

Comprehensive Self-Insurance Program - Third Party Administration Services

REQUEST FOR PROPOSALS

RFP # 20250389



Alisa True

Regional Business Development and Client Services
Director
18500 Murdock Circle, Suite 344
Port Charlotte, FL 33948



Tammy Boyd

Regional Business Development and Client Services
Director
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June 12th, 2025

Alisa True
Charlotte County
18500 Murdock Circle, Suite 344
Port Charlotte, Florida 33948



RE: Comprehensive Self-Insurance Program - Third Party Administration Services
REQUEST FOR PROPOSALS
Deadline: June 12, 2025

Dear Ms. True:

TRISTAR Claims Management Services, Inc., a TRISTAR Insurance Group member company (TRISTAR), is pleased to submit the following proposal for your consideration. Since 1987, we have had the honor and privilege of providing claims administration services and managed care solutions to governmental entities and corporate organizations in Port Charlotte and across the United States.

Our distinguished experience serving clients with similar requirements empowers us to provide Charlotte County with a comprehensive program tailored to the County's unique needs, budget, and culture. We provide our clients with industry-leading service, management strategies, and technologies that lower their operational and administrative costs while simultaneously adhering to their versatility standards.

Over the past 35 years, TRISTAR has worked to provide exceptional service by prioritizing our relationships with our clients and partners. TRISTAR has extensive experience working with various public entities, including cities, states, school districts, hospitals, transportation systems, and universities. We will tailor our services to provide a professional claims administration program that meets the County's needs, ensuring fair and equitable evaluation, administration, and settlement.

TRISTAR measures our success not only by the quality of the service we provide, but also by the strength and duration of our client relationships. We prioritize client satisfaction above all else, and we take tremendous pride in the fact that many of our clients have been with us for decades. We are incredibly excited about the prospect of supporting the County, and we firmly believe that our unique operating model, as well as our extensive experience supporting similar programs, make us an excellent fit for your claims administration program.

It is with our utmost respect and enthusiasm that we request the opportunity to serve Charlotte County as its trusted partner. While our proposal outlines our response to your RFP, we remain flexible and look forward to evolving our program to best address your future needs.

Respectfully,

A handwritten signature in blue ink, appearing to read "T. Veale". The signature is stylized with a large, looping initial "T" and a long, horizontal stroke extending to the right.

Thomas J. Veale

President



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Executive Summary

Founded in 1987, TRISTAR Claims Management Services, Inc. (TRISTAR) is the largest privately held third-party administrator in the nation. Headquartered in Long Beach, CA, we provide services from branches across the country in major metropolitan areas with nearly 800 employees working in offices, virtually from home, integrated hybrid models, or on-site in client facilities. Our staff members provide claims administration services for claims in all 50 states. TRISTAR provides property and casualty, absence management, and employee benefit claims administration, and managed care services for hundreds of self-insured and insured organizations, generating over \$100 million in revenue. Our divisions provide a wide range of integrated or unbundled risk management and insurance services to our customers. TRISTAR's core business focus is providing customized solutions for clients whose needs exceed the capabilities of traditional third-party administrators. With this proposal, we offer the following to Port Charlotte:

MISSION STATEMENT. Our mission is to provide the highest quality claims management services to our clients. We are committed to a long-term investment in the continual improvement of our products to ensure the best value for our clients and a strong, secure, and growing organization for our employees, shareholders, and business partners.

OUR VISION. Our vision is to become the country's most respected provider of claims management services.

PROVEN TRANSITION EXPERTISE

Transitions between providers can be the most critical and sensitive periods for any program. Changes in leadership, unfamiliarity with client culture, underlying requirements, duties not specifically defined in the RFP, and employee and management disruptions can all derail an otherwise successful program. TRISTAR has never failed to successfully transition a contract and remain an industry leader in change management. The County can rest assured that TRISTAR's program will continue seamlessly.

STABLE AND COMMITTED RELATIONSHIP

TRISTAR is committed to the County's success. We take a long-term view of our business, and we prioritize client relationships over short-term profits. This is far different from our competitors, who must prioritize quarterly profits amid multiple changes in ownership. Ultimately, TRISTAR is the most stable and ethical partner for the County. Our stable ownership allows us to make long-term investments in our capabilities, strategic partnerships, and clients. We do not have the extreme financial pressures faced by publicly traded or private equity-owned firms and have the latitude to take informed risks and sacrifice short-term gains to deliver lasting value to our customers, resulting in client relationships that span decades.

INNOVATION & TECHNOLOGY

- ◆ **iCAST.** TRISTAR's commitment to providing state-of-the-art service for our clients includes using the latest in information technology to create a new RMIS for the claims management of our client's programs. iCAST provides unparalleled claims management resources for our claims teams and our clients by supplying pertinent data while maintaining the latest security standards.
- ◆ **TRISTAR Connect (RMIS).** Our Client Portal, TRISTAR Connect, provides important, relevant information accessible from any internet-connected device through Android and Apple-compatible mobile apps. Our Dashboard provides key information in an easy-to-digest visual format, such as First Notice of Loss reporting lag time, trial and hearing calendars, injury and



location trending, litigation trending, and access to all claimant files. It also provides a myriad of standard and customizable report options. The system includes over 80 report templates in critical areas such as Loss Prevention, Loss Triangles, Claim Log, Finance, and many others.

- ◆ **Artificial Intelligence:** Through our strategic AI partners, we provide superior data analysis services. TRISTAR's partners provide technology that improves claim outcomes, helping claims and clients reduce various sources of loss costs incurred in claims by keeping claims on track throughout their life cycle.

TRISTAR'S KEY DIFFERENTIATORS

We are committed to continuous improvement in the quality of our services and have a dedicated Quality Assurance Department that ensures adherence to the State and TRISTAR policies and procedures while providing ongoing training to our staff and clients. Additionally, we offer:


- ◆ Integrated managed care/cost containment programs, including bill review and medical case management, which create efficiencies and close gaps that often exist with unbundled services.
- ◆ Capabilities for online claim files and data access, customized reporting, and data transfer. Our in-house Information Technology staff has expertise in successfully transitioning over 400 claims programs and can complete most conversions in less than ten business days.
- ◆ Client access to an easy-to-use, web-based, and paperless RMIS system providing claims data and quality report generation, analytics, and stewardship.
- ◆ Our professional team's dedication to our core principles is the reason that we achieve:
 - ◇ 97% average client audit scores
 - ◇ 98% client retention

TRISTAR'S ADDED VALUES

TRISTAR believes in continuous improvement and growing our services for our clients. In the past months, we have added to our "quiver" to help our clients better manage their risk management programs.

- ◆ **SOC 1 (Type II) and SOC 2 (Type II) Audits.** TRISTAR undergoes annual **SSAE 18 SOC 1 & SOC 2** audits. THE SOC 1 audit report attests to the suitability of design and the operating effectiveness of internal controls over TRISTAR's claims handling processes. The SOC 2 report attests to the suitability of design and operating effectiveness of internal controls relevant to security, availability and confidentiality of TRISTAR's data processing systems. Type II audits describe and evaluate TRISTAR's practices over an extended time, reflecting commitment to our clients and eliminates the need for our clients to finance audit costs for program oversight. TRISTAR is proud to have achieved a "no exceptions" opinion with both our SOC 1 and 2 audits.
- ◆ **Health Insurance Portability and Accountability Act of 1996 (HIPAA).** TRISTAR has completed a Security Risk Analysis to ensure and certify that our company is HIPAA compliant under NIST SP800-30 Risk Management Guide program per 45 CFR §164.308(a)(1)(ii)(A) and the OCR Guidance under the HIPAA Security Rule.
- ◆ **Aspen Risk Management.** Aspen Risk Management Group is a wholly owned subsidiary within the TRISTAR family and, through this division and other resources, can offer a wide spectrum of risk and safety services, including loss control, workplace safety, and ergonomics. Throughout the year, Aspen provides free webinars on topics such as Active Shooter Preparation.
- ◆ **TRISTAR RITE Values.**

Do the **RITE** thing



"Just answering questions is not enough; close the loop and address all underlying issues to ensure service excellence."

—Matthew Craig
Sr. VP Regional Manager

Respect

Accept differences, be considerate, and treat everyone with kindness

Integrity

Be guided by a moral and ethical code in our interactions and services

Trust

Earn confidence of our peers by doing what is right

Excellence

Provide our best quality work and services every day

WE AT TRISTAR SINCERELY BELIEVE THAT WE OFFER THE COUNTY the best services, the best business model, and the best partnership for the long-term success of its program. Our proposal is fully compliant with the requirements as defined in the RFP, and we look forward to continued conversations regarding your claims program and how we can build on our successes.



Experience, Background and Organization of the Proposer

A detailed description showing previous experience in performing the services should be provided, giving terms, history, length of time, and past experience.

TRISTAR has 30 years of experience providing third-party administrator services to public entities. We understand the everyday challenges faced by public entity risk managers. The diverse exposures in the public sector are unlike any in the private sector: from sworn officers to sanitation, parks and recreation to courts and corrections. Public entities require an expert TPA with the knowledge and experience to aggressively manage claims to the best outcomes while assuring compliance with all jurisdiction-specific special legal requirements and protocols.

We recognize that the size and types of exposures experienced by public safety departments and agencies may warrant adjusters who are dedicated to the specific departments. These high exposure departments operate on a very different scale from other the County departments, such as general administration, and our experience demonstrates that programs are more successful if the sworn officers and fire fighters or health and human services have adjuster(s) who understand the unique nature of the risk, within the County.

We recognize that quality healthcare, the establishment, and coordination of treatment plans are critical to providing the highest quality of medical care for public servants who put their lives on the front line and for all employees of the County. We are keenly sensitive to the needs of these departments and will work to establish unique programs that support the needs of these individuals when injured on the job.

Today's environment calls for innovative and proactive claims cost management programs. TRISTAR continues to be the leader in both of these areas. We believe that we are uniquely qualified to provide a fully integrated approach to managing the County's program costs.

Specialized Experience and Knowledge:

- ◆ Public entities comprise more than 50% of TRISTAR's business, including county, city, and state agencies, school districts, transit systems, and other special districts.
- ◆ TRISTAR's government clients serve nearly 20% of the United States population.
- ◆ We understand the complexity associated with serving public entities, including a diverse workforce, managing claims under various labor agreements, presumptions for illness and conditions, and governmental immunity.
- ◆ We know how to work with multiple departments and stakeholders, i.e., unions, in-house attorneys, councils, and governing boards.

Customized Solutions:

- ◆ We customize our services based on our clients' unique needs and risk philosophy.
- ◆ We offer 24/7 first notice, nurse triage, and case management services to effectively service all shifts and departments.
- ◆ We provide 24/7 access to experienced, on-scene inspectors and investigators.
- ◆ We offer customized managed care programs to control costs and facilitate return-to-work.



- ◆ We offer robust information tools to capture and report on claims activity and trends.
- ◆ We offer a comprehensive safety training video library including more than 650 videos, with many videos helpful to various public entity departments such as blood-borne pathogens in first response environments, backing accident prevention for waste trucks, working safely with snowplows, dealing with the media in emergency situations, work zone traffic control safety, and more.

Outcomes

When compared to nationwide benchmarks, TRISTAR's excellence is proven:

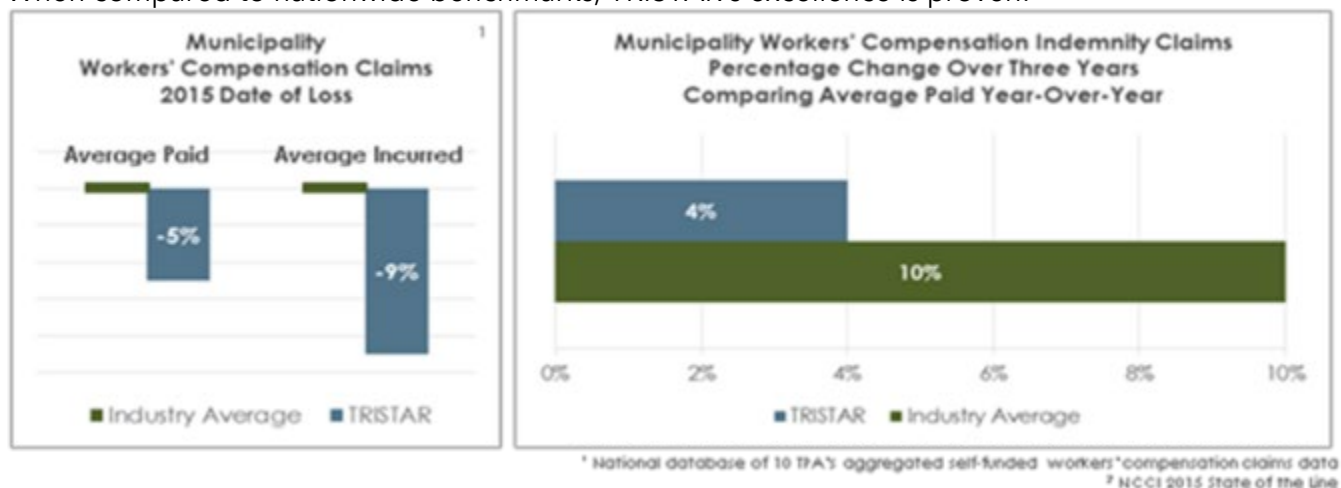


Figure 1: TRISTAR National Municipality Portfolio vs. Nationwide Benchmark

Examples of Success Measurable Outcomes:

Serving a "Top 10" State: 10 Years of Partnership and Success

- ◆ TRISTAR serves as workers' compensation claim administrator for one of the country's most populous states (within the top ten states ranked by population). TRISTAR conducted a large and complex, two-phase transition to establish services on behalf of the State in 2013. TRISTAR began intake of new claims on March 1, 2013, and transferred 21,000 open workers' compensation claims on May 6, 2013. This program may have been one of the largest open workers' compensation transfers in the United States. Before the TRISTAR partnership, the program was self-administered and was never outsourced. We received claim data from the State on 5/15, and TRISTAR converted the claim data within the first three days of the transfer of the open inventory and did final testing to release to adjusters within five days.
- ◆ A data migration issue included 8,000 claimant street addresses from State data that required updating, which was completed by 11/30/13. Initial implementation included back scanning of approximately 871 cubic feet or 19,650 claims files (over 2 million pieces of paper) to transition to a paperless environment.
- ◆ TRISTAR worked in collaboration with the State to pay outstanding bills on inactive claims, identify all claim types for claim closure through a company-wide triage project, and decrease the open inventory to 7,100 claims within 10 months. TRISTAR adjusters established reserves for the probable ultimate outcome for all open inventory transferred by 11/30/13. The current pending inventory is approximately 5,200 claims.
- ◆ Additionally, TRISTAR has implemented a new clinical review program, telephonic reporting for the state, and online access for over 300 users. TRISTAR has effectively implemented WBE/MBE

participation that is exceeding goals by 15%. With collaboration with the State, TRISTAR has implemented a subrogation program with an experienced GL/Auto adjuster reviewing every claim reported for subrogation potential. With the assistance of the Attorney General's Office (AGO), we have put several other public entities on notice for subrogation liens not done prior to the transitions. We have also established a special naming convention for legal documents for the AGO office.

- ◆ TRISTAR has created a special maintenance desk (legal term: MMI with permanent restrictions that agencies will not accommodate) and implemented a job log letter that claimants on maintenance must provide monthly. This allowed for closer monitoring and thus the termination of long-term indemnity claimants for quicker and smaller settlements. We also created special denial terms for correctional officers and mental health technicians, thus eliminating the five service-connect days. They had been receiving 5 service-connect days (before TRISTAR) for exposure to bodily fluids from prisoners or patients. In conjunction with the AGO and Central Management Services (CMS), a letter is sent to any employee with this injury type indicating there was an incident but no resulting injury. This exposure type will not honor any loss time, but we will allow for initial testing.
- ◆ TRISTAR implemented the program utilizing over 50 TRISTAR associates to assist with the transition and triage of claims and currently have approximately 30 dedicated personnel. The program is staffed with a program manager, supervisors, adjusters, and support staff. It includes a special subrogation and maintenance desk, an inactive file desk, and two adjusters assigned to assist primary adjusters for litigated files. TRISTAR also provides our 24/7 call center for employee injury reporting State-wide, a clinical review and nurse triage program along with medical management and cost containment programs.

Large City: 12 Years of Continuous Improvement

Since the 2011/2012 Fiscal Year, through its partnership with TRISTAR, the City has experienced a 34% decrease in open indemnity claims.

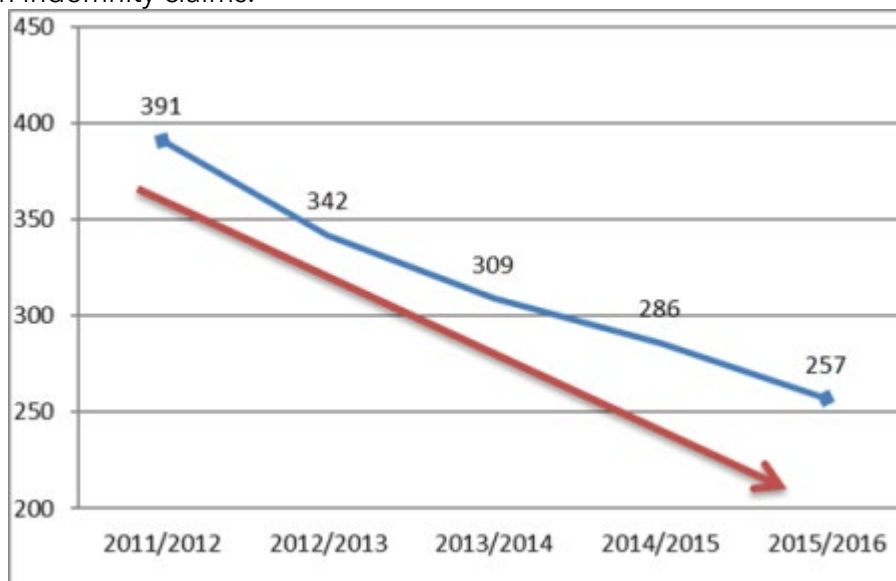


Figure 1: Year over Year Improvement: Open Indemnity Claims Valued as of the End of Each Fiscal Year

Large Public Transit Agency: 10 Years of Cash Flow Improvement and Success

Our client's net payments have shown continuous reduction and improvement over time. The prior three fiscal year's net payments are, on average, \$1 million less than the average net payments of the first three years of our engagement. Additionally, net payments have been flat (+/- 2%) for the past three years, providing critical stability and predictability.

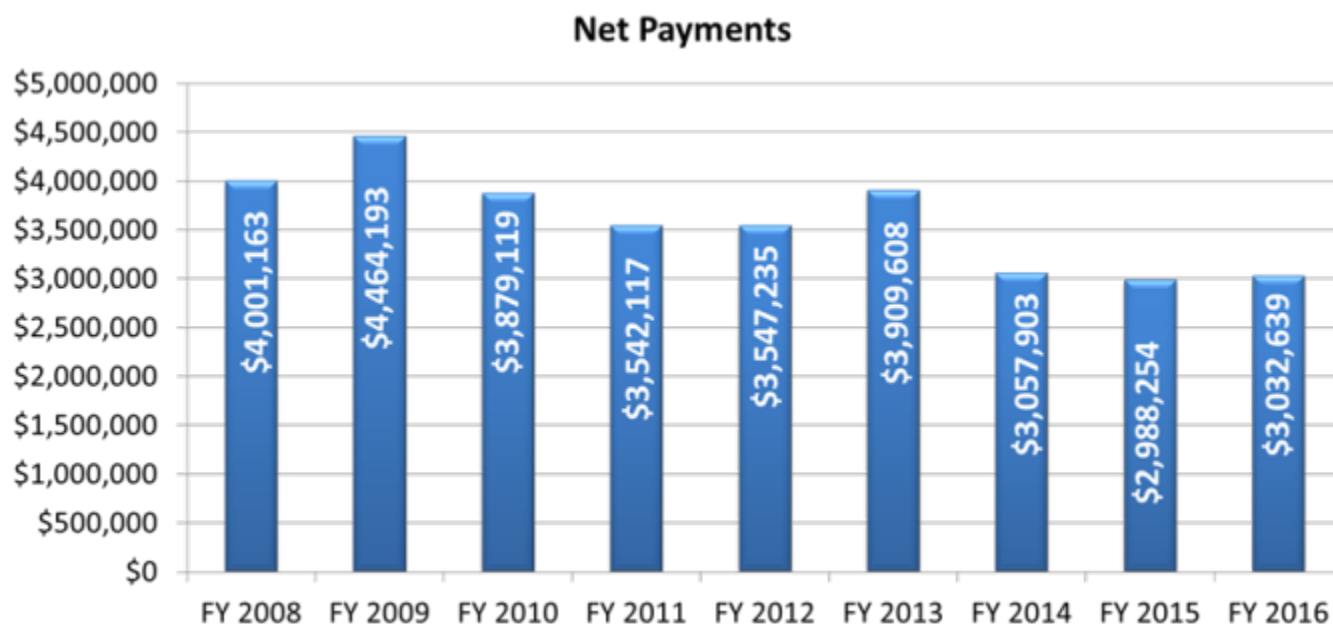


Figure 2: Cash Flow Improvement and Stabilization

Since program inception, our client's outstanding liabilities (incurred dollars) have declined by more than \$8 million, or 40%. From 2015 to 2016, the amount of money incurred was reduced by 11%.

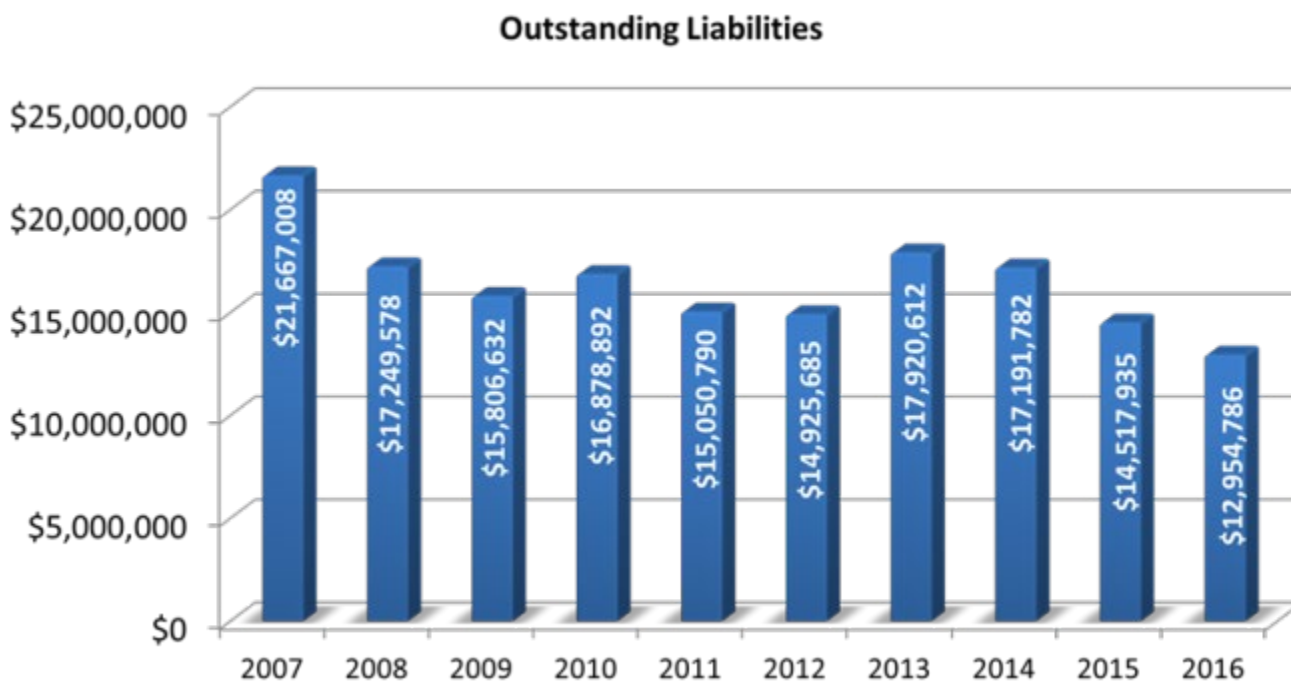


Figure 3: Consistent Downward Trend in Outstanding Liability

transforming risk
into opportunity®



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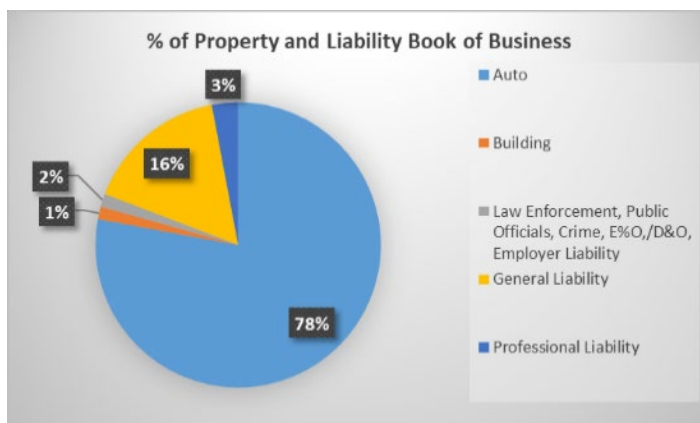
TRISTAR®

Liability

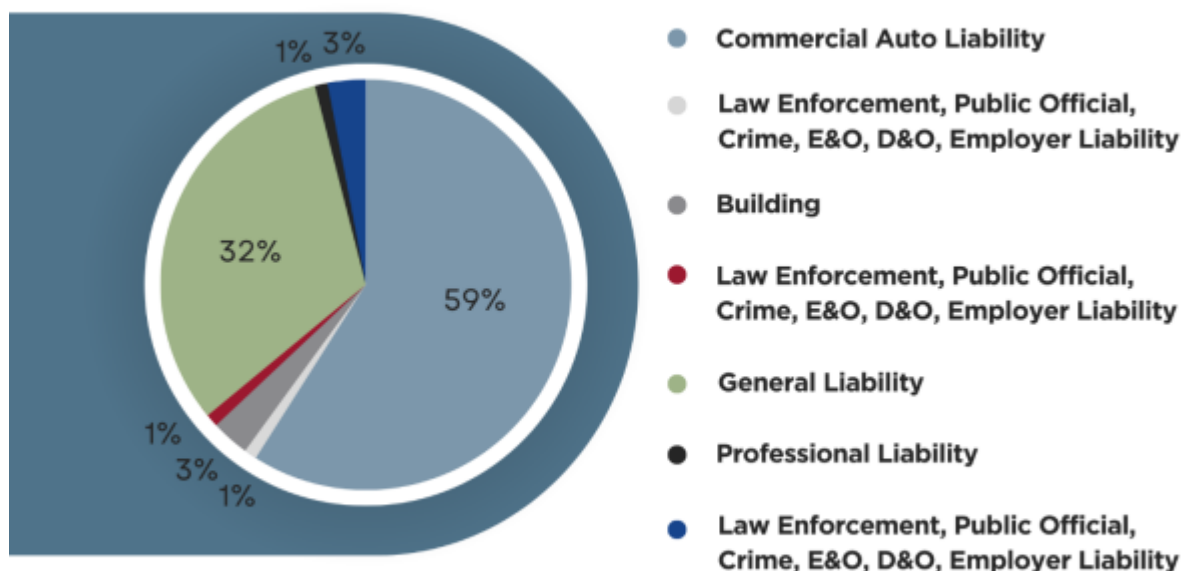
TRISTAR receives approximately 58,000 new liability, property, and workers' compensation claims per year. At any point in time, TRISTAR has over 60,000 pending inventory items, of which about 12,000 are auto, property, general, and professional liability type claims. Our book of business includes carriers, self-insureds, several state-agency guarantee funds, and estates. The graph to the right indicates the percentage of our property and liability business, excluding workers' compensation.

TRISTAR monthly queries and quarterly reporting to Centers for Medicare & Medicaid Services include submission of over 126,000 bodily injury type claims annually to CMS for over 95% of our customers.

We believe flexibility, customization, and a collaboratively designed program will transform the risks that our clients face into the best outcomes for all. We offer the Village the strength and dependability of a national TPA, with a local adjusting team with specialized knowledge, and the personal touch of a boutique provider.



OUR P&C LIABILITY BUSINESS



Annual Metrics

- 67.8% of liability claims are public entity
- Includes transit, fleet, and transportation

Detailed specifications of the product standards under which this proposal will operate should be provided.

TRISTAR's Risk Management Information Systems (**RMIS**) are proprietary systems developed in-house to streamline claim management and managed care. The claims system provides adjusters with automated access to forms, rates, rules, and regulations to streamline the adjudication process. Standard forms can be customized for customers to reiterate the client's return to work policies and procedures, and our business rules will calculate average weekly wage (AWW) and indemnity benefits. Adjusters have access to federal and state laws, regulations, and rates, medical treatment guidelines, and more.

TRISTAR's RMIS for both claims management and managed care is integrated with **TRISTAR Connect**, a client access portal for real-time accessibility to claim details and data. The system is paperless, web-based, and offers Android and Apple-compatible mobile apps for employers and claimants. TRISTAR Connect provides access to a client Home Page dashboard, individual claim details, and reports. TRISTAR Connect is accessible online using standard software, such as Internet Explorer or Google Chrome browsers, a PDF Reader for viewing charts and generated reports, Microsoft Excel for download functionality and generated reports, and an AlternaTiff for viewing images. We invite the County to view a video overview online at https://youtu.be/G-sgX9o2rEc_

TRISTAR's proprietary RMIS system and client portal are maintained and updated by a dedicated staff of highly trained and experienced IT personnel. They are accessible to clients during business hours. IT will work with the County to provide access to authorized users of the County. IT can also customize access for individual users.

USER HOMEPAGE DASHBOARD. Our goal is to deliver relevant, actionable information in a user-friendly dashboard view. There are multiple data widgets to select from to create a customized dashboard on your Home Page. These widgets share critical metrics in a presentation-ready format: Claim, Financial, and Loss Control. Each widget screen offers a view of the data populating the report, an option to print or export, charts include details where merely scrolling the mouse over the site will produce a pop-up with key detail on that data point.

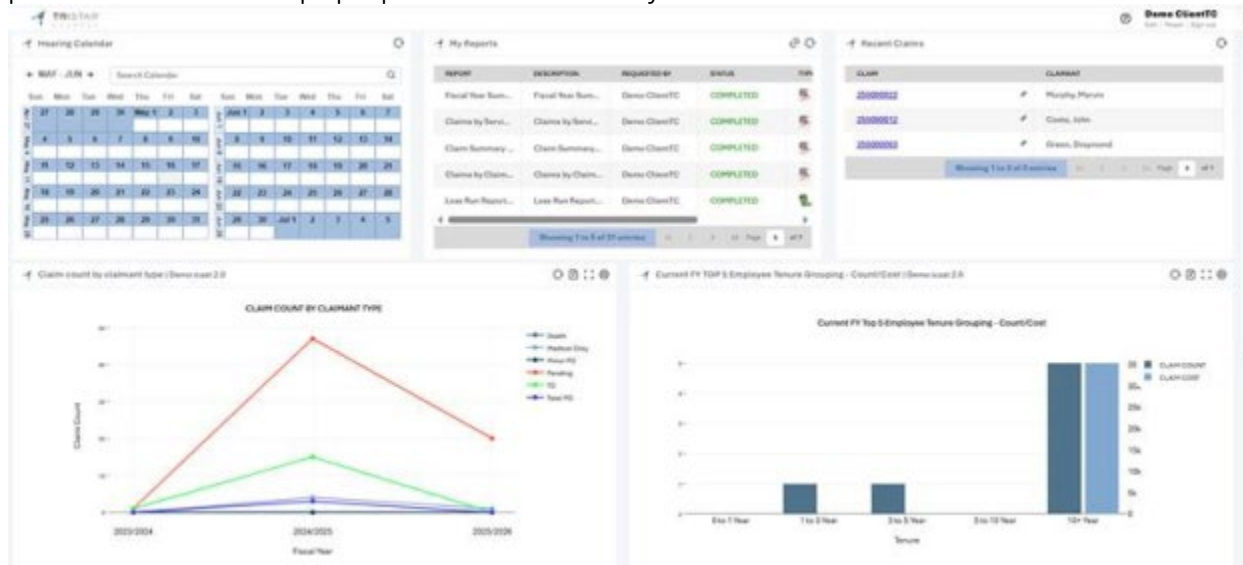


Figure 1: Sample Dashboard Screenshot of TRISTAR Connect

From the Home Screen, you can navigate to any of TRISTAR Connect's Applications that are appropriate for your level of access. For example, Claim Intake is used to enter new claims directly into TRISTAR Connect, the Worker's Comp App, to view all claim details, reports, and other lines of business applications.

Claim detail. Includes diary, notes, payment processing, reserves/reserve changes, litigation, medical management, policy management, correspondence, work status and restrictions, vendor tracking, correspondence, and more. Users can open three separate claims simultaneously via independent tabs within the portal.

Figure 2: Screenshot of a Sample TRISTAR Connect Claimant Claim Detail screen.

Client: Smith, John		Employer: Delta Inc 3.0		DOB: 01/15/2025 10:00 AM		Type: TB		Status: Re-Open-Assigned		Jurisdiction: FL	
Summary				Total Received: \$34,069.00	Payments: \$119.07	Outstanding: \$33,949.93	Total Recovery: \$0.00				
Indemnity				Total Received: \$22,563.00	Payments: \$119.07	Outstanding: \$22,383.93	Total Recovery: \$0.00				
TEMPORARY DISABILITY	Y %	TOTAL INCURRED	Y %	TOTAL PAID	Y %	TOTAL UNPAID	Y %	TOTAL RECOVERY	Y %	TOTAL RECOVERY	Y %
TEMPORARY DISABILITY		\$202.30		\$119.07		\$89.23		\$0.00		\$0.00	
ALL		\$21,260.67		\$119.07		\$21,061.60		\$0.00		\$0.00	
Showing 1 of 2 of Lines											
Rehab				Total Received: \$1,150.00	Payments: \$0.00	Outstanding: \$1,150.00	Total Recovery: \$0.00				
Medical				Total Received: \$2,115.00	Payments: \$0.00	Outstanding: \$2,115.00	Total Recovery: \$0.00				
Legal				Total Received: \$6,201.00	Payments: \$0.00	Outstanding: \$6,201.00	Total Recovery: \$0.00				
Other				Total Received: \$2,100.00	Payments: \$0.00	Outstanding: \$2,100.00	Total Recovery: \$0.00				
LC4850(Net Cov)				Total Received: \$0.00	Payments: \$0.00	Outstanding: \$0.00	Total Recovery: \$0.00				

Figure 3: Screenshot of TRISTAR Connect Financial Detail Screen

REPORT MODULE. Standard management reports and customized, ad hoc reports are available to run, view, print, email, or download. We offer over 80 reports such as Loss Prevention, Loss Triangles, Claim Log, 1099s, etc. Reports may be programmed to run automatically or a user-designated schedule.

TRISTAR CONNECT

Service Type: Worker's Compensation Client: DEMO KAST

MY REPORTS STANDARD REPORTS DYNAMIC REPORTS

SELECT REPORT TYPE

- CUSTOM REPORTS-FIELD (P/C)
- Claim Log - Detail (SOCL)
- EXTRACTS
- FINANCIALS
- FREQUENCY/SEVERITY
- KAIST REPORTS
- PAYMENT PROCESSING WO

REPORT PARAMETER

Report Name: Claim Log - Detail (SOCL)

Description:

Date Range: ☐ MM/DD/YYYY to MM/DD/YYYY ☐ All ☐ Last 12 Months ☐ Start Date Field ☐ End Date Field

Start Date Field: All Claims Date

End Date Field: All Claims Date

Select Report Filter Param: ☐ ☐

Group By: Available: Claimant Type Selected: Class Status

Order By: Available: Class Number, Class Type, Organization1, Organization2 Selected: Claimant Name, Incident Date, Claiming, Amounting

Filter Criteria:

Field	Operator	Value	Option
Field	>	Select	AND

Additional Email Addresses: Please enter the additional email addresses in a comma separated format without any spaces in between them:

Figure 4: TRISTAR Connect Report Generator Screenshot

Alerts. Our tools allow for customized alerts based on client-specific criteria, such as reserve changes in excess of a given amount, large payments, closing notices, and the like. User Defined Examples include, but may not be limited to:

◆ Attorney added	◆ Claims open with zero reserves
◆ Claims that have been reassigned to a different adjuster	◆ Claims that have closed
◆ Claims that have a reserve change - increase or decrease greater than a specific dollar amount	◆ Work status change
◆ Incurred over a certain amount	◆ New claims this month
◆ Paid over a certain amount	



Figure 5: TRISTAR Connect Alerts Screenshot

TRISTAR Claimant App

TRISTAR CLAIMANT APP

Streamlined and Secured Claims Management: Our new mobile app provides a secure platform for tracking claims.

Enhanced User Experience: Intuitive design that streamlines communication among employees and employers.

Key Features for Employees:

- View existing claims and payment statuses
- Directly contact their adjuster via phone or email

Secure Access for Authorized Users Only

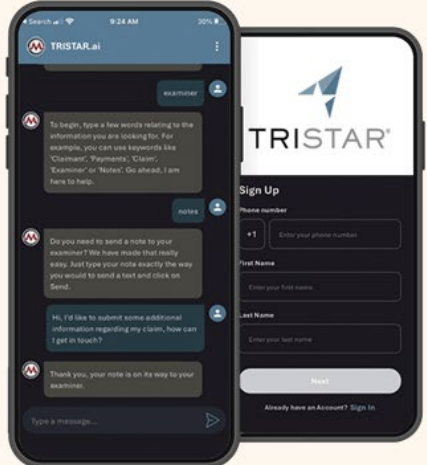


Figure 6: TRISTAR Connect includes a mobile app that gives claimants access to basic claim information on their telephone.

Claim Management

Workers' compensation claims handling is a process-driven service governed by state statutes. TRISTAR's philosophy, policies and procedures were established to provide the highest quality claims management in the industry, in compliance with applicable statutes and regulations and in adherence to the County's Special Claim Handling Instructions.

We have been administering claims in the state of Florida for more than 25 years, and we are knowledgeable and experienced in the rules and regulations governing the County's workers' compensation claims program.

Our claims philosophy consists of a general statement of intent to handle claims ethically and in a manner that is fair, honest, and equitable to all parties involved. To fulfill this intent, TRISTAR does the following:

- ◆ Our claims offices are organized, staffed, and operated in a manner consistent with our corporate philosophy
- ◆ We approach claims management from the perspective of meeting our client's needs within the framework of the law and our contractual obligations
- ◆ Claims administration is conducted ethically, recognizing fully our responsibilities to our clients, their employees, and the public



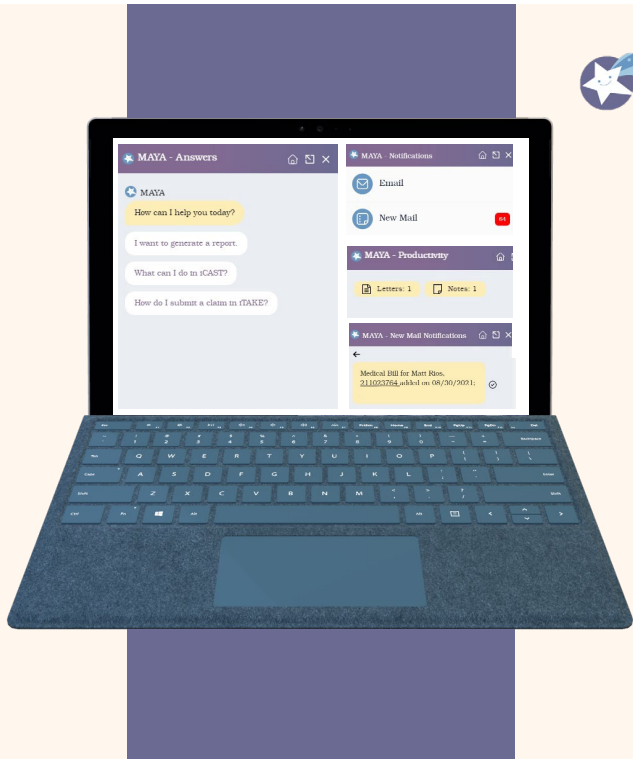
- ◆ Our claims decisions and payments are made promptly when due, in accordance with each applicable statute


Our philosophy and statement of Good Faith are consistent with that of *Egan v. Mutual of Omaha Ins. Co.*, "A covenant of good faith and fair dealings requires contracting parties to refrain from doing anything to injure the right of the other to receive the benefits of the agreement." (24 Cal. 3d 809.)

In the spirit of this substantive case law, TRISTAR believes that as an administrator, we have a duty to investigate claims thoroughly. We do not deny coverage based on either unduly restrictive policy interpretations or standards known to be improper, and we will not unreasonably delay or deny the processing or payment of claims.

Each claims office has an established management team to ensure quality claims service is provided to clients and their injured employees. We recognize and respond to the need to be flexible within our framework of procedures to meet the unique needs of our clients in the many different states in which we manage claims. We employ the use of client service instructions to identify the requirements of our clients which exceed or modify our best practices protocols.

To ensure that TRISTAR's policies and procedures established are consistently applied in our branch offices, our quality assurance department conducts regular audits. Our policies and procedures are revised at necessary intervals to stay current with the changing needs of our clients and branch offices and to remain in compliance with jurisdictional statutes.





Unlock the Power of AI for Claims

Smarter. Faster. More Accurate.

AI-Powered Insights

- Instantly understand both structured data (like claim data fields) and unstructured information (PDF, scanned documents).
- Provides a clear, concise summary and overview of topics, such as documents, claims, and notes.

AI Agents

- Context Aware - understands where you are in the workflow and gives helpful suggestions and step-by-step instructions.
- Smart assistant that works and supports claim examiners with claim-related tasks without skipping the details.

Prediction Intelligence

- Estimate claim cost using data from similar past cases.
- Automatically adjust and revise claims when new information comes in.

TRISTAR®



Workers' Compensation - Best Practices Overview

TRISTAR's Quality Assurance process provides a consistent basis for continuous and incremental improvement on leakage reduction, as well as constant re-evaluation of best-in-class practices. As such, it has developed Best Practices guidelines for each phase of the claims process, including:

Coverage. Prompt written confirmation and/or analysis of coverage.

- ◆ Prompt confirmation that policy information is accurate and applicable
- ◆ Reinsurance determined and reported where applicable

Contact. Same-day contact with all parties involved in the loss, including the plaintiff's counsel.

- ◆ Same-day contact with the employee, employer, and a doctor to determine compensability and injury
- ◆ Regular aggressive follow-up with contacts throughout the life of the file

Investigation. Timely and adequate documentation of facts and the development of an initial investigation strategy plan.

- ◆ Recorded statements on back injuries, with others at the discretion of the supervisor, adjuster, and/or client requirements
- ◆ Wage information obtained and appropriate rate determined
- ◆ Outside investigation completed when necessary
- ◆ Indexing on all lost time cases
- ◆ Fraud indicators checked and referred for Special Investigation (SIU) when appropriate
- ◆ Regulatory requirements and turnaround times met and/or exceeded
- ◆ Initial diary set at 30 days with subsequent follow-up no more than 90 days

Recovery/Contribution. Constant, effective recognition, investigation, and pursuit of recovery and/or contribution possibilities, as well as deductible collection.

- ◆ All new losses reviewed by a supervisor for potential subrogation
- ◆ Potential sources of recovery identified and placed on notice immediately
- ◆ Other sources of recovery, such as SIF or other state funds, are pursued aggressively

Evaluation. Appropriate analysis of liability and damages. The claim file must reflect the development, strategy, and action plan necessary to resolve the claim while complying with Home Office Technical Claims reporting requirements.

- ◆ All losses are evaluated for potential financial impact immediately upon receipt
- ◆ Initial reserves established within five days (30 days on major cases) and changes within 30 days
- ◆ Home Office referral for guidance and direction on all files meeting established criteria

Medical/Disability/Rehabilitation Management. Aggressive management of the medical care and treatment of the injured employee, utilizing a wide range of techniques designed to return the injured employee to gainful employment as quickly as possible.



- ◆ Lost time cases involve aggressive pursuit of Return to Work/Light Duty
- ◆ Disabilities and restrictions are determined in a timely manner
- ◆ Medical reports obtained promptly and reviewed by the adjuster for early disposition
- ◆ Medical management aggressively followed with early intervention nurse and medical provider
- ◆ Prior to releasing TTD checks, a contact was made to confirm the employee is disabled
- ◆ Independent medical exams are set up when appropriate
- ◆ Assignment to approved rehabilitation vendors when appropriate, and close follow-up and direction

Negotiation/Disposition. Disposition of claims, using good judgment to obtain the best possible, timely result.

- ◆ Claim adjuster to review settlement strategy and plan with supervisor
- ◆ Negotiation conducted promptly and aggressively, and documented in the file

Supervision. Substantive supervisory file handling guidance and coaching throughout the life of the file to efficiently channel the claim toward an effective resolution.

- ◆ Supervisors do not carry personal caseloads
- ◆ Initial 14-day diary review
- ◆ Subsequent reviews at 90-180 days
- ◆ All denials, re-openings, reserves/settlements/payments over adjuster authority level, cases proceeding to trial, award payments, change in claim type/benefit, and more
- ◆ All reviews and evaluations are documented

Customer Service. Service times for initial and subsequent contact with our customers, responses to correspondence, and status requests.

- ◆ Contacts and return phone calls made the same day
- ◆ Claim Handling Instructions (CHI) followed
- ◆ Reserve increases and settlements discussed with customer as required

By definition, Best Practices are not static, but are subject to improvement. They are continuously reviewed and updated to help TRISTAR achieve and sustain world-class performance. A complete copy of the most current Best Practices documents which is very large can be provided upon request.

Liability

Due to the unique environment of liability claims within the public sector, all of our liability programs are highly customized for each client, whether the client is a city, a county, an educational institution, a hospital, or a water or transportation district. Many public entities may handle a certain type of liability or property claim in-house and use TRISTAR services for other claim administration needs, or they may use our services for all property and casualty claims.

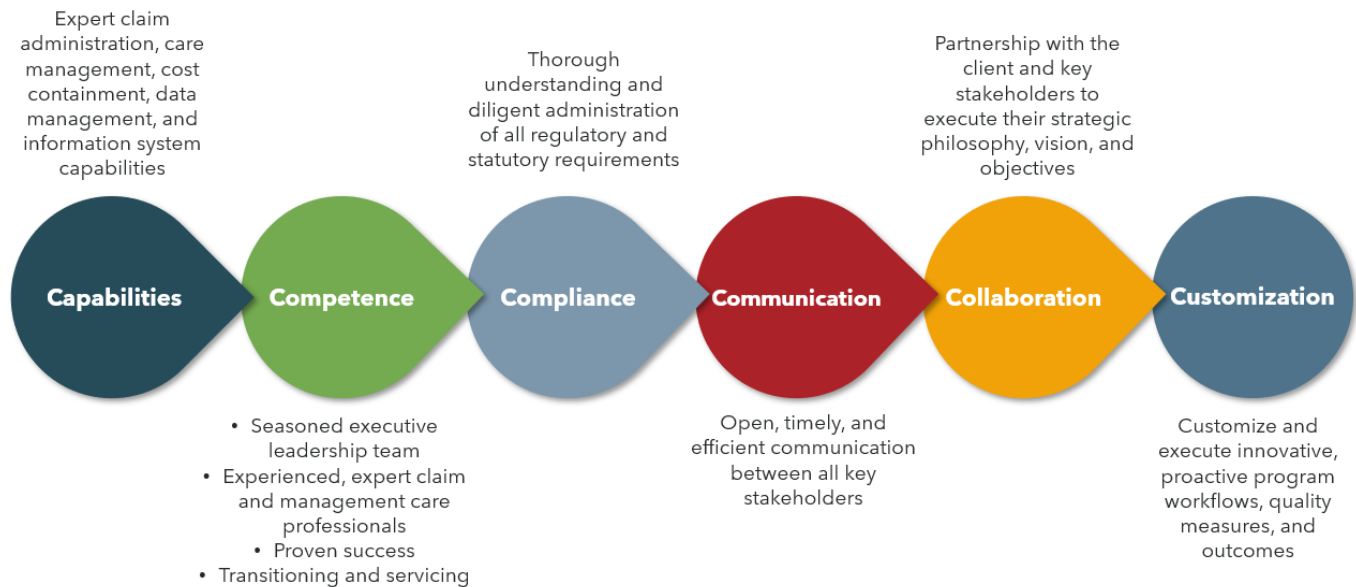
The administration and adjustment of liability and first-party property claims is a service that TRISTAR tailors to the statutes and case laws of each state and the specific needs of individual clients. The Liability and Property Claims Department is an integral part of TRISTAR's operations. Each claims office



has an established management team to ensure the adjusters provide a quality claim service to our clients.

Our goal is to provide service to our clients in compliance with all State and Federal regulations and statutes, and the County's claim handling guidelines. Therefore, TRISTAR may alter some of these procedures to meet the needs of our clients and those claims offices that have unique circumstances.

To ensure that TRISTAR complies with the policies and procedures established by TRISTAR and the County, in addition to specific requirements of excess insurers, TRISTAR conducts internal audits on an annual or more frequent basis. TRISTAR reviews client policies and procedures periodically to stay current with the changing needs of the County and to remain in compliance with any statutory or regulatory or carrier changes.



Provide the names and addresses of at least three (3) firms of similar size and nature for which you are currently performing services of this nature and the name and titles of the individuals to contact as a reference.

Lake County, Florida

Jim Kovacs, Director

jim.kovacs@lakecountyfl.gov, 352-343-9697

City of Boynton Beach, Florida

Danielle Goodrich, Assistant Director of HR and Risk Management

561-742-6000

City of Dallas

Zeronda Smith, Director Workers' Compensation

zeronda.smith@dallas.gov, 214-670-4696



Personnel and Experience

The names, titles and past experience of the key personnel who will be employed to perform the contract, as well as the primary responsibility of each person, and a statement showing those personnel who are currently employed full time and part time, including personnel who will be used on a consulting or as needed basis, should be provided.

PROPOSED CITY CLAIM TEAM

- ◆ **Michelle Anderson**, Vice President/Executive Sponsor
- ◆ **Tammy Boyd**, Account Manager
- ◆ **Janet Greer**, Workers' Compensation Claims Supervisor
- ◆ **Sheila Gowen**, Senior Workers' Compensation Examiner
- ◆ **Karen Klein**, Liability Claims Supervisor
- ◆ **Diana Taylor**, Senior Liability Claims Adjuster

Janet Greer, Workers' Compensation Claims Supervisor

In her current position at TRISTAR since 2005, Ms. Greer has been responsible for supervisory review of claims for compensability determination, reserve adequacy, periodic activity reviews, delays and denials, compliance with policies and laws, and client service instructions. She responds to claimant and vendor inquiries. Ms. Greer oversees client accounts and reporting, facilitates internal and external audits, and assists with in-house and client educational sessions. She will attend claim reviews and may handle a few high-exposure or politically sensitive claims. She ensures all staff, including property and liability adjusters, maintain CEU credits to ensure licensure compliance. Ms. Greer has over 27 years of claims handling and supervision of workers' compensation, automobile, general and professional liability, product liability, and pharmaceutical claims administration experience for self-administered organizations, carriers, and third party administrators, including local, regional, and national accounts. Ms. Greer works directly with the Branch/Account Manager and the Director of Sales and Client Solutions as the technical advisor to the clients and assigned staff. She directly supervises adjusters and clerical staff, monitors job performance, and performs evaluations and disciplinary actions.

She started handling claims in 1985. Ms. Greer worked in risk management for large corporations, including the National Tea Company and K & B Drug Stores, after beginning her career with the Georgia Casualty & Surety Company. She has held multiple claims supervisory positions for several organizations and different industries, including Home Depot, GAB Robins, Sedgwick, and Cunningham Lindsey, as well as Georgia Casualty. Ms. Greer has supervised claims in most of the Southeastern States, including AL, AR, GA, FL, KY, MS, NC, SC, and TX, in addition to LA, TN, and VA (non-licensed required jurisdictions) claims.

She serves on the Georgia Chairman's Advisory Counsel for the State Board of Workers' Compensation, and she is on the Medical Committee and the Education Committee of the Council. In addition to her Certified Workers' Compensation Professional designation, Ms. Greer graduated Cum Laude with a Bachelor's Degree from Millsaps College in Jackson, MS.

Sheila Gowen, Senior Workers' Compensation Claims Examiner

Sheila Gowen is responsible for handling lost time and litigated workers' compensation claims for multiple clients and jurisdictions.

Sheila Gowen worked as an adjuster for the State of Florida, handling complex workers' compensation claims for 6 ½ years. Prior to that, Sheila was a YMCA Director.

Sheila holds a Florida All Lines Adjuster's License and holds licenses in Georgia, Alabama, Arkansas, Mississippi, North Carolina, South Carolina, and Kentucky. She is a graduate of Kentucky Business College and Hayfield High School, Alexandria, VA.

Karen Klein, Liability Claims Supervisor

Ms. Klein has over 23 years of experience in the insurance claims industry. Prior to joining TRISTAR in 2012, Karen worked as a senior claims adjuster for Risk Enterprise Management and, prior to that, for the Home Insurance Company. She has handled a wide variety of claims arising from primary, excess, umbrella, and wrap policies, including construction defect and general liability claims, as well as professional liability claims involving lawyers, accountants, real estate and insurance agents and brokers, real estate appraisers, engineering consultants, building contractors and subcontractors, and hospitals and assisted living facilities.

Ms. Klein is a licensed attorney in New York and was an associate with the law firm of Wilson, Elser, Moskowitz, Edelman & Dicker for a number of years, handling primarily professional liability claims against architects and engineers, as well as environmental claims, and supervising the defense of declaratory judgment and insurance bad faith actions.

In addition to her law degree, she holds a property and casualty insurance adjuster license in numerous jurisdictions. She also has a Bachelor of Arts degree from Queens College of the City University of New York and a Juris Doctor degree from New York University School of Law.

Maximum and typical case load for claims personnel.

Workers' Compensation Caseload - TRISTAR recommends a caseload of 125-150 active indemnity and future medical claims per adjuster with 0.5 FTE support person for each indemnity adjuster, and approximately 10-15 newly reported indemnity claims per month. Indemnity adjusters are able to focus on claim management, as other administrative tasks are handled by clerical or management personnel. This allows time to enter claims into the system, process medical-only claims, conduct bill review, issue checks, generate loss runs, and check registers. Medical claim adjusters will typically manage approximately 250 open medical claims, and may receive approximately 40-50 newly reported medical claims per month. Some claims adjusters handle a combination of indemnity and medical claims as a combined caseload. This staffing level allows TRISTAR to implement the best cost-saving measures and provide a superior level of service to our clients.

Auto / Liability/ Property Caseload - Similar to workers' compensation, adjusters handling automobile and liability claims may handle up to approximately 125 active claims, or a combined ratio of auto, property, and liability claims, depending on the type of caseload and level of experience. Our liability adjusters (many with law degrees) are handling complex employment practice claims and may have varying caseloads depending on the severity of the claims.

Auto adjusters handling 1st party or ALPD-only, with no more than one claim per occurrence, can manage 50-75 newly reported claims per month, including simple claims such as windshields, bird hits, etc., with pending open claims of 125 or lower. Bodily injury or multiple PD/BI adjusters may receive up to 30 newly reported claims per month, with a pending of 135 to 150 claims. A UMBI/UMPD adjuster



can receive up to 30 newly reported claims, with a pending inventory of 135-150 claims, that may be mixed with the more complex BI/PD above PIP, No Fault. Depending on the jurisdiction, UMBI/UMPD adjusters can take up to 50 newly reported claims per month, with a pending of 150 claims.

Professional liability adjusters, who may be handling employment practice claims, malpractice claims that have higher and complex exposures received in litigation or potentially litigated files, may have pending caseloads of up to 110 claims and may receive approximately 10-15 newly reported claims per month. These adjusters are performing true coverage review, handling litigation, managing attorneys, strategizing settlements, etc. If these adjusters are working with our customers' in-house legal department, who may be handling more activities, the pending caseloads may vary or be higher.

Inside or Property desk adjusters can manage a pending inventory of approximately 100 claims and approximately 45 newly reported claims per month. Severity of the claims may modify this recommendation; however, property adjusters primarily orchestrate vendors and communication once the coverage is confirmed. A property adjuster who does inside and outside adjusting may have 85-100 pending and only 25-40 newly reported claims per month. Property adjusters performing only outside adjusting may have up to 60 open claims and receive approximately 30 newly reported claims per month.

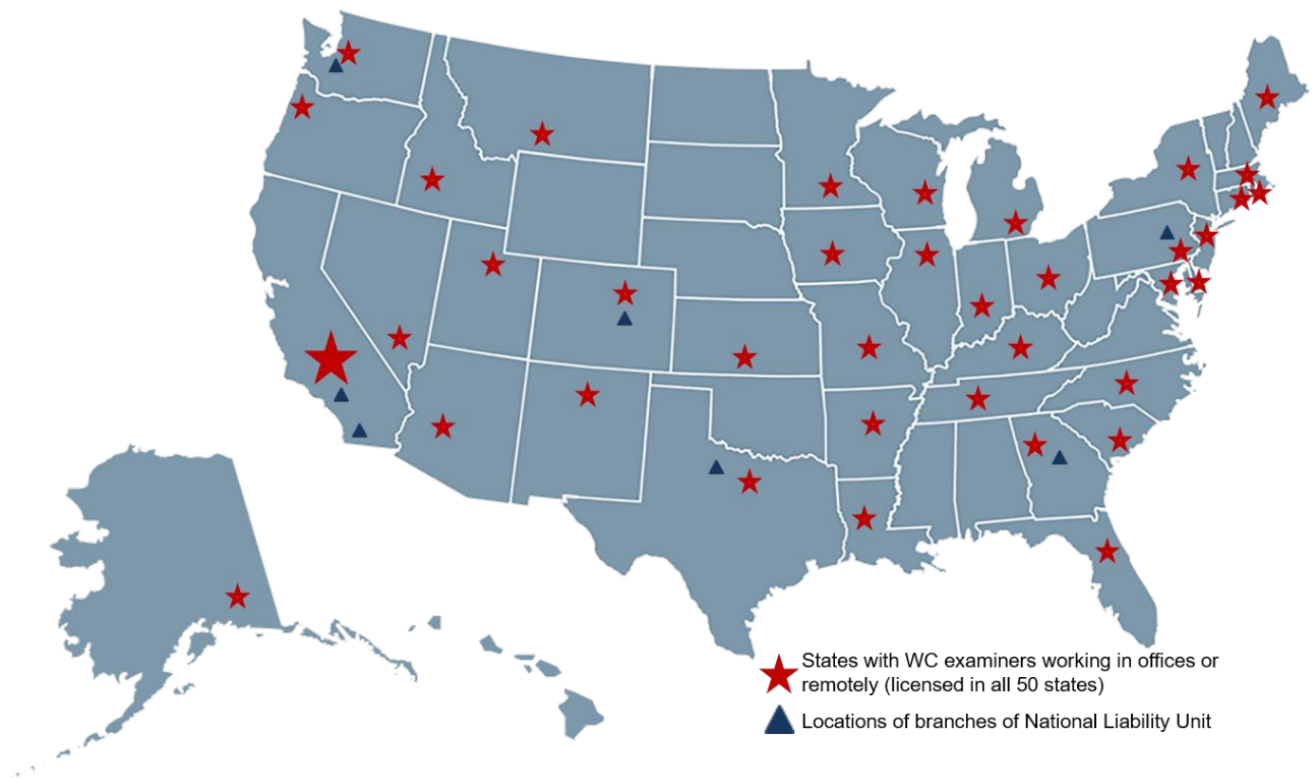


Facilities

A description and location of the claims handling office of the proposer which will be made available for use in performing the contract and a list of any additional facilities or equipment required or proposed arrangements for securing additional facilities or equipment must be provided.

The claims handling office that TRISTAR will be servicing the County from will be our location in West Palm Beach. That office is located at 2054 Vista Parkway, Suite 400, West Palm Beach, Florida 33411.

TRISTAR provides services from branches across the United States in major metropolitan areas with a staff of nearly 800 working in offices, virtually, hybrid models, or onsite in client facilities, providing claims administration services for claims arising in all 50 states.



Headquartered in Long Beach, CA, we provide services from branches across the United States in major metropolitan areas with a staff of 800 working in offices, virtually, hybrid models, or onsite in client facilities, providing claims administration services for claims arising in all 50 states.

Security of TRISTAR Facilities

TRISTAR uses role-based access control in determining data access within our system. Our controls determine authority levels through an extensive authorization process that takes the user experience and job duties into consideration. The branch manager must approve any user change request before granting access. Remote access is subject to the same security process as local access requests.

Data Security/ Privacy

During the claims management process, a variety of personal and medical information about individual claimants is gathered and maintained in files. TRISTAR protects claimant privacy by implementing various access controls to minimize the risk of inadvertent information disclosure. Claimant records are kept securely with access limited to authorized personnel only using industry-accepted authentication methods. The TRISTAR policy is to provide as much information as possible to our clients while fully complying with confidentiality laws that govern our business.

TRISTAR takes security seriously; we have implemented additional information measures to safeguard our clients' information and our own. We are customer-driven and will customize the claim system as necessary to provide admission, correspondence documents, medical and legal documents, and index searches to meet client requirements. TRISTAR complies with client requirements for email encryption, which may vary from client to client. TRISTAR is in compliance with federal and state privacy and security regulations, including HIPAA, where appropriate. TRISTAR also undergoes independent third-party auditing on an annual basis and is found to be (SOC 2) Type II compliant.

Electronic File Storage

TRISTAR has off-site electronic storage, daily updates, and other measures for security purposes. We perform data interchange using secure channels such as FTP over SSH or using the PGP encryption where the SFTP capability does not exist. We can send encrypted emails where sensitive data is involved where email is used as a channel of communication. TRISTAR complies with the Health Insurance Portability and Accountability Act (HIPAA) rules regarding personal information or Protected Health Information (PHI) and is also SOC2 assessed and certified.

Physical Files, if Any

TRISTAR manages file security and protection with a variety of internal policies and procedures to care for and guard the physical files and other items that require the security of any such materials associated with claim handling, which may include, but are not limited to:

- ◆ Criminal background checks, bonding, and references for all staff
- ◆ Access control – door locks, receptionist, alarm system, security staff, one door for visitors, check-in procedures
- ◆ Sprinklers, smoke detectors, heat sensors
- ◆ Close proximity to a fire department
- ◆ Security system to protect electronic data
- ◆ Policy on removing files from the office (Must check out)
- ◆ Periodic inventory of files
- ◆ Filing system to keep track of files
- ◆ Procedure for disposal or shredding of old files and documents



- ◆ Set procedures for emergencies such as fire or flood, and other catastrophic events

Data Breach Policy

TRISTAR has a policy in place to address a data breach if it occurs. This policy covers the following:

- ◆ Notification to parties whose data may have been compromised;
- ◆ The costs of credit monitoring for affected parties;
- ◆ Economic losses that may have been sustained through the breach and;
- ◆ Services to resolve future credit issues.
- ◆ TRISTAR also undergoes periodic incident response exercises in connection with its cybersecurity program.

Data Breach Communication Policy

If and when a security breach is detected on the RMIS system by the IT team, under the direction of CISO and Legal, the IT team will initiate a preliminary investigation to determine the severity and seriousness of the suspected incident and to determine whether it is a confirmed breach incident. Any further attempt will be immediately terminated and remediated. If it is suspected of a breach with no implication of damage, root cause analysis will be performed to avoid future incidents. Proper logging and documentation will be completed by the CISO and Legal. If it is a confirmed breach incident, then the incident response plan will be initiated with the dispatch of the pre-determined incident response team. Forensic analysis will be completed, including identification of the data viewed, modified, stolen, and compromised. Cyber insurance carriers will also be notified of the breach, as well as the counselor and the crisis management team's subsequent engagement.

Once the initial investigation is complete, external communication/notifications will be sent to ensure all clients and stakeholders are informed of the scope of the incident and the extent of the remediation effort. The notification and communication process will be client-specific based on the contractual language. The notifications will be in writing and typically will include the following elements:

- ◆ The identity of each Individual whose information has been accessed, acquired, used, or disclosed;
- ◆ A brief description of what happened, including the date of the incident and the date of the discovery of the incident, if known;
- ◆ A description of the types of information that was involved, such as full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information;
- ◆ Any steps Individuals should take to protect themselves from potential harm resulting from the incident;
- ◆ A brief description of investigation, mitigation, and protection of future incidents;
- ◆ Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, a Website, or a postal address; and
- ◆ Other information as the client may reasonably request.

Unless preempted by relevant statute, public disclosure can also be made pending client request and approval with the assistance of the crisis management team.



CyberSecurity Training

In addition to our Cyber Security Policies and Procedures, TRISTAR administers continuous efforts to address the increasing threats to the security of information systems and data and as part of our information and cybersecurity program. TRISTAR provides Cyber Security Awareness Training to all employees on a regular basis. All employees at TRISTAR have a responsibility to safeguard the information entrusted to us by our clients. This training program is designed to better prepare the company to fulfill this responsibility and to strengthen defenses against future cyberattacks. Studies have shown that a substantial number of cyberattacks involve the unintended actions of users of information systems, and this risk can be significantly lowered through an effective security awareness training program. Employees receive an email notification with the assignment and course details. All employees are required to take the Cybersecurity Awareness Training. This program consists of a number of modules, and throughout the year, TRISTAR provides one module per month. The modules are video-based and delivered online through our Paycom (Employee Electronic Payroll and Benefit Online Web Tool) Learning Portal. Each module focuses on a specific security topic. Employees are required to complete the training within the month assigned. In addition, TRISTAR also implements monthly phishing email training aimed at educating and testing its employees to ensure vigilance in detecting incoming fraudulent emails. Protecting data/information (electronic and hard copy) and information systems is a shared responsibility of each employee. Through management and employee collaborative efforts, a strong culture of defense against cyber-risk is developed.

Data Center Physical Security

The entrance to the data center is physically protected by an electronic badge reader system. A separate badge reader protects access to the computer room itself, and access is limited to only specific data center employees. The data center also has an intrusion alarm system that is monitored 24/7 as well as a surveillance system with cameras inside and outside the data center. All visitors are also required to check-in at the front desk.

Firewall Policy

TRISTAR has user ID log-in controls, off-site electronic storage, daily updates, and other measures for security purposes. We perform data interchange using secure channels such as FTP over SSH or using PGP encryption, where the SFTP capability does not exist. We also have the capability to send emails, using a secure channel where sensitive data is involved, and email is used as a channel of communication.

We employ a Next-Gen Firewall to detect and block cyber threats. Additionally, we have established defense mechanisms to control specific traffic floods, i.e., SYN floods, UDP, and ICMP floods. Setting these thresholds helps TRISTAR monitor and minimize a potential distributed denial-of-service (DDoS) attack.

Third Party Connection Policy

All third-party connections are made using PGP encryption, and FTP connections with a 120-day recycle key rate. All remote users are authenticated using multifactor authentication.



Remote Access Policy

TRISTAR will provide access to any person the client designates as an authorized user. Online access allows the user to see every field that the claim adjuster sees, including all data fields, notes, payments, reserves, and diaries. TRISTAR can limit access to specific fields or screens based on various state statutes restricting access to particular types of claim information to employers. Access to data within our system is established through an extensive authorization process. Authority levels are determined by experience and job title and must be approved by the branch manager before access will be granted. Remote access is subject to the same security process as local access requests.

Vendor Compliance

TRISTAR conducts regular assessments of our vendors to help ensure they are also compliant with cybersecurity protocols.

Need for Business Continuity Planning

Businesses need to have a strategy and continuity plan in place to reduce any potential negative impact on employees, customers, suppliers, and other interested parties and to prepare for what could be an unprecedented interruption of business operations. Most business continuity plans are premised upon sudden, short-lasting events like fires, earthquakes, or hurricanes, which strike confined geographic areas over a short period of time. The distributed nature of a pandemic will be longer and more evolving, and constant adaptation will be needed as conditions change and as the anticipated waves of infection move across the country.

Our business continuity plan is extensive and intended to provide the Business Continuity Team Leadership guidelines from which practical judgments can be made in managing the departmental recovery process. It is designed to successfully respond to a business disruption event.

The manual includes, but is not limited to, the team leader's immediate actions, response to work process disruption by the Incident Management Team, recovery procedures and processes, contingency planning worksheets, restoration procedures, maintenance, testing, and references. The plan includes assumptions, recovery strategies, and exposures. It includes plans for claims management staff and operations, as well as restoring all telecommunications, internet, and data servers. The objectives include:

- ◆ Protect human life - employees, contractors, visitors, and customers
- ◆ Protect the organization's financial and commercial assets, as well as intangible assets such as the company's public image
- ◆ Maintain the confidence of customers, owners, employees, and neighbors
- ◆ Maintain good relations with law enforcement, regulatory, and other governmental agencies and comply with all applicable laws and regulations

The plan includes emergency center operations locations and operational backup sites for primary locations; internal and external communication procedures, including ongoing status report processes, prioritization, and deadlines. It addresses vital records requests, resource requirements, and critical applications and processes for all departments, as well as claim system applications, checks, and finance reconciliation processes.

The plan includes testing process, testing methods (walk-through, simulation, and operational), and schedules. Walk-through tests are conducted quarterly, and simulation and operational tests are conducted biannually and annually, respectively.

Fortunately, TRISTAR has offices spread across the United States, including an office in Alaska. In addition to brick and mortar offices, many TRISTAR employees work remotely from home, or have the capability to work from home via laptop computers, mobile phones and web-connected office phones, and our internet-based systems. Should a disease outbreak occur in one region, TRISTAR's offices and remote staff members across the country would likely have the capability to provide backup support until the outbreak is diminished.

Response to a Pandemic

TRISTAR must anticipate new threats to the safety and health of employees and their families, customers, and overall business continuity as a result of a potential pandemic. Our pandemic response plan has been prepared to identify major emergency preparedness and business continuity policies and plans in recognition of the unique challenges the company could potentially face if a pandemic occurs.

A pandemic is a global disease outbreak. An influenza pandemic, for example, occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily from person to person worldwide. Planning for pandemic influenza is essential to minimize a pandemic's impact. An antiviral drug (Tamiflu) has been effective in treating flu symptoms. It is estimated that it will take over six months to identify and cultivate a new influenza vaccine.

The current thoughts regarding any spread of a pandemic would be that it may come in several waves, each wave lasting two to three months, with individuals being affected for 2-3 weeks. According to the National Strategy for Pandemic Influenza, absenteeism, for any reason, is expected to range up to 40-50% during the peak weeks of a community outbreak.

In the event of a potential pandemic, TRISTAR will monitor the WHO website and its Epidemic and Pandemic Alert and Response links as well as the Centers for Disease Control and Prevention (CDC) website (www.cdc.gov) for current status information.

Employee Communication and Training

Every emergency response creates the need for specific and immediate planning, given the situation. When under threat of an outbreak, TRISTAR sends communication such as the following to team members via email:

Notices are posted in common areas, such as hallways, lunch rooms, and restrooms. Depending on the severity or nature of the pandemic threat, TRISTAR may also have conference call or in-person training sessions to address any issues, guidance, direction or policies to help prevent and/or control the spread of illness.



Reports: Samples of claim reports must be included.

Examples of Available Standardized Reports

Partial List	
Common Reports:	Payment Processing:
Fiscal Year Claim Summary - and by Claim	AP Export Payments Generic
Litigation Summary - Total legal expenses paid	Monthly Financial Report
Notepad Print	Bank Account Total - Bank Account Balance
Payment Total	Check Register -for a specified payment run or time period
Payment Void Total - Report on void and reversal payments	Scheduled Payments
Reserve Total	Unprocessed Payments
Safety Activity report	Voucher Print -for a specified time frame
SIR Limit- List of Large Claims	Payment Total Bill Rev
Incident:	Reference Tables
Claim Attorney Listing - for claims	Body Part Listing report
Fiscal Year Incident Summary- Fiscal Year Summary by Incident	Business Rule Listing
Vehicle Incident Log	Claim Cause Listing report
	Correspond Master Listing report
Special Investigations Unit	Correspond SQL Listing -for data retrieval
SIU Report	Incident Type Listing report
	Interface Definition Listing
Loss Control:	State and Federal Regulatory
Claim Lag Time - Lag Time Report for Claims	State Employer's First Report of Injury
Claim Log Loss Days	OSHA Forms and Reports
Claims by Time of Day	SIP Summary Report Private
Loss Triangle Payment Transactions - Ten-year payment	SIP Summary Report Public

TRISTAR®

DYNAMIC Claim and Payment Reports – Ad hoc capabilities

RMIS Custom Report Builder

Allows users to create and personalize reports by:

- ◆ Selecting specific data elements of interest
- ◆ Defining the order in which data appears
- ◆ Grouping data based on selected criteria
- ◆ Applying configuration filters

This empowers users to generate reports tailored to their unique analytical or operational needs and isolate preferred criteria (i.e., organizational dept/divisions; dollar thresholds; occupations; nature of injury; periods in time, etc.)





Fiscal Year Summary (MO / Ind) Group

Workers Comp (Medical Only / Indemnity Group)

12/01/2017 - 12/31/2017

Insurer: Demonstration Client

Insured: Demonstration Client

Fiscal Year	Claim Type	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
2013	Indem	10	0	10	0.00	0.00	0.00	0.00	127,200.00	127,200.00	0.00	127,200.00
	MO	2	0	2	0.00	0.00	0.00	0.00	1,600.00	1,600.00	0.00	1,600.00
		12	0	12	0.00	0.00	0.00	0.00	128,800.00	128,800.00	0.00	128,800.00
2014	Indem	14	1	15	0.00	0.00	0.00	87,042.43	415,288.57	502,331.00	0.00	502,331.00
	MO	1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
		15	1	16	0.00	0.00	0.00	87,042.43	418,588.57	505,631.00	0.00	505,631.00
2015	Indem	25	0	25	0.00	0.00	0.00	3,337.55	530,640.45	533,978.00	0.00	533,978.00
	MO	15	1	16	0.00	0.00	0.00	212.66	31,537.34	31,750.00	0.00	31,750.00
		40	1	41	0.00	0.00	0.00	3,550.21	562,177.79	565,728.00	0.00	565,728.00
2016	Indem	7	0	7	0.00	0.00	0.00	25.00	4,094.00	4,119.00	0.00	4,119.00
		7	0	7	0.00	0.00	0.00	25.00	4,094.00	4,119.00	0.00	4,119.00
2017	Indem	3	0	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		3	0	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Demonstration Client Insured Total:												
Indem Total:		59	1	60	0.00	0.00	0.00	90,404.98	1,077,223.02	1,167,628.00	0.00	1,167,628.00
MO Total:		18	1	19	0.00	0.00	0.00	212.66	36,437.34	36,650.00	0.00	36,650.00
Insured Total:		77	2	79	0.00	0.00	0.00	90,617.64	1,113,660.36	1,204,278.00	0.00	1,204,278.00

Figure 1:



Claim Summary - WC

As of 12/31/2017

Insurer: Demonstration Client

Claim Number	Claimant Name	Injury Date	Received	Lit / Den / Sub	Paid this Period	Paid	Outstanding	Net Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner						
15605504	Washington, Claudell	5/1/2015	05/10/2015	N N N	Indemnity	0.00	0.00	0.00	0.00
Indemnity-No Comp	Open	null	Examiner WC,		Rehab	0.00	0.00	0.00	0.00
Injury Age: 40					Medical	0.00	4,500.00	4,500.00	0.00
Service Yrs: 18					Legal	0.00	0.00	0.00	0.00
Hired: 06/02/2007					Other	0.00	800.00	800.00	0.00
Employee It:					Total	0.00	0.00	5,300.00	0.00
NCCI Class Code:									
Injury Illness: Left hip strain									
Incident Desc: Stepping off curb									
15605174	Von Autobahn, Ion	11/6/2014	11/17/2014	N Y N	Indemnity	0.00	85,000.00	13,725.00	98,725.00
TD	Open	null	Examiner WC,		Rehab	0.00	0.00	0.00	0.00
Injury Age: 57					Medical	0.00	0.00	0.00	0.00
Service Yrs: 38					Legal	0.00	7,500.00	7,500.00	0.00
Hired: 06/08/1987					Other	0.00	1,050.00	1,050.00	0.00
Employee It:					Total	0.00	85,000.00	22,275.00	107,275.00
NCCI Class Code:									
Injury Illness: Lower back, previous surgery									
Incident Desc: EE alleges a back injury reaching for cable ties and slipped on the running board of truck									
17701668	Claim, Test	12/5/2017	12/28/2017	N N N	Indemnity	0.00	0.00	0.00	0.00
Pending	Open	null	ITAKE Examiner		Rehab	0.00	0.00	0.00	0.00
Injury Age:					Medical	0.00	0.00	0.00	0.00
Service Yrs:					Legal	0.00	0.00	0.00	0.00
Hired:					Other	0.00	0.00	0.00	0.00
Employee It:					Total	0.00	0.00	0.00	0.00
NCCI Class Code:									
Injury Illness: Test Claim to examine Attachment functionality									
Incident Desc: Test Claim to examine Attachment functionality									

Figure 2:





Claims by Claim Cause

As of 12/31/2017

Insurer: Demonstration Client
Insured: Demonstration Client

Claim Cause Desc	Frequency	% of Claims	Total Incurred	% of Incurred	Average Incurred
BODY MOTION	2	3%	44,400	4%	22,200
CARRYING	1	1%	8,300	1%	8,300
CAUGHT IN MACHINE/MACHINERY	2	3%	26,347	2%	13,174
CAUGHT IN/BET OBJE CT HANDLED	1	1%	700	0%	700
CLIMBING	1	1%	1,108	0%	1,108
CUMULATIVE (ALL OTHER)	1	1%	0	0%	0
DERM/SKIN	1	1%	32,316	3%	32,316
FALL DIFFERENT LEVEL	1	1%	5,300	0%	5,300
FALL ON SAME LEVEL	5	7%	34,271	3%	6,854
FALL OR TRIP OVER STATIONARY OBJECT	1	1%	700	0%	700
FALL/SLIP	2	3%	28,200	2%	14,100
FALL/SLIP LIQUID/GREASE SPILLS	2	3%	5,650	0%	2,825
FALL/SLIP ON STAIRS/STEPS	1	1%	15,750	1%	15,750
HIT STATIONARY OBJE CT	2	3%	1,800	0%	900
JACKHAMMERING	1	1%	900	0%	900
JUMPING	4	5%	48,270	4%	12,068
LIFTED OR HANDLED OBJECT	14	18%	179,850	15%	12,846
LIFTING	2	3%	8,300	1%	4,150
MISCELLANEOUS STRAIN INJURY	1	1%	28,970	2%	28,970
OTHER	3	4%	107,385	9%	35,795
PATIENT ASSIST	1	1%	0	0%	0
PUSHING/PULLING	2	3%	18,840	2%	9,420
SHARP OBJECT/EXPOSURE	1	1%	800	0%	800
SPORTS ACTIVITY	3	4%	56,200	5%	18,733
STRAIN BY WIELDING OR THROWING	1	1%	48,500	4%	48,500
STRAIN OR INJURY BY CARRYING	1	1%	3,300	0%	3,300
STRIKE FALLING/FLYING OBJECT	10	13%	284,471	24%	28,447
STRUCK OBJECT HANDLED BY OTHER	1	1%	12,850	1%	12,850
STRUCK OR INJURED BY MISC	2	3%	26,750	2%	13,375
STRUCK/INJURED BY MOTOR VEHICL	1	1%	48,500	4%	48,500
SUSPECT	1	1%	48,500	4%	48,500

Figure 3:



Reserve Total

Insurer: Demonstration Client
Insured: Demonstration Client

Processed Date	Claim Number	Claimant Name	Injury	Transaction Type	Reason	Examiner	Amount
10/30/2015	15604453	Abbott, Glenn	01/28/2015	Indemnity	Initial TTD reserve	DEMOEXAM	4,250.00
10/30/2015	15604453	Abbott, Glenn	01/28/2015	Medical	Initial Medical reserve	DEMOEXAM	7,250.00
10/30/2015	15604453	Abbott, Glenn	01/28/2015	Other	Bill review etc.	DEMOEXAM	800.00
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Medical	Initial reserve for clinic treatment, Rx's	DEMOEXAM	800.00
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	80.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Initial reserve for hosp ttmnt, dx studies, ER Phys charges	DEMOEXAM	3,800.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	450.00
10/30/2015	15604465	Smarty, Tahoe	07/03/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/03/2015	15604790	Boyd, Jefferson	01/01/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604841	Von Coopie, Zoepie	07/08/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604844	Pants, Eirie	08/28/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Indemnity	12 wks LT @ \$291.00 per week	DEMOEXAM	3,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Medical	Initial reserve for hosp ttmnt & all charges assoc w/same, ortho flu, anticipated P.T. & Rx's	DEMOEXAM	8,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Other	medical bill review charges & indexing	DEMOEXAM	850.00
11/04/2015	15604986	Hooten, Leon	01/28/2013	Indemnity	TTD	DEMOEXAM	7,500.00
11/04/2015	15604986	Hooten, Leon	01/28/2013	Medical	Initial medical	DEMOEXAM	11,000.00
11/04/2015	15604986	Hooten, Leon	01/28/2013	Other	Bill review, IV	DEMOEXAM	1,000.00
11/04/2015	15604986	Hooten, Leon	01/28/2013	Legal	Potential litigation	DEMOEXAM	2,000.00



Reports: Samples of reports that can be accessed and run online by the County.

The claim system provides many reports designed to enable personnel to analyze data from the risk management perspective. Reports can be produced in real-time or for user-defined reporting history periods.

The system includes dozens of standard and customized reports and ad-hoc reports. Examples include Loss Prevention, Custom Claim reports, Lag Time reports, Policy and Fiscal Year Summary Report, SIR/Excess Reports, Litigation reports, Subrogation reports, Denial reports, Payment reports, Injury Matric reports, Occupation/Body Part/Nature of Injury/Incident Type reports, 1099 forms, OSHA reports, and many others. Reports may be run by Division, Agency, Department, or for any customized hierarchy.

The main feature of the Report Module is that it allows one window to query all reports. The user can add or delete reporting fields and selection criteria with ease. All terminology is common claims terminology; the end-user is isolated from the database or system language.

The user selects the report group, such as general, loss prevention, payment processing, etc. The user can then identify specific claims as well as valuation dates for the report. All reports appear first in a display window, which can also be previewed. Roll-ups are user-defined and are not pre-programmed. The end-user can specify the sorting and grouping/totaling, as desired. The ability to sort, group, and total on any field of a report has been found by our clients to be very helpful. The user can export reports in standard file formats, including Excel, ASCII CSV, and Adobe Acrobat (PDF).

Customized Report Package. TRISTAR typically provides a customized monthly, quarterly, annual, and periodic report package for our clients. Reports include fiscal or policy year summary reports, open/reopened claims reports, check registers, financial activity reports, and even safety activity reports.

Ad Hoc Reporting. Real-time ad-hoc reporting is available for user-defined report production.

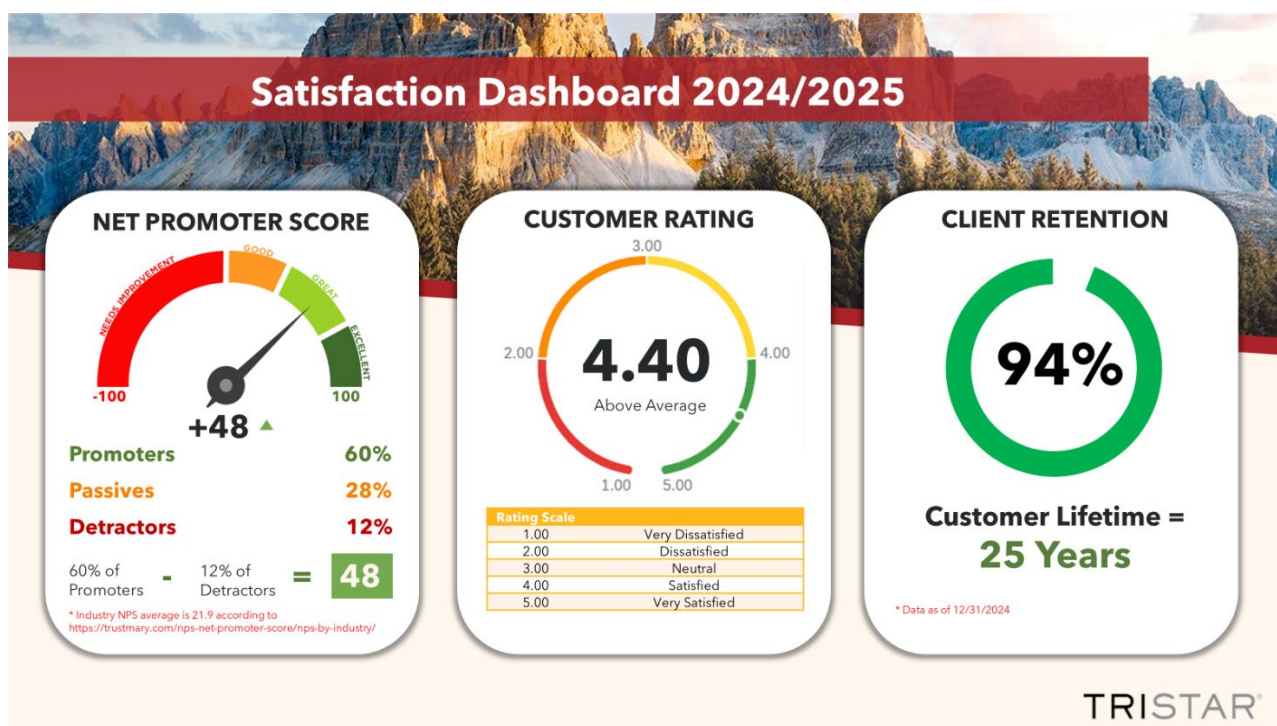
Reporting History Periods. TRISTAR creates "Reporting History Periods" every month after midnight, on the last day of each month. Reporting History Period functionality enables the user to produce statistical and analytical data that is static for that specific "value as of date" – or reporting history period. Reports can be produced with reporting history periods as of *last month*, *last quarter*, *last year*, *last fiscal year*, etc. Reports with reporting history periods typically include paid, outstanding reserves, total incurred amounts within the reporting history period, and total financial summary amounts of total paid, total outstanding, total incurred, total recoveries, and net incurred. This type of reporting ability provides the ability to develop loss trends and benchmarking data for actuaries or claim analysis for assisting in risk management and administrative decisions.



The proposer must submit a definite proposal specifying the results that they propose to accomplish in accordance with the County's requirements

TRISTAR's mission is to provide the highest quality claims management services to the County, in accordance with their specified requirements. We are committed to the ongoing improvement of our products to ensure the best value for our clients, as well as a strong, secure, and growing organization for our employees, shareholders, and business partners. The graphics below will help to illustrate the results TRISTAR has achieved with other valued clients.

Net Promoter Score (NPS)



MANAGED CARE & COST CONTAINMENT

In-House Medical Director
Pharmacists
Nurses

Med Bill Review & PPO
National Average Savings
Rate 68%

Telemedicine at No
Additional Charge

Timely Utilization Review
Quality Care
Return-to-Work



Workers' Compensation
Utilization Management
Expires 06/01/2027

URAC Accredited
Worker's Compensation
Utilization Management

CAT Resources
Complex Liability Bill Review
Catastrophic Claims Team

Nurse Triage
35% Claims Reduction
Reduced OSHA Recordables

Proven Opioid
Weaning Program

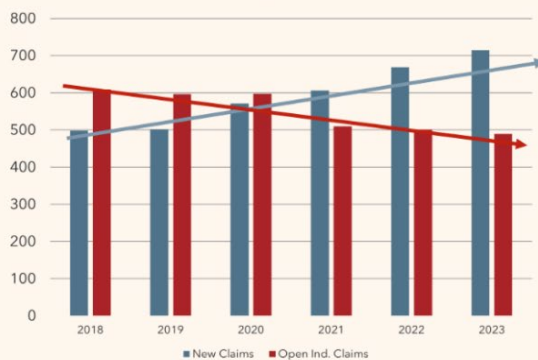
Boutique PBM
First Fill
National & Local Pharmacies

ASPEN COMPRx

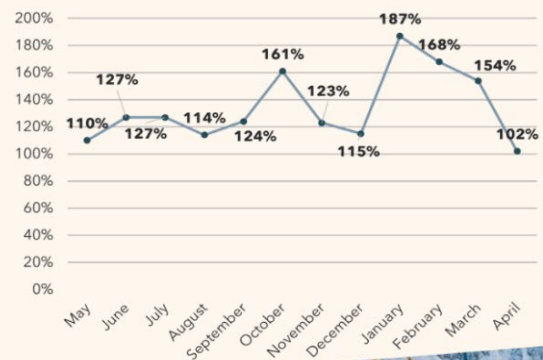
Real Performance Metrics: Closing Ratios

Large California Public Agency

Client New & Open Claims



Closing Ratio by Month (2024)



Northern California Example (24/7 Nurse Triage Program)

Key Indicator	2021	2022	2023	2024
Total Injuries Reported	398	525	214	481
Average lag days reporting	4.44	8.61	8.98	4.95
Triage Outcomes				
Emergency Room	1.26	3.13	4.22	1.85
Non- ER Clinic	58%	53%	56%	51%
Self-Care	37.40%	38.80%	34.40%	40.2%



Fee Proposal

At TRISTAR, we believe that the County should clearly understand the price we charge for our services. We are straightforward regarding our methodology, open to discussion relative to our assumptions and cost estimates, and receptive to any alternatives you would like us to consider. For all fee arrangements quoted, our claim service fees do not include services defined as Allocated Loss Adjustment Expense, whether employees of TRISTAR or others perform such services. Please read further for the full definition.

We believe that the County and TRISTAR's interests will be most closely aligned with a flat annual fee approach. A flat annual fee is a straightforward, transparent pricing mechanism that both parties easily administer, easily monitored by you and your auditors, and predictable for balance sheet and cash-flow purposes. There may be issues that we both are unaware of that impact the costs associated with providing superior service. A flat annual fee will allow us both the freedom to deal with these issues as they arise and make proper business decisions unencumbered by pricing concerns.

Should your service needs change or claims frequency and severity change, flat annual fees may change to enable the County and TRISTAR to adjust the service agreement appropriately. **The proposed Flat Annual Fee includes Claim Services, Account Administration, and Risk Management Information Systems as defined next:**

CLAIMS SERVICE FEES include:

(\$99,800 Annual Fee)

- ◆ Complete and thorough **desk** investigation, including and in accordance with TRISTAR's Best Practices
- ◆ Status Reports - Initial at 30 days/90 days thereafter until closure, or as otherwise agreed
- ◆ Notification/reporting in accordance with our service agreements
- ◆ Employment of anti-fraud measures, including assignment and direction
- ◆ Evaluation of liability and damages to establish appropriate reserves
- ◆ Conference calls with legal counsel necessary or requested
- ◆ Adjustment and payment of compensable claims
- ◆ Reserve Advisories at designated levels
- ◆ Litigation Planning and Management
- ◆ Pre-Settlement Advisories
- ◆ Structured Settlement Management
- ◆ Large Loss Notices/Email Alerts
- ◆ Claim Acknowledgements
- ◆ Pre-Settlement Advisories
- ◆ Closing Notices

ANNUAL ACCOUNT ADMINISTRATION INCLUDES:

(Included in Annual Fee)

- ◆ Account Set-Up
- ◆ Client Meetings
- ◆ Account Management
- ◆ 1099 Form Preparation
- ◆ Bank Account Management
- ◆ Implementation Tactics and Strategies
- ◆ Identify and Execute Education Programs



- ◆ the County -Specific Claims Handling Instructions
- ◆ Quality Assurance Management and Review
- ◆ Annual Stewardship Meeting/Report and Analytical Review
- ◆ Reporting for brokers, actuaries, consultants, and excess carriers
- ◆ Execution of Client Handling Instructions / Policies and Procedures

RISK MANAGEMENT INFORMATION SYSTEMS ACCESS: **(Included in Annual Fee)**

- ◆ **4** TRISTAR Connect User IDs and Training (new IDs available for \$750)
- ◆ System Access to Losses, Financials, Reserves and Reporting
- ◆ Access to all Adjuster and Supervisory Notes Access
- ◆ Structure and Scheduling of Reports [Templates]
- ◆ Distribution of Reports
- ◆ Periodic Cost Containment Reports
- ◆ State Annual and Periodic Reporting as required
- ◆ Customer Hierarchy and Organizational Structure maintenance
- ◆ Claim System Training, Help Desk Access, and Customer Service Unit Support

DATA CONVERSION AND/OR ELECTRONIC DATA INTERFACE includes:

- ◆ Mapping/Plotting of data elements
- ◆ Test runs/Exception reports and correction of any data flows
- ◆ Balancing financials (reserves and paid amounts)
- ◆ Converting data over to TRISTAR's system
- ◆ Storage of claim records
- ◆ Customized system programming at \$200/hour

FLAT ANNUAL FEE	
Contract Year	Annual Fee
Contract Year 1	\$99,800.00*
Option Year 1	\$99,800.00*
Option Year 2	\$99,800.00*

*Based on the loss runs and frequency information provided in the RFP and subsequent addendums. Any significant increase or decrease in claim volume may impact our fee.



PREFERRED PROVIDER SPECIALTY SERVICES

Preferred Provider Specialty Services fees are effective January 1, 2025, and rates are subject to increase with thirty (30) days written notice or upon renewal. Fees listed for Preferred Provider Specialty Services are paid as Allocated Loss Adjustment Expenses or, where required by state law, as loss.

TRISTAR may charge administrative oversight fees to the providers of these services to cover the cost of Quality Assurance, updating automated interfaces, etc. There are no per-referral financial arrangements. Any costs are passed on directly to the claim or client as appropriate. All of these providers are vetted to ensure that their cybersecurity standards meet TRISTAR and our Customers' requirements.

Preferred Provider Specialty Services	
Service	Fee
MANAGED CARE	
Medical Bill Review	
Provider/Ancillary Bill Review	\$8.95 per bill (standard)
Hospital Bill Review (in and outpatient)	14% of savings capped at \$25,000 per bill (run-off business does not qualify for cap)
Clinical Nurse Review	27% of savings capped at \$25,000 per bill (run-off business does not qualify for cap)
Implantable Device Review	30% of savings
PPO/Pharmacy/DME	27% of Savings (all savings are post fee schedule or U&C) 30% of Savings (run-off) (all savings are post fee schedule or U&C)
Specialty Bill/Out-of-Network Review	30% of Savings (all savings are post fee schedule or U&C)
e-billing	\$2 per bill
<div> Duplicate Bills Duplicate Line Items Monthly Savings Reporting </div>	No Charge
Utilization Review	
Pre-clinical review	\$40 per pre-clinical review
Pre-Certification (In- or Out-Patient and medications)	\$154 flat per pre-certification
Concurrent Review (Review during hospitalization or outpatient treatment, as treatment progresses to ensure duration and type of treatment meet appropriate guidelines)	\$134 per hour
Drug Formulary	Level 1 = \$258 flat fee; Level 2 = \$375 flat fee
Medical Treatment Guidelines and DME Reviews	Level 1 = \$258 flat fee; Level 2 = \$375 flat fee
Level 2 only reviews	\$510 flat fee
Peer Review	
Level 1 (Includes review of medical records and communication of decision in writing to all parties)	\$295 flat rate for peer review of episodes of care identified on medical bill review.



Preferred Provider Specialty Services

Service	Fee
Level 2 (Includes review of medical records, discussion with treating physician, and communication of decision in writing to all parties)	\$325 flat rate when assigned by a nurse case manager following case manager file review, or receipt of a referral by adjuster for review.
Enhanced Intake and Nurse Triage	
Enhanced Telephonic First Notice (Operator service by medical assistants. Injured employee and/or supervisor calls to report claims, assistance with PPO direction, questions, and referrals. Optional integration with nurse triage services.)	\$30 per intake call
Telephonic Nurse Triage (Nurse aids injured worker in self-treatment or sets up an appointment with appropriate provider utilizing medical triage guidelines/follow-up calls)	\$128 per intake call (includes wallet cards for all employees)
Nurse Case Management	
Telephonic Case Management	\$115 per hour, except the following states:
Field Case Management	\$120 per hour* with the following state exceptions <i>*plus Mileage at IRS mileage rate</i>
Catastrophic Case Management (High level of RN interaction with immediate response to significant injury, e.g., severe head injury, severe burns, gunshot. Available 24/7)	\$180 per hour plus mileage
Pharmacy	
Clinician Intervention: Complex Pharmacy Management, Weaning Protocols (Weaning is available when opioids have been prescribed for 60+ days with no evidence that the physician will end the treatment pattern.)	\$139 per hour
Physician Intervention: Complex Pharmacy Management. (Utilized in instances of numerous drug interactions of opioids, hypnotics, and anti-depressants, requiring a physician-to-physician review of treatment patterns and weaning options. Follow-up calls made by a pharmacy case manager.)	\$149 per hour pharmacist/pharmacist technician intervention plus pass-through of actual physician fees
Drug Testing: Full, Quantitative Testing (Candidates may be referred or identified by TMC based on risk factors such as claim age, high medication use, safety risk, injury type, etc.)	\$465 per test with report summary
Drug Testing Interpretation and Outreach: Complex Pharmacy Management, Weaning (Pharmacist to review and interpret drug testing results. Findings would be communicated to the examiner and/or provider, where permitted, with the goals of ensuring patient safety and reducing fraud, waste, and abuse.)	\$139 per hour



Preferred Provider Specialty Services

Service	Fee
Pharmacist Medication Review:	
1-2 medications with full record review and recommendations	\$510 flat rate
3-6 medications with full record review and recommendations	\$716 flat rate
7 or more medications with full record review/recommendations	\$978 flat rate
Liability Medical Cost Containment	
Liability Medical Review	\$40 per bill
RN Liability Medical Review	\$140 per hour
Other Services	
Special Investigations	Outsourced, at cost - typically \$90-100 per hour
ISO Reports (Includes OFAC, Child Support Leins, Social Security checks for all claims. Includes EDI (12 months of reports) for WC.)	\$29.95 per report for workers' compensation claims \$15.00 per report for liability claims
MMSEA Reporting	\$12 per claim
Subrogation/Recovery/Restitution	20% of all recovery
MSA Cost Projection	at cost
Mileage	IRS allowance rate

Allocated Loss Adjustment Expenses ("ALAE")

ALAE includes any fee or expense which is chargeable or attributable to the investigation, coverage analysis, adjustment, negotiation, settlement, defense, or general handling of any Claim or action related thereto, or to the protection and/or perfection of the Customer and/or Carrier's right of subrogation, contribution or indemnification, all as reasonably determined by TRISTAR. Allocated Loss Adjustment Expense(s) may be incurred for services provided by TRISTAR, its affiliates and subsidiaries, or third parties and include, but are not limited to:

- ♦ attorney's fees and disbursements incurred in connection with the determination of coverage and/or the adjustment, defense, negotiation, or settlement of any Claim; attorney's fees incurred for representation at depositions, hearings, pretrial conferences, and/or trials;
- ♦ fees and expenses incurred for: handling any Alternative Dispute Resolution (ADR) proceeding; legal actions, including trials or appeals; pursuing any declaratory judgment action, including deposition fees; cost of appeal bonds; court reporter or stenographic services, filing fees, and other court costs, fees and expenses; transcript or printing services and all discovery expenses; service of process; witnesses' testimony, opinions, or attendance at hearings or trial;
- ♦ fees and expenses for attendance at or participation in ADR proceedings, hearings, trials, or other proceedings by TRISTAR personnel or its subcontractors;
- ♦ statutory fines or penalties; pre- and post-judgment interest paid as a result of litigation, unless regulatory or reporting requirements define such interest as loss or indemnity payments;



- ◆ subcontractors' fees and travel expenses, including independent adjusters, automobile and property appraisers, to the extent that same are incurred in the adjustment, negotiation, settlement, or defense of any Claim;
- ◆ fees and expenses incurred in conjunction with the telephonic, web, or other electronic methods of reporting Claims;
- ◆ experts' fees and expenses including reconstruction experts, engineers, photographers, accountants, economists, metallurgists, cartographers, architects, hand-writing experts, physicians, appraisers, and other natural and physical science experts, plus the fees and expenses associated with preparation of expert reports, depositions, and testimony;
- ◆ fees and expenses for surveillance, undercover operative and detective services or any other investigations;
- ◆ fees and expenses for medical examinations or autopsies, including diagnostic services and related transportation services, durable medical equipment, and medical reports and rehabilitation evaluations, unless regulatory or reporting requirements define such fees and expenses as loss or indemnity payments;
- ◆ fees and expenses for any public records, medical records, credit bureau reports, index bureau reports, and other like reports;
- ◆ fees and expenses incurred where TRISTAR determines it is reasonable to pursue the rights of contribution, indemnification, or subrogation of the Customer, including attorney and collection agency fees and/or expenses;
- ◆ medical or vocational rehabilitation fees and expenses, and all other medical cost containment services, including, but not limited to utilization review and management, pre-audit admission authorization, hospital bill audit or adjudication, provider bill audit or adjudication, and medical case management, if applicable, unless regulatory or reporting requirements define such expenses as loss or indemnity payments; and
- ◆ extraordinary travel and related fees and expenses incurred by TRISTAR at the express request of Customer, which are not otherwise payable under this Agreement.



Additional Forms for Charlotte County RFP



PART IV - SUBMITTAL FORMS
PROPOSAL SUBMITTAL SIGNATURE FORM

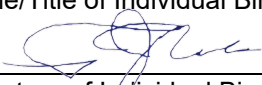
The undersigned attests to his/her authority to submit this proposal and to bind the firm herein named to perform as per contract, if the firm is awarded the Contract by the County. The undersigned further certifies that he/she has read the Request for Proposal, Terms and Conditions, Insurance Requirements and any other documentation relating to this request and this proposal is submitted with full knowledge and understanding of the requirements and time constraints noted herein.

By signing this form, the proposer hereby declares that this proposal is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

In accordance with section 287.135, Florida Statutes, the undersigned certifies that the company is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and does not have business operations in Cuba or Syria (if applicable) or the Scrutinized Companies that Boycott Israel List, or is not participating in a boycott of Israel.

As Addenda are considered binding as if contained in the original specifications, it is critical that the Consultant acknowledge receipt of same. The submittal may be considered void if receipt of an addendum is not acknowledged.

Addendum No. 1 Dated 5-22-25 Addendum No. 2 Dated 5/23/25 Addendum No. 3 Dated 5-30-25
Addendum No. 4 Dated 6-2-25 Addendum No. 5 Dated 6-5-25 Addendum No. 6 Dated 6-6-25

Type of Organization (please check one): <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>INDIVIDUAL CORPORATION</div><div><input type="checkbox"/> PARTNERSHIP</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input checked="" type="checkbox"/> JOINT VENTURE</div><div><input type="checkbox"/></div></div> <div style="margin-top: 10px;">TRISTAR Claims Management Services, Inc.</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Firm Name</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Fictitious or d/b/a Name</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">100 Oceangate, Suite 840</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Home Office Address</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Long Beach, CA 90802</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">City, State, Zip</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">2054 Vista Parkway, Suite 400, West Palm Beach, FL 33411</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Address: Office Servicing Charlotte County, other than above</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Alisa True, Senior Contract Specialist</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Name/Title of your Charlotte County Rep.</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Thomas J. Veale, President</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Name/Title of Individual Binding Firm (Please Print)</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Signature of Individual Binding Firm</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">tristarmarketing@tristargroup.net</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-top: 10px;">Email Address</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>562-495-6600</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Telephone</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>13-3832689</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Federal Employer Identification Number (FEIN)</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>37</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Number of Years in Business</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>941-743-1549</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Telephone</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>6/12/2025</div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Date</div><div><input type="checkbox"/></div></div>
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(This form must be completed & returned)

DRUG FREE WORKPLACE FORM

TRISTAR Claims Management
Services, Inc.

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
does:

(name of business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer's Signature

6/12/2025

Date

NAME OF FIRM TRISTAR Claims Management Services, Inc.

(This form must be completed and returned)

**HUMAN TRAFFICKING AFFIDAVIT
for Nongovernmental Entities Pursuant To FS. §787.06**

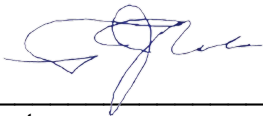
Charlotte County Contract #20250389

The undersigned on behalf of the entity listed below, (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.
2. I am an officer or representative of the Nongovernmental Entity and authorized to provide this affidavit on the Company's behalf.
3. Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

Further Affiant sayeth naught.



Signature

Thomas J. Veale
Printed Name

President
Title

TPA
_ Nongovernmental Entity

6/12/2025
_ Date

END OF PART IV

NAME OF FIRM TRISTAR Claims Management Services, Inc.

(This form must be completed and returned)