

Agenda Item No. B-6

DATE SUBMITTED 08/09/23  
SUBMITTED BY Kristen Smith  
DATE ACTION REQUIRED 08/16/23

COUNCIL ACTION (x)  
PUBLIC HEARING REQUIRED ( )  
RESOLUTION ( )  
ORDINANCE 1<sup>ST</sup> READING ( )  
ORDINANCE 2<sup>ND</sup> READING ( )  
CITY CLERK'S INITIALS ( )

**IMPERIAL CITY COUNCIL  
AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: 1. Authorization to reject claim CW File Number 3049468 LSV as recommended by Carl Warren & Company.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Carl Warren & Company to reject the claim CW File Number 3049468 LSV submitted by J.H. (minor) received August 3, 2023.	
FISCAL IMPACT: NOT TO EXCEED  There is no fiscal impact associated with this action.	FINANCE INITIALS <u>DP</u>
STAFF RECOMMENDATION:  Staff recommends approval of authorization for claim rejection.	DEPT. INITIALS <u>KWS</u>
MANAGER'S RECOMMENDATION: Approve staff recommendation.	CITY MANAGER'S INITIALS <u>DMN</u>
MOTION:  SECONDED: APPROVED ( ) REJECTED ( ) AYES: DISAPPROVED ( ) DEFERRED ( ) NAYES: ABSENT: REFERRED TO:	



**CARL WARREN & COMPANY**  
Claims Management and Solutions

A  **VENBROOK** Company

August 4, 2023

TO: City of Imperial

ATTENTION: Kristen Smith

RE: Claim	:	[REDACTED]
Claimant	:	[REDACTED]
Member	:	City of Imperial
Date Rec'd by Mbr	:	8/3/23
Date of Event	:	2/28/23
CW File Number	:	3049468 LSV

Please allow this correspondence to acknowledge receipt of the captioned claim. Please take the following action:

- **CLAIM REJECTION: Send a standard rejection letter to the claimant.**

Please include a Proof of Mailing with your rejection notice to the claimant. An exemplar copy of a Proof of Mailing is attached. Please provide us with a copy of the Notice of Rejection and copy of the Proof of Mailing. If you have any questions feel free to contact the assigned adjuster or the undersigned claims specialist.

Very Truly Yours,

CARL WARREN & CO.

*Timothy M. Varon*

Timothy M. Varon  
Claims Supervisor