

ABAG PLAN CORPORATION

LIABILITY CLAIMS PROCEDURES MANUAL

ABAG PLAN CORPORATION OFFICE:

**101 Eighth Street
Oakland, CA 94607-4756**

MAILING ADDRESS:

**P. O. Box 2050
Oakland, CA 94604-2050**

CONTACT NUMBERS:

Phone: (510) 464-7900

Fax: (510) 464-7989

RISK MANAGER:

James Hill

Office: (510) 464-7969

Fax: (510) 433-5569

E-Mail: jamesh@abag.ca.gov

CLAIMS SUPERVISOR:

Bruce Carey

Office: (510) 464-7946

Fax: (510) 464-7989

E-Mail: bruceec@abag.ca.gov

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INSTRUCTIONS FOR ACCESSING ABAG PLAN FORMS ONLINE

1. Access the ABAG website at www.abag.ca.gov
2. Go to the left side of the screen and click on "SERVICES"
3. Click on "Insurance and Risk Management"
4. Go to the bottom of the page and click on "MEMBERS"
5. Click on "Forms and Instructions"
6. Login ID: abagplan
Password: Zorro (note-password is case sensitive)
7. Result: ABAG PLAN Claims Manual & Forms List
8. Select desired form

SECTION 8

ABAG PLAN LIABILITY CLAIMS MANUAL

FORMS LIST

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ABAG PLAN CORPORATION LIABILITY/LOSS NOTICE FORM

Use this form to report any incident or verified claim in which the City may be liable

From: _____ **To: ABAG PLAN CORPORATION**
City or Town P.O. BOX 2050

City Claim #: _____ **Oakland, CA 94604-2050**
Fiscal Year Log Number (510) 464-7962

Date & Time of Loss: _____

Department Location Code: _____

(If more than 1 claimant is involved, indicate names of others and use same claim #, but add letter suffix e.g., 001A)

Comments: _____

_____ **Input only – check if claim is being handled in-house**

Claimant/Injured's Name	Address	Phone
_____	_____	_____

Claimant's Attorney	Address	Phone
_____	_____	_____

Witness Name	Address	Phone
_____	_____	_____

City Employee Involved/Contact	Department	Phone
_____	_____	_____

Location of Occurrence: _____

Description of Occurrence/Damage: _____

Police/CHP Report # _____ **City vehicle #** _____

Enclosures: _____ **Verified claim** _____ **Police Report** _____ **Photos** _____

Other: _____

Date: _____ **Submitted by:** _____ **Phone:** _____

ABAG PLAN CORPORATION INCIDENT REPORT

*Use this form to report incidents in which the city may be liable,
but no verified claim has been filed*

From: _____ City Incident # _____

To: ABAG Plan Corporation
P.O. Box 2050
Oakland, CA 94604-2050

Date and Time of Incident:
Department:
Location:
Name of Injured Party:
Address:
Phone:

Description of Incident:

Date: _____ Submitted By: _____ Phone: _____

**ABAG PLAN CORPORATION
PROPERTY LOSS REPORT-BUILDING DAMAGE**

Use this form to report loss or damage to property owned or used by the City, including buildings, furniture, equipment, supplies, boilers and heavy machinery.

FROM: _____

TO: ABAG PLAN CORPORATION
P. O. Box 2050
Oakland, CA 94604-2050

Date: _____

Submitted by: _____

Phone: (510) 464-7900

Phone: _____

Date & Time of Incident: _____

Department: _____

Loss Location: _____

Damage is to: _____ Building(s) _____ Furniture/Equipment

_____ Maintenance Equipment _____ Other: _____

_____ Boiler & Machinery _____

Estimate of Probable Cost: _____

Description of Occurrence: _____

Description of Property _____

Damaged or Stolen: _____

Police or FD Report: Report #: _____

Contact Person: _____

Phone #: _____ Location: _____

Please attach any loss documentation including reports, estimates and/or photographs of the damage in your possession with this Loss Report.

**ABAG PLAN CORPORATION
PROPERTY LOSS REPORT-VEHICLE DAMAGE**

Use this form to report loss or damage to property owned or used by the City, including buildings, furniture, equipment, supplies, boilers and heavy machinery.

FROM: _____

TO: ABAG PLAN CORPORATION
P. O. Box 2050
Oakland, CA 94604-2050

Date: _____

Submitted by: _____

Phone: (510) 464-7900

Phone: _____

Date & Time of Incident: _____

Driver's Name: _____

Department: _____

Vehicle: _____

Number	Year	Make/Model	License #
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Loss Location: _____

Accident Description: _____

Vehicle Damage: _____

Other Vehicle: _____

Number	Year	Make/Model	License #
--------	------	------------	-----------

Other Driver: Name: _____ Phone: _____

Address: _____

Other Vehicle Damage: _____

Witnesses/Passengers: _____

Police or FD Report: Report #: _____

Contact Person: _____

Phone #: _____ Location: _____

Please attach any loss documentation including reports, estimates and/or photographs of the damage in your possession with this Loss Report.

REPORT OF FILE CLOSURE FOR "INPUT ONLY" CLAIM

TO: Claims Manager
ABAG PLAN Corporation
P. O. Box 2050
Oakland, CA 94604-2050

RE: Claimant's Name: _____
Date of Loss: _____
Plan Member: _____
Department: _____
Loss Location: _____

Dear Sir/Madam:

We are pleased to report the above referenced "input only" claim has been handled internally by the City of _____ as follows:

The Claim has settled and a copy of the release is attached. The settlement amount was:

Paid for Property Damage: \$ _____

The Check Number(s) are: _____

Prior to settlement, we had to incur outside defense costs in the amount of:

\$ _____

The claim was rejected on _____, and a copy of the rejection notice is attached.

If you have any questions regarding the handling of this claim, please call me at: _____

SIGNED: _____

Enclosure: release/rejection notice

ABAG PLAN
MEMBER CITIES

CITY	CODE
AMERICAN CANYON	29 (AC)
ATHERTON	01 (AT)
BENICIA	03 (BE)
BURLINGAME	27 (BU)
CAMPBELL	05 (CA)
COLMA	32 (CO)
CUPERTINO	06 (CU)
DUBLIN	07 (DU)
EAST PALO ALTO	34 (EPA)
FOSTER CITY	08 (FC)
GILROY	09 (GI)
HALF MOON BAY	28 (HM)
HILLSBOROUGH	26 (HI)
LOS ALTOS HILLS	11 (LAH)
LOS GATOS	12 (LG)
MILLBRAE	13 (MB)
MILPITAS	14 (MI)
MORGAN HILL	15 (MH)
NEWARK	16 (NE)
PACIFICA	17 (PA)
PORTOLA VALLEY	18 (PV)
ROSS	30 (RS)
SAN BRUNO	19 (SB)
SAN CARLOS	20 (SC)
SARATOGA	21 (SA)
SOUTH SAN FRANCISCO	22 (SS)
SUISUN CITY	23 (SU)
TIBURON	24 (TI)
WOODSIDE	25 (WS)

CLAIM AGAINST (NAME OF CITY OR TOWN)

Please return to: City/Town Clerk, (address)

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY.

1. CLAIMANT'S NAME (Print):
2. CLAIMANT'S ADDRESS: (Street or P.O. Box Number - City - State - Zip Code)
3. AMOUNT OF CLAIM \$ HOME PHONE:

(Attach Copies of bills/estimates) WORK PHONE:

IF AMOUNT CLAIMED IS MORE THAT \$10,000 INDICATE WHERE JURISDICTION RESTS: Limited Civil Case Unlimited Civil Case

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT,
IF DIFFERENT FROM LINES 1 AND 2 (PRINT): (Name)

(Street or P.O. Box Number)

(City - State - Zip Code)
- 1 DATE OF INCIDENT: TIME OF INCIDENT: LOCATION OF INCIDENT:
- 2 DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE FOR YOUR DAMAGES:
- 3 DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:
- 4 NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

Signature of Claimant

Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

Note: You must file a claim in compliance with Government Code Section 911.2.

8/02 ABAG PLAN Corp. - CM1-1

Form # 2 NOTICE OF INSUFFICIENCY
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of Claimant
c/o claimant's attorney, or
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (Name of claimant)

Dear Sir or Madam:

NOTICE IS HEREBY GIVEN the claim for damages you presented to (NAME OF ENTITY) on (DATE OF SUBMISSION) fails to substantially comply with the requirements of the California Government Code. See Sections 910 and 910.2 of the Government Code. Your claim will not be accepted for filing or consideration for the reasons checked below:

- The claim fails to state the name and post office address of the claimant. (See GC §910(a)).
- The claim fails to state the post office address to which the person presenting the claim desires notices to be sent. (See GC §910(b)).
- The claim fails to state the date, place and other circumstances of the event, occurrence or transaction which gave rise to the claim asserted. (See GC §910(c)).
- The claim fails to state a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim. (See GC §910(d)).
- The claim fails to state the name or names of the public employee or employees causing the injury, damage, or loss, if known. (See GC §910(e))
- The claim fails to state the amount or the basis of computation of the amount claimed as of the date of the presentation of the claim. (See GC §910(f))
- The claim was not signed by the claimant or by some person on behalf of the claimant. (See GC §910.2)
- The claim for indemnity fails to state the date on which the underlying lawsuit was served. (See GC §901)
- Although your claim indicates the facts giving rise to your damages, it fails to link those facts to the (NAME OF ENTITY) in such a way that it would give rise to a cause of action.

WARNING

Your claim may be amended at any time before the expiration of the period designated in Section 911.2 of the Government Code, or before final action thereon is taken by the (NAME OF ENTITY), whichever is later. See Section 910.6 of the Government Code.

Very truly yours,

cc: ABAG PLAN

Form # 3 NORMAL CLAIM REJECTION
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimants attorney, or
claimant's parents, if a minor

DATE: _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim for damages you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) was rejected by

(either of the following)

the (GOVERNING BOARD/OR DESIGNEE) for the (NAME OF ENTITY) on (DATE REJECTED)

(or)

operation of law on (THE 45th DAY AFTER CLAIM PRESENTED: EITHER DATE OF HAND DELIVERY TO THE GOVERNING BOARD OR DESIGNEE [Government Code §915(a)(1)], or DATE OF PLACEMENT OF CLAIM IN THE MAIL [Government Code §915(a)(2), 915.2]).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure Sections 128.5 and 1038, the (NAME OF ENTITY) will seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the (NAME OF ENTITY) with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must name the (NAME OF ENTITY) in the lawsuit to protect yourself, we urge you not to serve the (NAME OF ENTITY) with a summons and complaint until you are certain there is a justiciable controversy with the (NAME OF ENTITY).

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: ABAG PLAN

Form #4 NO JURISDICTION AND REJECTION LETTER
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimant's attorney or
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE:

Claim of :
Date of Loss :
Your File :

I, (NAME), am (TITLE) of the (NAME OF ENTITY), (ADDRESS).

As (TITLE), I have reviewed the (NAME OF ENTITY'S) maps and records for land development in the jurisdiction of the (NAME OF ENTITY), and for boundaries on adjacent jurisdictions. Based upon my review of these maps and records, I have concluded that the claim incident location, (ADDRESS OF PLACE OF INCIDENT), is not under the control or jurisdiction of the (NAME OF ENTITY), nor is the (NAME OF ENTITY) responsible for its design, protection, construction, or maintenance.

Based upon personal knowledge and a review of the official records of the (NAME OF ENTITY), (ADDRESS OF PROPERTY) is identified in the County records as Assessor's Parcel No. (PARCEL NUMBER) and is under the jurisdiction/ownership of (NAME OF ENTITY/PARTY OWNING PROPERTY).

I certify under penalty of perjury that the foregoing is true and correct.

Executed on ___(date)___, in the City of _____, in County of _____, in the State of California.

Signature

Name & Title

AS A RESULT OF THE ABOVE FINDINGS, NOTICE IS HEREBY GIVEN that the claim for damages you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) was rejected by

(either of the following)

the (GOVERNING BOARD/OR DESIGNEE) for the (NAME OF ENTITY) on (DATE REJECTED)

(or)

operation of law on (THE 45th DAY AFTER CLAIM PRESENTED: EITHER DATE OF HAND DELIVERY TO THE GOVERNING BOARD OR DESIGNEE [Government Code §915(a)(1)], or DATE OF PLACEMENT OF CLAIM IN THE MAIL [Government Code §915(a)(2), 915.2]).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure Sections 128.6 and 1038, the (NAME OF ENTITY) will seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the (NAME OF ENTITY) with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must name the (NAME OF ENTITY) in the lawsuit to protect yourself, we urge you not to serve the (NAME OF ENTITY) with a summons and complaint until you are certain there is a justiciable controversy with the (NAME OF ENTITY).

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

encl: (LIST OF ATTACHMENTS)

cc: ABAG PLAN

rev. 2/8/06

Form # 5 RETURNED AS UNTIMELY/SIX MONTHS
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimant's attorney, or
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) is being returned because it was not presented within six months after the event or occurrence as required by law. See Sections 901 and 911.2 of the California Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

Your only recourse at this time is to apply without delay to the (NAME OF ENTITY) for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

encl: Claim submitted

cc: ABAG PLAN

Form # 6 RETURNED AS UNTIMELY/1 YEAR
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of Claimant
c/o claimant's attorney, or
claimant's parents, if a minor

DATE: _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim which you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) is being returned because it was not presented within one (1) year after the event or occurrence as required by law. See Section 911.4 of the California Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

encl: Claim submitted

cc: ABAG PLAN

Form # 7 DENIAL OF APPLICATION TO PRESENT A LATE CLAIM
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of Claimant
c/o claimant's attorney, or
claimant's parents, if a minor

Date _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

NOTICE IS HEREBY GIVEN that the application for leave to present a late claim which you presented to the (NAME OF ENTITY) on (DATE) was denied by

(either of the following)

the (GOVERNING BOARD) for the (NAME OF ENTITY) on (DATE)

(or)

operation of law on (THE 45th DAY AFTER PRESENTATION).

WARNING

If you wish to file a court action on this matter, you must first petition the appropriate court for an order relieving you from the provision of Government Code Section 945.4 (claims presentation requirement). See Government Code Section 946.6. Such petition must be filed with the court within six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure Sections 128.5 and 1038, the (NAME OF ENTITY) will seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the (NAME OF ENTITY) with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must petition the court and ultimately name the (NAME OF ENTITY) in the lawsuit to protect yourself, we urge you not to serve the (NAME OF ENTITY) with a summons and complaint until you are certain there is a justiciable controversy with the (NAME OF ENTITY).

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: ABAG PLAN

Form 8 ACCEPTANCE OF LATE CLAIM APPLICATION/REJECTION OF CLAIM
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimant's attorney, or
claimant's parents, if a minor

DATE: _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the application for leave to present a late claim which you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) was accepted on (DATE OF ACCEPTANCE)

YOU ARE FURTHER NOTIFIED, the claim which was attached to your application was rejected by the (GOVERNING BOARD) on (DATE ACTION TAKEN).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure, Sections 128.5 and 1038, the (NAME OF ENTITY) will seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the (NAME OF ENTITY) with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must name the (NAME OF ENTITY) in the lawsuit to protect yourself, we urge you not to serve the (NAME OF ENTITY) with a summons and complaint until you are certain there is a justiciable controversy with the (NAME OF ENTITY).

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: ABAG PLAN

Form # 9 LATE CLAIM APPLICATION WAS FILED LATE
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimant's attorney, or
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir:

NOTICE IS HEREBY GIVEN that your communication purporting to be an application for leave to present a late claim presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) is being returned to you because it was not presented within the time period required by law. See Section 911.4 of the Government Code. Because the purported application was not presented within the time allowed by law, no action was, or will be, taken on the application.

YOU ARE FURTHER NOTIFIED that the claim itself has not been considered and cannot be considered.

YOU ARE FURTHER NOTIFIED said application did not and does not and cannot comply with Section 911.4 of the California Government Code. If you nevertheless contend that your communication is proper and/or timely, the following warning may be applicable.

WARNING

If you wish to file a court action on this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code Section 945.4 (claims presentation requirement). See Government Code Section 946.6. Such petition must be filed with the court within six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

encl: Claim submitted

cc: ABAG PLAN

Form # 10 CLAIM PART UNTIMELY/PART REJECTED
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of Claimant
c/o claimant's attorney, or
claimant's parents, if a minor

DATE: _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION), insofar as it related to damages arising before (APPLICABLE DATE), is being returned because it was not presented within six (6) months after the event or occurrence as required by law. See Sections 901 and 911.2 of the Government Code. Because that portion of the claim was not presented within the time allowed by law, no action was, or will be, taken on that portion of the claim.

Your only recourse at this time is to apply without delay to the (NAME OF ENTITY) for leave to present a late claim. See Section 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

YOU ARE FURTHER NOTIFIED that insofar as it relates to damages arising on or after (APPLICABLE DATE), your claim was rejected by the (GOVERNING BOARD) on (DATE ACTION TAKEN).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: ABAG PLAN

PROOF OF SERVICE BY MAIL

I, the undersigned say:

I am now and at all times herein mentioned have been over the age of 18 years, a resident of and employed in Alameda County, California, and not a party to the within action or cause; that my business address is 101 8th Street, Oakland, California 94607-4756. I am readily familiar with the company's business practice for collection and processing of correspondence for mailing with the United States Postal Service. I served a copy of the attached letter to claimant by placing the original in an envelope addressed to:

which envelope was then sealed and, with postage fully prepaid thereon, was on March 17, 1997 placed for collection and mailing at my place of business following ordinary business practices. Said correspondence will be deposited with the United States Postal Service at Oakland, California on the above referenced date in the ordinary course of business; there is a delivery service by mail at the place so addressed.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on March 17, 1997.
