections, and purchases a rare books and fine arts insurance policy to insure the valuable contents of the Krannert Art Museum (KAM), Spurlock Museum, and the university main library's special collections and rare books. The cost is divided between the campus, university library, Spurlock, and KAM.



# REAL & PERSONAL PROPERTY COVERAGE

FY2012

Policy Term: 7/1/11 to 7/1/12

<u>COVERAGE'S</u>	<u>VALUES</u>	<u>DEDUCTIBLE</u>
SCHEDULE I (AFS, Gift, and Bond Financed Buildings/Contents Business Income, Boiler & Machinery)	\$4,410,854,040	\$500,000
SCHEDULE II (Academic Buildings only, including Boiler & Machinery, Library Books)	\$8,940,888,254	\$500,000
<b>TOTAL INSURED VALUES</b>	<b>\$13,351,742,294</b>	

## COMMERCIAL INSURANCE

	<u>LIMITS</u>
Primary Layer	\$ 100,000,000
Excess \$400 million	\$ 400,000,000
Excess \$500 million	\$ 500,000,000
Excess \$500 million	\$ 500,000,000
<b>TOTAL COMMERCIAL COVERAGE PURCHASED</b>	<b>\$1,500,000,000</b>

**TOTAL PROGRAM COST** \$ 4,662,957\*

\*Cost of risk transfer to commercial carrier - \$2.6 million.

# EXCESS INSURANCE CARRIERS

## FY2012

### **Medical Professional/Hospital Professional**

For FY2012 we purchased a claims-made policy with Zurich American Insurance Company with a \$10 million per occurrence retention, \$5/\$5 million “buffer/inner aggregate” layer, and no aggregate stop loss protection. For any claim or claims that exceed the \$10 million self-insurance retention the university assumes the financial responsibility for up to an additional \$5 million. Should the university exhaust the \$5 million inner aggregate, Zurich will cover claims costs for any remaining claims that exceed \$10 million. We annually review self-insured retention levels with our consulting actuary, Milliman, to ensure the cost of risk transfer is less than the cost to assume the financial risk within the self-insurance trust fund.

Total limits of liability purchased are \$60 million above the self-insured retention, with Zurich providing \$25 million, and CNA and Ironshore providing the remaining \$35 million of liability coverage. Defense costs are not included within the layers of commercial insurance coverage.

### **Public and Board Legal Liability**

For FY2012 we purchased commercial excess insurance from Chartis, an insurance company known for insuring higher education institutions. FY2012 is the sixth year we have been insured with them. The university purchases public liability insurance with a \$10 million per occurrence limit and \$19.5 million general aggregate, subject to a \$500,000 self-insured retention. In addition, the U of I purchases board legal liability insurance with a \$15 million occurrence/aggregate limit, subject to a \$500,000 self-insured retention. Defense costs are included within each policy’s limits of liability. Our office regularly monitors Chartis’ financial ratings during the year.

### **Property Insurance**

FY2012 property insurance was purchased through the Midwestern Higher Education Compact (MHEC). Lexington Insurance Company provided the primary layer of insurance (\$100 million), and various carriers provided excess layers totaling \$1.5 billion. The deductible is \$500,000 per occurrence except for specified buildings under construction, in which case the deductible is \$100,000. Beginning in FY2008, the U of I began requiring the contractors on capital projects to carry builders risk insurance in order to provide pricing stability in the overall property program.

# EXCESS INSURANCE COSTS

## FY2013

### **Medical Professional/Hospital Professional**

For FY2013, total limits of liability purchased are \$60 million above the self-insured retention, with Zurich providing \$25 million, and CNA, Lexington, and Ironshore providing the next \$35 million of liability coverage. Defense costs are not included within the layers of commercial insurance coverage.

**Cost of Risk Transfer:** **\$3,814,530**

### **Public and Board Legal Liability**

For FY2013, total limits of liability purchased through Chartis Insurance are:

Public Liability - \$10,000,000. Defense costs are covered as a separate reimbursement above the \$10,000,000 policy limit.

Board Legal Liability - \$15,000,000. Defense costs are not covered as a separate reimbursement, meaning the costs of defense erode the \$15,000,000 limit.

**Cost of Risk Transfer:** **\$769,700**

### **Property Insurance**

For FY2013, total limits of liability purchased are \$1.75 billion purchased through the Midwestern Higher Education Compact (MHEC). Lexington Insurance Company provides the primary layer of insurance (\$100 million), and various carriers provided excess layers.

**Cost of Risk Transfer:** **\$2,776,600**

# GLOSSARY OF TERMS

**ADMINISTRATIVE COSTS** – In this document, this refers to costs for University Risk Management and University Claims/Legal Management services provided to administer the insurance programs.

**AGGREGATE LIMIT** – Indicates the amount of coverage the insured has under the policy/contract for a specific period of time, usually the policy/contract period, no matter how many separate accidents might occur.

**CLAIMS MADE POLICY** – Refers to a policy that covers claims only if they are “made” during the policy period. This coverage trigger is what causes the “tail” liability exposure for claims that have occurred, but have not been reported.

**DISCOUNTED LIABILITIES** – Refers to the present value of further expected payout or liabilities.

**EXCESS INSURANCE** – Refers to a policy covering the insured against certain hazards and applying only to loss or damage in excess of a stated amount.

**EXCESS INSURER’S** – Refers to insurance companies who provide insurance protection over sizable retentions, or deductibles. They price their insurance product under the assumption most claims will fall below their point of attachment.

**EXCESS OF LOSS REINSURANCE** – Triggered if the loss suffered by the insurer or self-insurer exceeds a set amount, called the retention.

**EXPOSURE** - Estimate of the probability of loss from some hazard, contingency or circumstance.

**HAZARD** - The conditions that may create or increase the probability of a loss from a given peril.

**HOLD HARMLESS AGREEMENT** - A contract under which one party to the contract assumes the legal liability of the other party.

**INCURRED LOSSES** – Refers to the total of all losses occurring within a fixed period.

**INCURRED BUT NOT REPORTED (IBNR)** – refers to the technique of assigning claim values for claims which are assumed to have occurred, based on past claim history, but which have not yet been reported.

**INDEMNIFY** – To hold harmless against loss or damage.

**INDEMNITY** – In this document, the word indemnity is used interchangeably with settlement, and is used to reference a claim payment the U of I makes a claimant, or plaintiff.

**IN FORCE** – Amount of insurance coverage or the face amount of the policies that an insurer has underwritten.

**INSURANCE** - The contractual relationship that exists when one party, called the insurer, for a consideration, called a premium, agrees to reimburse another, called the insured, for loss on a specified type of coverage. Commercial insurance is purchased by an insured to transfer financial risk to the insurer.

**LEGAL EXPENSES** – In this document, legal expenses refer to fees paid to outside law firms for claims brought against the University, and/or employees or agents, as defined in the University’s self-insurance plan document. A legal expense also includes other expenses related to the defense of a claim, such as court reporting costs or the subpoena fees.

**LEGAL LIABILITY** - Liability imposed by law.

**LIABILITY** - Any legally enforceable obligation.

**LIMITS OF LIABILITY** – The limit of liability is the maximum sum of money which the insurance company, or self-insurer, agrees to pay under the policy in the event of a covered loss.

**LONG-TAIL LINES** – Colloquialism describing an insurance coverage that has a lengthy period between the occurrence and final settlement of a claim. Types of long-tail insurance lines include medical malpractice, professional liability, and workers' compensation.

**LOSS RATIO** – The ratio of incurred losses and loss adjustment expenses (LAE) to net premiums earned.

**LOSS RESERVES** – In this document, liabilities established to pay anticipated claim costs and expenses associated with settling claims.

**MALPRACTICE** – Alleged professional misconduct or lack of skill in the performance of a professional act.

**NEGLIGENCE** – The failure to use the degree of care an ordinary person would use under given circumstances. Negligence may be constituted by acts of omission, commission, or both.

**OCCURRENCE POLICY** - Refers to a policy that covers claims that occur during the policy period.

**POLICY** – the term “policy” is also called the insurance policy or contract.

**REINSURANCE** – The process by which an insurance company protects itself against excessive loss by reinsuring a part of its risks with other companies and paying such sharing companies a portion of the premium it receives.

**REPLACEMENT COST** – The replacement value of damaged property is paid without deduction for depreciation.

**RETENTION** – Refers to the net amount of risk retained on a given risk. The term “retention” applies on high excess programs, whereas the term “deductible” is used on programs where little financial risk is assumed.

**RISK** – The term “risk” is used most commonly to denote the subject matter of insurance, i.e. the object of an underwriter's attention. A home, a building, or a driver of a car may be referred to as a risk. In addition, the term “risk”, in the academic sense, may be used to refer to the uncertainty of financial loss. In this sense, risk is the uncertainty or chance of loss.

**TAIL** – also known as an “Extended Reporting Policy endorsement”. On claims-made policies, the “tail” refers to the exposure for claims that have occurred, but are not known. When moving from one claims-made policy to another one of two things needs to occur. Either the effective date of the new claims-made policy must have a retroactive date, which should coincide with the effective date of the first claims-made policy issued to the insured, or the insured needs to purchase the “tail” endorsement. Either is designed to prevent gaps in coverage based on when claims are reported.

**TORT** – a wrong; a private or civil wrong or injury resulting from a breach of a legal duty that exists by virtue of society's expectations regarding interpersonal conduct, rather than by contract or other private relationship. There are many kinds of torts, each with different elements, but they can be generally classified into three groups: those involving intent, negligence, or strict liability. The essential elements of a tort are the existence of a legal duty owed by a defendant to a plaintiff; a breach of that duty; and a causal relationship between the defendant's conduct and the resulting damage to the plaintiff.

**UNDERWRITING** – Refers to the function of securing and evaluating information, and making decisions to accept or reject risks.

**WORKING LAYER** – An underwriting term referring to the dollar amount the insured retains, and where excess insurance sits above it. In excess liability policies, particularly malpractice, the excess insurer wants to have their coverage sit well in excess of where claims frequently settle.