Exhibit B – Engagement Letter

 [INSERT DEFENSE COUNSEL NAME] [Date]

 Re: Name of Claim

Date of Loss:

 Date Claim Made:

 Our File No.:

Dear Mr./Ms. :

This correspondence confirms that you have agreed to undertake the defense of the City in the above-captioned matter, and that you will be the attorney responsible for this matter. The City is a member of the Independent Cities Risk Management Authority (“ICRMA”) which provides pooled self-insurance for the defense and indemnity of this claim pursuant to the Memorandum of Coverage between the City and ICRMA. The ICRMA program year for this claim is [enter year] and the city has a self-insured retention of $[enter SIR amount]. The Memorandum of Coverage provides as follows:

“The MEMBER acknowledges and agrees that its defense counsel has an attorney-client relationship with any COVERED PARTY who is being defended and also with ICRMA as to the defense of the CLAIM. MEMBER acknowledges and agrees that its defense counsel shall comply with ICRMA’s Litigation Management Policies and Procedures (LMPP).”

This provision applies to your defense of this Claim. As a condition to this engagement, you agree to comply with all of the requirements of the LMPP which is available at <https://www.icrma.org/programs/liability/>. As provided in the LMPP, your Initial Case Analysis and Budget are due on [enter date]. Comprehensive status reports are due every 60 days thereafter. As a further condition, you certify that the firm has appropriate insurance as outlined in the LMPP. Please review the LMPP regarding other reporting requirements and contact me with any questions.

Your primary contact at the City shall be [enter name]. As provided in the LMPP, copies of all correspondence, pleadings, and reports should be sent to me, the City, and ICRMA’s Program Manager. All statements for legal fees and costs should be sent to me.

Thank you for accepting this new case subject to the terms set forth in this Agreement. We look forward to working with you on this matter. Kindly countersign this engagement letter and return a signed copy to me [alternative: kindly respond to this email to acknowledge your agreement].

 Very truly yours,

 TPA Adjuster

Copy: City

ICRMA Program Manager

I AGREE TO THE TERMS OF THIS ENGAGEMENT AND AGREE TO ABIDE BY ICRMA’S LITIGATION MANAGEMENT POLICIES AND PROCEDURES. I UNDERSTAND THE CITY AND ICRMA HAVE THE RIGHT TO ENFORCE THE TERMS OF THIS AGREEMENT AS TO THE UNDERSIGNED ATTORNEY.

Dated: [Name of Attorney’s Law Firm]

By: [Individual Attorney]