

# ***FGMK Insurance Agency, Inc.***

Insurance • Risk Management • Retirement Planning



## **Claim Reporting Guide**

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# Introduction

FGMK Insurance Agency, Inc. is committed to assisting the insured in reducing its overall cost of risk. A key factor in cost of risk reduction is a commitment by FGMK and the insured to assure that new losses are reported timely to the appropriate insurance carrier or TPA.

The information included in this guide will assist the insured in reporting new losses to the appropriate insurance carrier or TPA promptly. The majority of insurance policies require specific duties of the insured immediately following a loss. While all policies are not exactly alike, they share the characteristic that new losses that might be covered by insurance be reported **immediately** or **as soon as practicable**.

Failure to report new losses timely not only delays the adjustment and settlement of the claim, but could potentially jeopardize your coverage.

FGMK Insurance Agency, Inc. actively promotes telephone or web reporting of new losses directly to your insurance carriers for **General Liability, Automobile and Workers' Compensation** losses. Reporting of new losses via 800# or the internet usually takes 8-10 minutes. At the completion of your 800# or internet report, the insurance carrier or TPA will either fax or e-mail a hard copy of the loss notice to you for your records. **Property** losses should continue to be reported to your designated claims specialist at FGMK along with **lawsuits** that are your first notice of a claim.

For questions regarding reporting and handling of claims contact:

Laurie Knudson  
(847) 964-5112  
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For questions of insurance policy coverage contact:

Insert Producer info

Insert Account Manager info

## Section 1

## General Liability

**General Liability insurance covers you for legal liability that arises from your negligence that results in property damage or bodily injury to another person.**

### **Reporting New Losses:**

- Insurance Carrier: \_\_\_\_\_
- Policy Number(s): \_\_\_\_\_
- 800# for Claim Reporting: \_\_\_\_\_
- Fax # for Claim Reporting: \_\_\_\_\_
- E-mail: \_\_\_\_\_

**Please be sure to have the insurance company send a copy of the notice of loss to:**

- Name: \_\_\_\_\_
- Company: FGMK Insurance Agency, Inc. \_\_\_\_\_
- Fax #: \_\_\_\_\_
- E-mail: \_\_\_\_\_

### **Information to Gather in the Event of a Loss**

1. Claimant Information (Name/Address/Phone #):  
\_\_\_\_\_
2. Location Where Incident Occurred:  
\_\_\_\_\_
3. Details of Incident:  
\_\_\_\_\_
4. Witness(es) (Name/Address/Phone #):  
\_\_\_\_\_
5. Condition of Area? Dry? Well Lit?:  
\_\_\_\_\_
6. Police/Ambulance Respond?:  
\_\_\_\_\_
7. Other Potentially Responsible Parties/Contractors?:  
\_\_\_\_\_
8. Comments Made By Claimant at the Time of the Incident:  
\_\_\_\_\_
9. Attorney Representation?:  
\_\_\_\_\_
10. Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

### **Things to Remember when a General Liability Loss Occurs**

- Be courteous and helpful, summon an ambulance if necessary;
- Do not volunteer to pay for damages or medical bills, as doing so could be construed as an admission of liability and potentially affect your insurance coverage; do not make any admissions of fault;
- Indicate that you will be reporting the incident to your insurance carrier and that someone from the carrier should be in contact with him/her within a few days;
- Advise any injured persons to submit requests or documentation to you in writing so that they can be forwarded to the insurance carrier; and,
- The above points should be communicated to not only your employees, but any vendors working on your behalf, such as maintenance or security companies.

## Section 2

## Automobile

Automobile coverage comprises collision and comprehensive for damages to your vehicle(s) and liability and uninsured/underinsured motorists' coverage for accidents that result in bodily injury or property damage to another person.

### **Reporting New Losses:**

- Insurance Carrier: \_\_\_\_\_
- Policy Number(s): \_\_\_\_\_
- 800# for Claim Reporting: \_\_\_\_\_
- Fax # for Claim Reporting: \_\_\_\_\_
- E-mail: \_\_\_\_\_

### **Please be sure to have the insurance company send a copy of the notice of loss to:**

- Name: \_\_\_\_\_
- Company: FGMK Insurance Agency, Inc.
- Fax #: \_\_\_\_\_
- E-mail: \_\_\_\_\_

### **Information to Gather in the Event of a Loss**

1. Claimant Information (Name/Address/Phone #)  
\_\_\_\_\_
2. Location Where Incident Occurred:  
\_\_\_\_\_
3. Details of Incident:  
\_\_\_\_\_
4. Injuries Claimed at Accident Scene:  
\_\_\_\_\_
5. Damage to What Parts of the Vehicles Involved:  
\_\_\_\_\_
6. If Vehicles Not Drivable, Where Towed To:  
\_\_\_\_\_
7. Witness(es) (Name/Address/Phone #):  
\_\_\_\_\_
8. Condition of Road Surface? Dry? Well Lit?:  
\_\_\_\_\_

## Section 2

## Automobile

9. Police/Ambulance Respond?:

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10. Other Vehicles Involved?:

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11. Comments Made By Insured/Claimant at the Time of the Incident:

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12. Attorney Representation?:

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13. Additional Comments:

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## Section 3

## Workers' Compensation

Your employees are covered under your workers compensation insurance policy and your states' workers compensation act as long as the injury occurs in the course of and arises out of employment with your company.

### **Reporting New Losses:**

- Insurance Carrier: \_\_\_\_\_
- Policy Number(s): \_\_\_\_\_
- 800# for Claim Reporting: \_\_\_\_\_
- Fax # for Claim Reporting: \_\_\_\_\_
- E-mail: \_\_\_\_\_

### **Please be sure to have the insurance company send a copy of the notice of loss to:**

- Name: \_\_\_\_\_
- Company: FGMK Insurance Agency, Inc.
- Fax #: \_\_\_\_\_
- E-mail: \_\_\_\_\_

### **Information to Gather in the Event of a Loss**

1. Claimant Information (Name/Address/Phone #)  
\_\_\_\_\_
2. Location Where Incident Occurred:  
\_\_\_\_\_
3. Hospital/Physician Where the Employee Was Taken For Medical Care:  
\_\_\_\_\_
4. Witness(es) (Name/Address/Phone #):  
\_\_\_\_\_
5. Obtain Witnesses Written Statements:  
\_\_\_\_\_
6. Identify the Part of the Employees Body That was Injured and Describe the Extent of the Injury:  
\_\_\_\_\_
7. Does it Appear that the Employee Might Lose Time From Work? If So, How Much?  
\_\_\_\_\_
8. Document the Employees Statements Immediately Following the Incident:  
\_\_\_\_\_



Your property insurance policy covers damage or destruction to your buildings and personal property subject to a specified deductible..

### **Reporting New Losses**

Report new property losses to FGMK Insurance Agency, Inc. **immediately** at (847) 964-5400 or fax them to (847) 964-5401

- Insurance Carrier: \_\_\_\_\_
- Policy Number(s): \_\_\_\_\_
- 800# for Claim Reporting: \_\_\_\_\_
- Fax # for Claim Reporting: \_\_\_\_\_
- E-Mail: \_\_\_\_\_

**Or**

- Insurance Carrier: \_\_\_\_\_
- Policy Number(s): \_\_\_\_\_
- 800# for Claim Reporting: \_\_\_\_\_
- Fax # for Claim Reporting: \_\_\_\_\_
- E-Mail: \_\_\_\_\_

### **Reporting Requirements in the Event of a Loss:**

1. Protect property from further damage,
2. Make emergency repairs where reasonable and necessary,
3. Prepare as complete an inventory as possible,
4. Separate damaged from undamaged property,
5. Describe in full the property that was damaged, destroyed, stolen, missing or vandalized,
6. File a "Proof of Loss" – Most property insurance policies require that a proof of loss or statement of claim be filed with them within a prescribed time following the loss. A blank proof of loss form will be supplied to you by your insurance carrier to complete and return to them. Usually, payment by the insurance company of property settlements is not made without receipt of a signed proof of loss,
7. Permit the insurance company claim representative to inspect the property and any related books or accounts, business records, etc.

## Section 5

## Special Claim Instructions

The insured, FGMK Insurance Agency, Inc. and the insurer are to have some form of special claim instructions in place that addresses any special claim needs of the insured. These instructions need to be placed in this space.