

# **CITY OF ANN ARBOR**

## **CLAIM INFORMATION AND PROCEDURES**

### **HOW TO FILE A CLAIM:**

Complete the attached claim form and mail or deliver it along with any supporting material to:

**The Office of the City Clerk, City Hall  
100 N. Fifth Avenue  
Ann Arbor, MI 48104**

**or Fax to: 734-997-1271  
Attn: Risk Specialist**

If you have any questions about filing your claim, please call 734-994-4699 to speak with a claims specialist

The City separates claims into two types:

1. **Standard** – Any claim not related to wastewater sewer overflow or backup.
2. **Sewer** – Any claim related to wastewater sewer overflow or backup.

When filing a claim, please mark the appropriate box on the attached claim form.

**Notice:** For your claim to be considered for a **Standard** claim, it must be filed within **90** days of the incident. For your claim to be considered for a **Sewer** claim, it must be filed within **45** days of the date the damage was discovered.

**Notice:** By filing a claim, you agree to allow the City or its agent to inspect your property or investigate the physical injury. Unreasonable refusal of such inspection or investigation will be grounds for denial of your claim.

### **WHAT HAPPENS AFTER A CLAIM IS FILED?**

Once a claim is received, the City will perform an investigation. A third party contractor for the City may perform this investigation. Until a final decision is made on a claim, any statement or promise made concerning your claim by any City employee or its agent is unauthorized and not binding on the City's final approval or denial.

If the City's investigation determines a different party may be responsible, the City will notify the claimant so that the claimant may take appropriate steps. In the case of a sewer claim, if the City's investigation determines that a different or additional governmental agency may be responsible, the City will notify the other governmental agency.

As a claimant, you should be aware that the City has three levels of approval, depending on the value of your claim. The higher the dollar amount the longer it may take to reach a decision on your claim due to the schedule of Insurance Board and Council meetings. However, be assured your claim will be promptly considered.

1. Claims of **\$500 or less** – may be granted or denied by the City's Chief Financial Officer.
2. Claims of **\$5,000 or less** – may be granted or denied by the City's Insurance Board.
3. Claims **over \$5,000** – must be considered by the City's Insurance Board and then granted or denied by City Council.

No monies will be paid until a final determination has been made. If you wish to appeal a determination, you may appeal to the City's Insurance Board by calling 734-994-4699 to be placed on the next meeting agenda.

## **WHAT LEGAL NOTICES ARE REQUIRED FOR THE CITY TO PROVIDE TO POTENTIAL CLAIMANTS?**

### **MOTOR VEHICLE ACCIDENT ADDENDUM TO MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW APPLICATION FOR BENEFITS**

Claimant may have the right to personal protection insurance benefits, property insurance benefits, and/or residual liability insurance benefits if in compliance with the regulations and restrictions contained in the Michigan No-Fault Insurance Law, Public Act 294 of 1972. Please contact your insurance company to determine if you are eligible to receive these benefits. If your policy is not covered under Michigan No-Fault, please contact the City of Ann Arbor's risk management at (734) 994-4699.

The City of Ann Arbor will pay claims in a timely manner as prescribed by the Michigan No-Fault Insurance Law.

If there are any questions concerning the City of Ann Arbor's failure to fulfill its responsibilities under the Michigan No-Fault Law, please contact:

The Department of State of Michigan  
Assigned Claims Facility  
7064 Crowser Drive  
Lansing, MI 48918-1412  
Telephone: (517) 322-1875

### **WASTEWATER SEWER OVERFLOW OR BACKUP**

Under Public Act 222 of 2001 (MCL 691.1416 - 691.1419), a claimant may seek compensation for property damage or physical injury from a governmental agency if the claimant shows that **all** of the following existed at the time of the event:

- The governmental agency was the 'appropriate governmental agency',
- The sewage disposal system had a defect,
- The governmental agency knew, or in the exercise of reasonable diligence should have known, about the defect,
- The governmental agency, having the legal authority to do so, failed to take reasonable steps in a reasonable amount of time to repair, correct, or remedy the defect, **and**
- The defect was a substantial proximate cause of the event in the property damage or physical injury.

In addition to the above requirements to seek damages, to obtain compensation for property damage or physical injury, a claimant has to show **both** of the following:

- Personal Property – reasonable proof of ownership and the value of the damaged personal property (reasonable proof could include testimony or records documenting ownership, purchase price or value of the property or photographic or similar evidence showing the value of the property) and
- The claimant followed the proper notification protocol to seek damages from the governmental agency.

A claimant may not file a civil action against the City until at least 45 days have passed after the date the claimant's sewer claim was filed with the City.

**CITY OF ANN ARBOR  
CLAIM REPORTING FORM**

**PERSONAL INFORMATION**

\* CLAIMANT(S)'S NAME: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

PROPERTY OWNER'S NAME (if different than claimant): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of your Insurance Company: \_\_\_\_\_  
Insurance Company Phone Number \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CLAIM INFORMATION**

- |   |  |
|---|--|
| <p><u>Standard Claim</u></p> <p><input type="checkbox"/> Vehicle Damage</p> <p><input type="checkbox"/> Personal Injury</p> <p><input type="checkbox"/> Property Damage</p> | <p><u>Sewer Claim</u></p> <p><input type="checkbox"/> Sewer Backup</p> |
|---|--|

Amount of claim \$ \_\_\_\_\_  
Where did the incident occurred? \_\_\_\_\_  
\*Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_  
Date property damage and/or physical injury was discovered \_\_\_\_\_  
\*Affected property \_\_\_\_\_

**Brief description of incident: (Include the facts and reason why you think the City is liable for payment for the injury, damage or claim). (Attach itemized charges, damages, receipts, photos, repair estimates, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Vehicle Claims)** Vehicle damage claims must provide the police accident report or number, if any. Attach at least two (2) estimates for repair. Please state if the vehicle was parked or moving at the time of the incident.

**I(we) declare the above statements are true to the best of my(our) knowledge.**

\_\_\_\_\_

\_\_\_\_\_

**Signature(s) of Claimant**

**Date**

\* The above marked information is required to be provided by Public Act 222 of 2001; MCL 691.1416 – 691-1419.

Forms must be submitted to:  
Office of the City Clerk, City Hall, 100 N. Fifth Avenue, PO Box 8647-48107, Ann Arbor, MI 48107  
Or fax to 734-997-1271

**Acceptance of this report by the City is not an admission of liability.**