



CLAIMS REPORTING KIT

Administered by



451 Diamond Drive
Ephrata, Washington 98823
(509) 754-2027; Fax (509) 754-3406
Toll Free (800) 407-2027

Report all accidents and losses as soon as possible to your insurance agent and/or Clear Risk Solutions. In reporting accidents or losses, please follow the enclosed guidelines.

Your membership in the insurance co-op requires ALL claims must be reported regardless of size.

COMMON SENSE GUIDELINES

1. Report accidents regardless of the degree of injuries or damage!
2. Record all relevant facts - save all broken or damaged equipment involved until instructed to do otherwise.
3. Take photos if possible and warranted.
4. **Do not admit responsibility or agree to pay for damages** - this is the job of the insurance company and/or courts.
5. Regardless of deductible level - ***Report all accidents - Report them NOW!***

The following pages will give your city specific instructions for reporting:

1. Employee bodily injury or property damage accidents
2. Damage to city property
3. Automobile accidents
4. General liability claims
5. Lawsuits or written demands

Please review these instructions with your staff and be sure to advise them of the reporting requirements.

EMPLOYEE - BODILY INJURY OR PROPERTY DAMAGE ACCIDENTS

1. Complete L & I accident report form.
2. Person or employee who saw accident or was supervising activities should complete same, record all facts, secure witness names, preserve broken or damaged equipment.
3. Follow appropriate first-aid procedures as necessary.
4. **Do not admit responsibility or agree to pay for damages.**

Forward L & I accident report to your city administrator who will review and sign same.

IF INJURY IS SERIOUS OR FATAL, CALL AT ONCE - CLEAR RISK SOLUTIONS, (800) 407-2027, AND FOLLOW THE INSTRUCTIONS GIVEN TO YOU.

PROPERTY LOSSES

1. Complete "Property Loss Notice."
2. Record all relevant material, take steps to avoid further damage, secure damaged areas, close off area from use, take photos, etc.
3. Forward completed report to city administrator.
4. **Do not admit responsibility or agree to pay for damages.**

CITY ADMINISTRATOR OR DESIGNEE'S REPORTING PROCEDURES

1. Send original Property Loss Notice to agent.
2. Retain one copy for your file.

**IF DAMAGE IS EXTENSIVE, CALL AT ONCE - CLEAR RISK SOLUTIONS,
(800) 407-2027, AND FOLLOW THE INSTRUCTIONS GIVEN TO YOU.**

AUTOMOBILE ACCIDENTS

1. Each city vehicle should carry a vehicle accident report form.
2. Employee operating vehicle at time of loss must complete report following all instructions.
3. Employee should forward accident report to city hall.
4. **Do not admit responsibility or agree to pay for damages.**
5. Any accident where the damage exceeds \$500 must have a State Accident Report form completed and filed with the appropriate police department.

CITY ADMINISTRATOR OR DESIGNEE'S REPORTING PROCEDURES

1. Complete auto loss notice and attach copy of driver's accident report.
- 2.. Forward original to agent.
3. Retain one copy for your file. Be sure driver completes State accident report as required.

REPORT SERIOUS OR FATAL ACCIDENTS AT ONCE – CLEAR RISK SOLUTIONS (800) 407-2027, AND FOLLOW INSTRUCTIONS GIVEN TO YOU.

BODILY INJURY/PROPERTY DAMAGE TO OTHERS (GENERAL LIABILITY) ACCIDENT

1. Use "General Liability Loss Notice" and record all details of accident.
2. Be sure to record names of all witnesses and save property damaged in the accident.
3. Forward report to city administrator or designee.
4. **Do not admit responsibility or agree to pay for damages.**

CITY ADMINISTRATOR OR DESIGNEE'S REPORTING PROCEDURES

1. Forward original to agent.
2. Retain one copy for your file.

IF THERE ARE SERIOUS INJURIES, DAMAGE OR FATAL INJURIES, CALL CLEAR RISK SOLUTIONS, (800) 407-2027, AND FOLLOW ANY INSTRUCTIONS GIVEN TO YOU.

REPORTING LAWSUITS OR WRITTEN CLAIMS DEMAND

1. LAWSUITS OR SUMMONS AND COMPLAINT

If served with Summons and Complaint, please note the following on a separate sheet and attach to the Summons and Complaint:

- Person served and their title
- Date and time of service
- Location where service was made

IMMEDIATELY EXPRESS MAIL OR FAX THE SUMMONS TO:

**CLEAR RISK SOLUTIONS
451 Diamond Drive
EPHRATA, WA 98823**

DO NOT HOLD THE SUMMONS - Mail at once

- Send copy to agent.
- Retain one copy for your file.
- Call Clear Risk Solutions and advise them you are sending the Summons and Complaint.

2. WRITTEN CLAIMS DEMAND

Forward copy of the written demand by Express Mail to:

**CLEAR RISK SOLUTIONS
451 Diamond Drive
EPHRATA, WA 98823**

Retain one copy for your file.

Advise Clear Risk Solutions, (800) 407-2027, you are sending the written demand.

**CITIES INSURANCE ASSOCIATION OF WASHINGTON
GENERAL LIABILITY LOSS NOTICE**

CLEAR RISK SOLUTIONS
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027
Fax (509) 754-3406

DATE: _____

DATE & TIME OF LOSS
_____ AM/PM

INSURED:

Insured's Business Phone: _____

Person To Contact: _____

LOSS:

Location of Accident: _____

Description of Accident: _____

BODILY INJURY/PROPERTY DAMAGED:

Name & Address: _____

Name & Address: _____

Phone Number: _____

Phone Number: _____

Age ___ Sex ___

Age ___ Sex ___

Occupation: _____

Occupation: _____

Describe Injury/Injuries: _____

Where taken? _____

Describe Property: _____

Estimate Amount: _____

WITNESSES:

Name & Address

Bus. Phone

Res. Phone

REMARKS: _____

Reported by: _____

Phone: _____

**CITIES INSURANCE ASSOCIATION OF WASHINGTON
PROPERTY LOSS NOTICE**

CLEAR RISK SOLUTIONS
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027
Fax (509) 754-3406

DATE: _____

DATE & TIME OF LOSS:
_____ AM/PM

INSURED:

Insured's Business Phone: _____

Person To Contact: _____

LOSS:

Location of Loss: _____

Police or Fire Department Reported: _____

Kind of Loss (Fire, Wind, Explosion, etc.): _____

Probable Amount _____

Description of Loss and Damage: _____

REMARKS: _____

Reported By: _____

Phone: _____

**CITIES INSURANCE ASSOCIATION OF WASHINGTON
AUTOMOBILE LOSS NOTICE**

CLEAR RISK SOLUTIONS
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027/ Fax (509) 754-3406

DATE: _____

DATE & TIME OF LOSS: _____
AM/PM

INSURED:

Insured's Business Phone: _____
Person to Contact: _____

LOSS:

Location of Accident: _____
Description of Accident: _____

INSURED VEHICLE:

<u>Veh. #</u>	<u>Year, Make, Model</u>	<u>V.I. #</u>
_____	_____	_____
_____	_____	_____

Owner's Name, Address & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ DOB: _____

Driver's License No.: _____ Estimate Amount: _____

Describe Damage: _____

PROPERTY DAMAGED:

Describe Property: _____

Owner's Name & Address: _____

OTHER INSURANCE: _____

Business Phone: _____

Residence Phone: _____

Other Driver's Name & Address: _____

Business Phone: _____

Residence Phone: _____

Describe Damage: _____

Estimate Amount: _____

INJURED:

<u>Name & Address</u>	<u>Phone No.</u>	<u>Extent of Injury</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

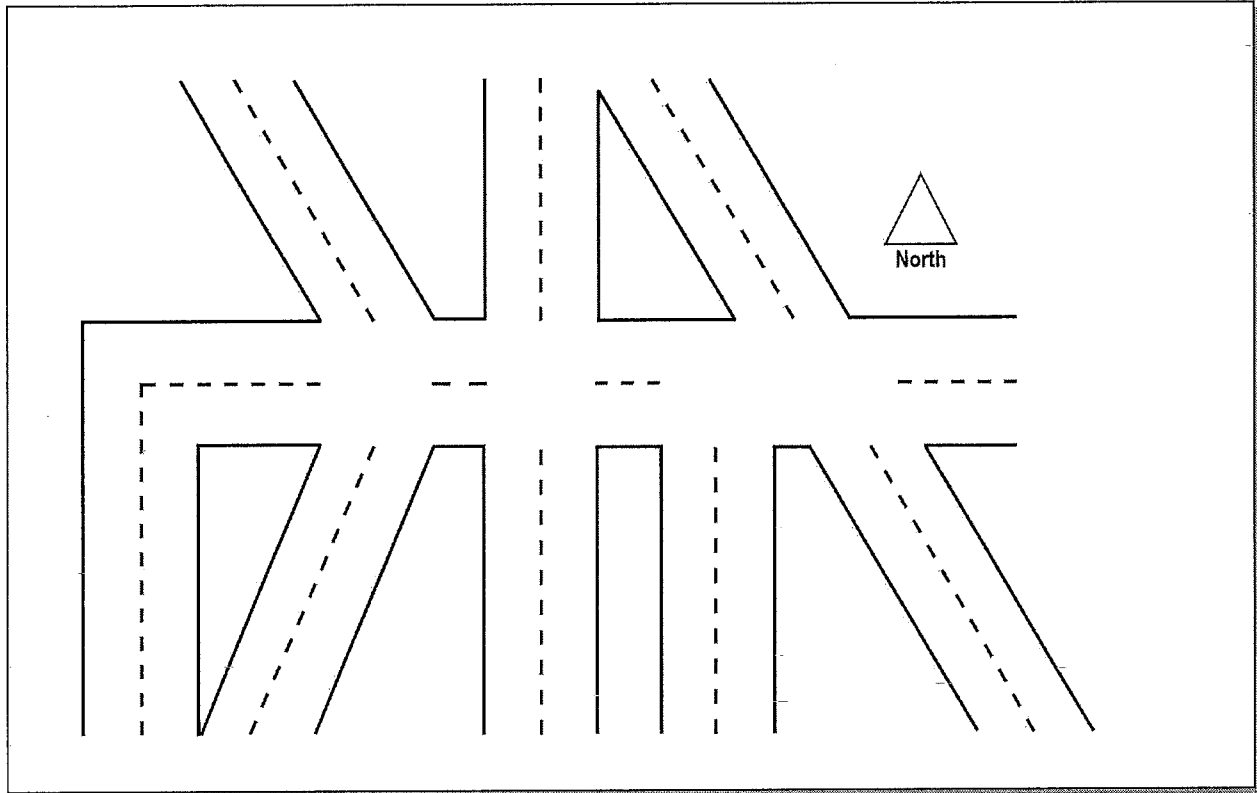
WITNESSES OR PASSENGERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS: _____

VEHICLE COLLISION DESCRIPTION DIAGRAM

Show name of highways, points of compass (N/S/E/W) and direction of travel of the vehicles involved.



ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> On Grade <input type="checkbox"/> Crest of hill	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<input type="checkbox"/> Defective Shoulder <input type="checkbox"/> Holes, Ruts, Bumps <input type="checkbox"/> Loose Material <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No defects	<input type="checkbox"/> Stop Sign <input type="checkbox"/> Stop & Go Signal <input type="checkbox"/> Flagman/Officer <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Traffic Control
LIGHTING	WEATHER	NOTES	
<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark – with streetlight <input type="checkbox"/> Dark – no streetlight	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No Photos Taken	

DRIVER'S STATEMENT

Signature

Date