

DIVISION OF STATE ARCHIVES AND PUBLIC RECORDS
 RECORDS DISPOSITION SCHEDULE

ARCHIVES NO.
 96-76

PG 1 of 2

DEPARTMENT		DIVISION		SECTION		PERMANENT <input checked="" type="checkbox"/> NON-PERMANENT <input type="checkbox"/>	
GSS		RISK MANAGEMENT					
ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS				
1.	DEPARTMENTAL RECOVERY REPORTS	PERMANENT	RETAIN UNTIL SUPERSEDED OR OBSOLETE, THEN TRANSFER TO STATE ARCHIVES				

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed on page 4-10 of the Records Management Policies and Procedures Manual.

STATE ARCHIVIST'S SIGNATURE	DATE	RECORDS LIAISON OFFICER'S SIGNATURE	DATE
<i>[Signature]</i>	1/14	<i>[Signature]</i>	2/14/96
ATTORNEY GENERAL'S SIGNATURE	DATE	STATE AUDITOR'S SIGNATURE	DATE
<i>[Signature]</i>	1/14	<i>[Signature]</i>	2/14/96

DIVISION OF STATE ARCHIVES AND PUBLIC RECORDS
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PG 2 of 2

DEPARTMENT SSS PERSONNEL & ADMINISTRATION		DIVISION RISK MANAGEMENT		SECTION		PERMANENT <input type="checkbox"/> NON-PERMANENT <input checked="" type="checkbox"/>	
ITEM NO.	DESCRIPTION	RETENTION PERIOD		SPECIAL INSTRUCTIONS			
1.	INSURANCE REPORTS	12 years					
2.	INSURANCE POLICY FILES						
	A. Property/Liability	Duration of Policy + 6 years					
	B. Duplicate Copies	4 years					
3.	RISK MANAGEMENT CASE FILES (CLAIMS)						
	A. Property/Liability	10 years					
	B. Workers Compensation (Definitive Copy at CCIA)	5 years					
4.	LOSS CONTROL INSPECTION REPORTS	12 years					
5.	INDEX TO CASE FILES (ELECTRONIC MEDIA)						
	A. Property/Liability	10 years after case is closed		RETAIN BENCHMARK CASES PERMANENTLY NOTE: NO RECORD SHALL BE DESTROYED UNDER THIS SCHEDULE AUTHORITY SO LONG AS IT PERTAINS TO ANY PENDING LEGAL CASE, CLAIM, ACTION OR AUDIT.			
	B. Workers Compensation (Definitive Copy at CCIA)						
	C. Print-outs	Until no longer needed					

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STATE ARCHIVIST'S SIGNATURE <i>[Signature]</i>	DATE 1/14/96	RECORDS LIAISON OFFICER'S SIGNATURE <i>[Signature]</i>	DATE 2/14/96
ATTORNEY GENERAL'S SIGNATURE <i>[Signature]</i>	DATE 1/14/96	STATE AUDITOR'S SIGNATURE <i>[Signature]</i>	DATE 1/14/96