1.0 General Liability Insurance Policy

The department shall reimburse the county for a portion of the county's general public liability, errors and omissions, and umbrella insurance premiums. The 2017 reimbursement will be paid in January based on 2015 costs.

2.0 Counties Covered by an Insurance Policy

The portion of the cost the department shall pay is determined by the ratio of lane miles of State Trunk Highways, excluding connecting highways, to total state and county lane miles within the county. The ratio is multiplied by the total county highway department portion of the county coverages listed to determine the reimbursement. When the county highway department's portion of the county premium is not specified on the premium invoice or in the policy, costs shall be allocated to the highway function based on the proportionate share of total county operating expenses.

Costs of umbrella coverage pertinent to fleet operations shall be excluded from the costs allocated. Additionally, all other fleet (collision, uninsured motorist, comprehensive, medical), inland marine, and property coverages are excluded from this reimbursement. Costs for those coverages are considered in other components of the cost policy.

3.0 Self Insured Counties

Payment shall be based on the average liability cost per lane mile of the ten most populous externally insured counties multiplied by the lane miles of State Trunk Highway within the county, exclusive of connecting highways.

Wisconsin Department of Transportation

Tommy G. Thompson
Governor

Charles H. Thompson
Secretary

Bureau of Financial Services
4802 Sheboygan Avenue
P.O. Box 7366
Madison, WI 53707-7366

February 11, 1998

TO COUNTY HIGHWAY COMMISSIONERS FAX: 608-267-4455

Subject: GPL Insurance Reimbursement for 1999

The 1998 State Highway Maintenance Manual, Policy 5.12, provides for a reimbursement by the State for a portion of a county's comprehensive liability insurance premium as it applies to work performed on the State Trunk Highway System. The reimbursement will be based on the highway department's portion of the county's general public liability, errors and omissions, and umbrella insurance premiums for 1997.

The 1998 reimbursement has been paid based on 1996 costs. An adjustment to 1997 actual cost will then be made as part of the 1999 reimbursement.

When the Highway Department's portion of County premiums is not specified in the policy or premium invoice, allocate costs to the Highway Department based on the Highway Department's proportionate share of total County operating expenses. Costs of umbrella coverage pertinent to fleet operations must be excluded from the costs used for this reimbursement. Additionally, all other fleet (collision, uninsured motorist, comprehensive, medical), inland marine, and property coverage are excluded from this reimbursement and should not be included in the amounts shown on the attached form.

The State's share of these premiums will be determined by multiplying the costs you report (on the attached form) by the ratio of lane miles of State Trunk Highways, excluding connecting highway miles, to total state and county lane miles within the county.

In self-insured counties, the payment will be based on the average liability cost per lane mile of the ten most populous externally insured counties multiplied by the lane miles of State Trunk Highway, exclusive of connecting highways, within the self-insured county. PLEASE STATE ON QUESTIONNAIRE IF YOU WERE 'SELF-INSURED' OR A MEMBER OF AN INSURANCE GROUP. (You need not return this form if you are a member of Wisconsin County Mutual. They supply the information directly to us.)

Please complete the attached form and return it to me by April 1, 1998.

Sincerely,

Doug Meek, Wis. Dept. of Transportation
Bureau of Financial Services
P.O. Box 7366
Madison, WI 53707-7366

DT71 997

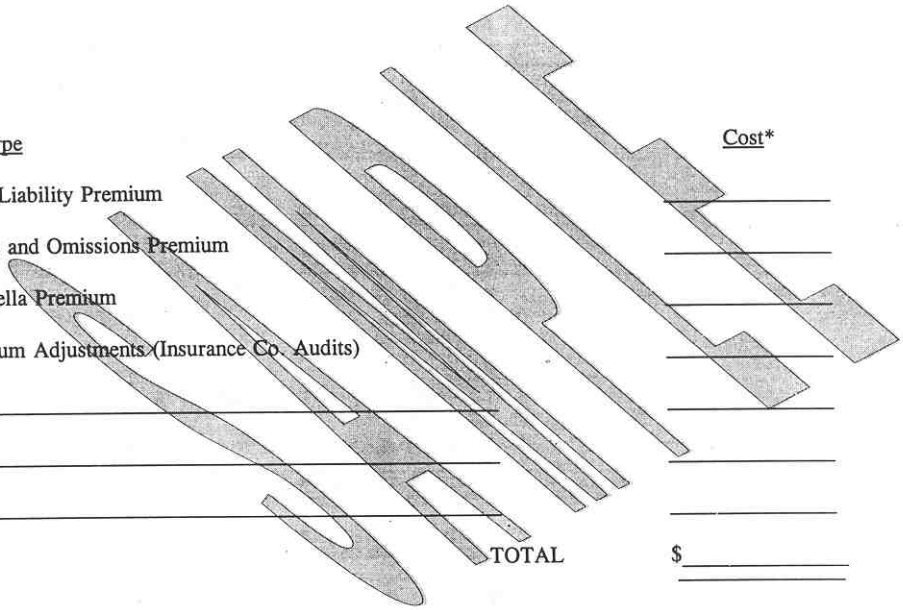
1995 GPL Insurance Cost Questionnaire

County Name _____ County #_____

Policy or Premium Period _____

Account No. Premium is Charged to _____

Type	Cost*
Basic Liability Premium	
Errors and Omissions Premium	
Umbrella Premium	
Premium Adjustments (Insurance Co. Audits)	
_____	
_____	
_____	
TOTAL	$_____



Wisconsin County Mutual Members do not need to return this form.

If Self-Insured or Insurance Group Member please state.

*Include only costs paid out of Highway Department Funds

Prepared By _____ _____
Phone Number