2016-2017 Claim Reporting Information

Southwestern Ohio Educational Purchasing Council (EPC LFP)

Arthur J. Gallagher & Co.

Steve Privasky
Liz Schloot
Michael McHugh
Arthur J. Gallagher Risk Management Services, Inc.
300 Ottawa, N.W., Suite 301
Grand Rapids, MI 49503
www.ajg.com

This proposal of coverage is intended to facilitate your understanding of the insurance program we have arranged on your behalf. It is **not** intended to replace or supersede your insurance policies.

Table of Contents

Section 1

EPC
Property & Casualty Service Team
as of July 1, 2016

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300 Ottawa, N.W., Suite 301

EPC Service Team
300 Ottawa, N.W., Suite 301
Grand Rapids, MI 49503

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Executive Risk Management Rep.
Phone: (630) 285-3485
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Email: lois_russ@ajg.com

EPC LOSS CONTROL SERVICES
Gallagher Bassett Services, Inc.

Amanda Weller
Phone: (815) 236-5170
Email: amanda_weller@gbtpa.com

Claim Reporting
JWF Specialty Company

Report ANY claim EXCEPT
School Board Legal, Crisis Response, & Pollution to:

Phone: (800) 359-6659
Fax: (317) 574-7863 or (317) 574-7864

Email:
Property.CasualtyClaimsDepartment@
oldnationalins.com

Identify yourself as an EPC Member
and Provide your District Name

SCHOOL BOARD LEGAL CLAIMS
Report Claims DIRECTLY to:

RSUI Group, Inc.
945 East Paces Ferry Road, Suite 1800
Atlanta, GA 30326-1160

Robert Hennelly
Phone: (404) 682-7675
Email: rhennelly@rsui.com
Fax: (404) 231-3755 Attn: Claims Dept.
Email: reportclaims@rsui.com

EPC Claims Administration Team
JWF Specialty Company

600 East 96th Street, Suite 425
Indianapolis, IN 46240
Phone: (800) 359-6659

Mike McGuff
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Email: Tom.Dickman@oldnationalins.com

Policy Directory & Claim Reporting Information

Coverage: Carrier: Policy Number: Effective Date:	Boiler & Machinery Travelers Property Casualty Company of America M5J-BME1-4B903729-TIL 7/1/2016-7/1/2017	Immediately report claims directly to: **JWF Specialty Company (email)** Property.CasualtyClaimsDepartment@oldnationalins.com
Coverage: Carrier: Policy Number: Effective Date:	Property Great American Insurance Company 3128235 7/1/2016-7/1/2017	Immediately report claims directly to: **JWF Specialty Company (email)** Property.CasualtyClaimsDepartment@oldnationalins.com
Coverage: Carrier: Policy Number: Effective Date:	Excess Property Travelers Indemnity Company KTK-XSP-545D595-4-16 7/1/2016-7/1/2017	JWF Specialty Company will report claims to the Excess Carrier directly
Coverage: Carrier: Policy Number: Effective Date:	Crime Great American Insurance Company 3128235 7/1/2016-7/1/2017	Immediately report claims directly to: **JWF Specialty Company (email)** Property.CasualtyClaimsDepartment@oldnationalins.com
Coverage: Carrier: Policy Number: Effective Date:	General Liability Great American Insurance Company 3128235 7/1/2016-7/1/2017	Immediately report claims directly to: **JWF Specialty Company (email)** Property.CasualtyClaimsDepartment@oldnationalins.com
Coverage: Carrier: Policy Number: Effective Date:	Automobile Liability Great American Insurance Company 3128235 7/1/2016-7/1/2017	Property.CasualtyClaimDepartement@oldnationalins.com
Coverage: Carrier: Policy Number: Effective Date:	School Board Legal Liability RSUI Indemnity Company NHP667933 7/1/2016-7/1/2017	Immediately report claims directly to: **RSUI Group, Inc.** Fax: (404) 260-3997 – Attn: Claims Department Email: ReportClaims@rsui.com Mail: 945 East Paces Ferry Road, Suite 1800 Atlanta, GA 30326-1160
Coverage: Carrier: Policy Number: Effective Date:	Excess Liability (1st Layer) Great American Insurance Company 3128235 7/1/2016-7/1/2017	JWF Specialty Company will report claims to the Excess Carrier directly
Coverage: Carrier: Policy Number: Effective Date:	Excess Liability (2nd Layer) Lexington Insurance Company 015374902 7/1/2016-7/1/2017	JWF Specialty Company will report claims to the Excess Carrier directly

Coverage: Carrier: Policy Number: Effective Date:	Crisis Response/School Violent Acts Lexington Insurance Company 015374902 7/1/2016-7/1/2017	Immediately report claims directly to: **Lexington Insurance Company** Phone: (888) 790-7233 Mail: Casualty Claims Department – Lexington Insurance Co. 100 Summer Street Boston, MA 02110
Coverage: Carrier: Policy Number: Effective Date:	Pollution Legal Liability Ironshore Specialty Insurance Company 000505104 7/1/2016-7/1/2017	Immediately report claims directly to: **Ironshore Environmental Claims CSO** Phone: (888) 292-0249 Fax: (646) 826-6601 Email: IronEnviroClaims@ironshore.com Mail: Ironshore Environmental Claims CSO 28 Liberty Street, 5th Floor New York, NY 10005
Coverage: Carrier: Policy Number: Effective Date:	Cyber Liability (Identity Theft) Indian Harbor Insurance Company (XL) MTP9032346 7/1/2016-7/1/2017	Immediately report claims directly to: **Indian Harbor Insurance Company** Phone: (855) 566-4724 Email: proclaimnewnotices@xlgroup.com Mail: XL Group PO. Box 614002 Orlando, FL 32861-4002

Claim Reporting

No matter how strong your risk management program, you will unfortunately encounter claims. Accidents do occur and prompt, complete reporting is the first step towards a successful outcome.

The more information you can provide when reporting a claim, the sooner an adjuster can respond. When reporting a claim, here are several tips to assist you:

- Report the claim immediately-don't delay. If this is a serious injury I accident, please be sure to PHONE your claim directly. Please do not web report, email or fax claims of this nature.
- Collect as much information as possible regarding the loss, such as date and time, policy numbers, reporting location, parties involved, accident description, type of injury and estimated damages.
- Submit all police reports, estimates, photos and any materials/receipts to the adjuster handling the claim.
- Do not speak with third parties about the claim, do not discuss "fault."

It is important to know that claims involving lawsuits have potential to reach up to one half or exceeded payments excess of the policy limits must be reported to your Excess Liability Umbrella carrier as soon as you are aware of the potential for the claim to impact those policies. Not reporting these types of claims immediately may jeopardize your coverage.

Please report all claims immediately to your carrier(s). For claim reporting information, please refer to the Policy Directory on Page 1 of this Claim Reporting Information Kit.

When in doubt, err on the side of caution and submit all matters to your carrier.

Auto Claim Reporting

Bodily Injury & Damage to a Motor Vehicle

- Immediately report all claims.
- Do not discuss the accident with the other party. Advise anyone involved that you will report the accident to your insurance carrier.
- Remember that adjusters require an opportunity to examine the damaged vehicle. Do not authorize repairs yourself without first contacting the adjuster handling your claim.
- If an employee is injured in the Auto accident, and there is a subsequent Workers Compensation claim, be sure to report the claim to the other carrier if coverage and claims are handled by a different carrier.

It is important to know that claims involving lawsuits have potential to reach up to one half or exceeded payments excess of the policy limits must be reported to your Excess Liability Umbrella carrier as soon as you are aware of the potential for the claim to impact those policies. Not reporting these types of claims immediately may jeopardize your coverage.

If you have a question or are not sure that a loss should be reported to the Excess Liability Umbrella carrier or any other carrier, please contact your adjuster for assistance.

General Liability Claim Reporting

- You must report bodily injury or damage to property of others immediately.
- Prompt reporting gives the adjuster the time they need to investigate and protect your interests in a loss.
- Do **Not**:
  - Make any promises to an injured party
  - Discuss the claim with any other insurance carrier
  - Assume responsibility for any medical bills or property damage

It is important to know that claims involving lawsuits have potential to reach up to one half or exceeded payments excess of the policy limits must be reported to your Excess Liability Umbrella carrier as soon as you are aware of the potential for the claim to impact those policies. Not reporting these types of claims immediately may jeopardize your coverage.

If you have a question or are not sure that a loss should be reported to the Excess Liability Umbrella carrier or any other carrier, please contact your adjuster for assistance.

Property Claim Reporting

- Report any property losses immediately.
- Following all property losses:
  - Make necessary repairs to protect the property from further damage
  - Retain damage property for inspection by adjuster
  - Whenever possible, take pictures or video of damaged area before starting temporary repairs
  - Keep area safe after a loss

It is important to know that claims involving lawsuits have potential to reach up to one half or exceeded payments excess of the policy limits must be reported to your Excess Liability Umbrella carrier as soon as you are aware of the potential for the claim to impact those policies. Not reporting these types of claims immediately may jeopardize your coverage.

If you have a question or are not sure that a loss should be reported to the Excess Liability Umbrella carrier or any other carrier, please contact your adjuster for assistance.

Professional Liability Claim Reporting

- Claims must be reported immediately. If you have a claim and do not immediately notify the carrier, you may lose all potential coverage.
- What is a claim? Many things other than lawsuits are claims. As you would expect, a lawsuit is a claim. However a claim under the policy can be something as minor as a letter or email that demands that any insured do something, stop doing something, or pay something.
- If you have employment practices coverage, a notice of charges to the EEOC or a state agency is most likely a claim and it must be submitted to the carrier immediately -even if the matter seems informal or preliminary.
- Do not offer to settle a claim, or hire an attorney, without the carrier's prior consent. Do not offer to compromise or settle any claim or demand without the carriers' prior agreement, or you will risk losing coverage. Do not engage in 'ballpark' settlement discussions without the carrier's involvement.
- If your policy is a Duty to Defend policy, then the carrier has the right to hire the attorney(s) to defend the claim.
- If you hire your own attorney, you may jeopardize coverage, and the carrier may replace your chosen attorney in order for legal fees to be covered.

It is important to know that claims involving lawsuits have potential to reach up to one half or exceeded payments excess of the policy limits must be reported to your Excess Liability Umbrella carrier as soon as you are aware of the potential for the claim to impact those policies. Not reporting these types of claims immediately may jeopardize your coverage.

When in doubt, err on the side of caution and submit the matter to your carrier.

ACORD and Claim Reporting Forms

- Automobile Liability
- General Liability
- Property

AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE / DATE OF LOSS AND TIME ☐ AM ☐ PM
	CARRIER / NAIC CODE
	POLICY NUMBER
CONTACT NAME:	POLICY TYPE
PHONE (A/C, No, Ext):	
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: / SUBCODE:	
AGENCY CUSTOMER ID:	

INSURED

NAME OF INSURED (First, Middle, Last)	INSURED'S MAILING ADDRESS
DATE OF BIRTH / FEIN (if applicable) / MARITAL STATUS	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)	CONTACT'S MAILING ADDRESS
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	
WHEN TO CONTACT	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS STREET:	POLICE OR FIRE DEPARTMENT CONTACTED
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF ACCIDENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	

INSURED VEHICLE

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		

OWNER'S NAME AND ADDRESS ☐ (Check if same as insured)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:

RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? (Y/N)
					☐

DESCRIBE DAMAGE

1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT? ☐	Y / N
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT? ☐	Y / N
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT? ☐	Y / N

ESTIMATE AMOUNT:	WHERE CAN VEHICLE BE SEEN?:	WHEN CAN VEHICLE BE SEEN?:
OTHER INSURANCE ON VEHICLE - CARRIER:		POLICY NUMBER:

OTHER VEHICLE / PROPERTY DAMAGED

NON - VEHICLE? ☐

AGENCY CUSTOMER ID: _____

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		

DESCRIBE PROPERTY (Other Than Vehicle) | OTHER VEH/PROP INS? (Y/N) ☐

CARRIER OR AGENCY NAME | NAIC CODE | POLICY NUMBER

OWNER'S NAME AND ADDRESS

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DESCRIBE DAMAGE

ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?	

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		☐	☐	
		☐	☐	
		☐	☐	

REPORTED BY	REPORTED TO

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

AGENCY

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

CODE: SUBCODE:

AGENCY CUSTOMER ID:

INSURED LOCATION CODE

DATE OF LOSS AND TIME ☐ AM ☐ PM

CARRIER NAIC CODE

POLICY NUMBER

INSURED

NAME OF INSURED (First, Middle, Last)

DATE OF BIRTH FEIN (if applicable)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

INSURED'S MAILING ADDRESS

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

WHEN TO CONTACT

CONTACT'S MAILING ADDRESS

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

OCCURRENCE

LOCATION OF OCCURRENCE

STREET:

CITY, STATE, ZIP:

COUNTRY:

POLICE OR FIRE DEPARTMENT CONTACTED

REPORT NUMBER

DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:

DESCRIPTION OF OCCURRENCE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TYPE OF LIABILITY

PREMISES: INSURED IS ☐ OWNER ☐ TENANT ☐

OWNER'S NAME & ADDRESS (If not insured)

TYPE OF PREMISES

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PRODUCTS: INSURED IS ☐ MANUFACTURER ☐ VENDOR ☐

MANUFACTURER'S NAME & ADDRESS (If not insured)

TYPE OF PRODUCT

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

WHERE CAN PRODUCT BE SEEN?

AGENCY CUSTOMER ID: _____

INJURED / PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner)		EMPLOYER'S NAME & ADDRESS	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	
AGE / SEX / OCCUPATION		DESCRIBE INJURY	
WHERE TAKEN		WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (Type, model, etc.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
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APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

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A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM / PM

PROPERTY / HOME POLICY

CARRIER	NAIC CODE

POLICY NUMBER

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

FLOOD POLICY

CARRIER	NAIC CODE

POLICY NUMBER

WIND POLICY

CARRIER	NAIC CODE

POLICY NUMBER

INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL		PRIMARY E-MAIL ADDRESS:
			SECONDARY E-MAIL ADDRESS:

NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL		PRIMARY E-MAIL ADDRESS:
			SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS STREET:	POLICE OR FIRE DEPARTMENT CONTACTED
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	

DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:

KIND OF LOSS								PROBABLE AMOUNT ENTIRE LOSS
	☐ FIRE	☐ LIGHTNING	☐ FLOOD	☐				
	☐ THEFT	☐ HAIL	☐ WIND					

DESCRIPTION OF LOSS & DAMAGE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REPORTED BY	REPORTED TO

AGENCY CUSTOMER ID: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

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APPLICABLE IN WASHINGTON

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Administrative Forms

- Certificate of Insurance Request

Certificate of Insurance Request Form

Return Form Request via Fax or Email To:

LOIS RUSS
Fax: 630.285.4062
Email: lois_russ@ajg.com
Phone: 630.285.3485

Request Date: _____ Requested by: _____

***** Certificates will be issued within 24 hours *****

Client Name and Address: _____

_____

_____

Phone: _____

Fax: _____

E-mail Address: _____

Certificates are delivered electronically, so please include a fax number or e-mail address for both your location and the Certificate Holder. If emailed, the certificate will be delivered by Ebix, ConfirmNet, or CertificatesNow.

Name & Address of Certificate Holder: _____

_____

_____

Phone: _____

Fax: _____

E-mail Address: _____

Certificate Purpose: _____

_____

_____

If this is for an event, please state type of event, location and date. Please note that event dates cannot exceed policy term expiration date.

Special Wording: _____

Additional Insured Requested (applies to Liability only)	☐ Yes	☐ No
Evidence of Coverage Requested	☐ Yes	☐ No
Loss Payee Requested (applies to Property only)	☐ Yes	☐ No