

Non Profit  
Insurance Program



## 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 non-profit agencies specific instructions for reporting:

1. Employee bodily injury or property damage accidents
2. Damage to 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 administrator who will review and sign same.

**IF INJURY IS SERIOUS OR FATAL, CALL AT ONCE – CLEAR RISK SOLUTIONS, (800) 407-2027, AND FOLLOW 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 administrator.
4. **Do not admit responsibility or agree to pay for damages.**

### **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 INSTRUCTIONS GIVEN TO YOU.**

## **AUTOMOBILE ACCIDENTS**

1. Each 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 administrator.
4. **Do not admit responsibility or agree to pay for damages.**

### **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 to save property damaged in the accident.
3. Forward report to administrator or designee.
4. **Do not admit responsibility or agree to pay for damages.**

### **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  
FAX 1-509-754-3406**

### **DO NOT HOLD THE SUMMONS - Mail at once**

- Send copy to Agent.
- Retain 1 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 1 copy for your file.

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

**NON PROFIT INSURANCE PROGRAM  
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:  
\_\_\_\_\_

**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: \_\_\_\_\_



**NON PROFIT INSURANCE PROGRAM  
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: \_\_\_\_\_

**NON PROFIT INSURANCE PROGRAM  
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: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
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 &amp; Address</u>	<u>Phone No.</u>	<u>Extent of Injury</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

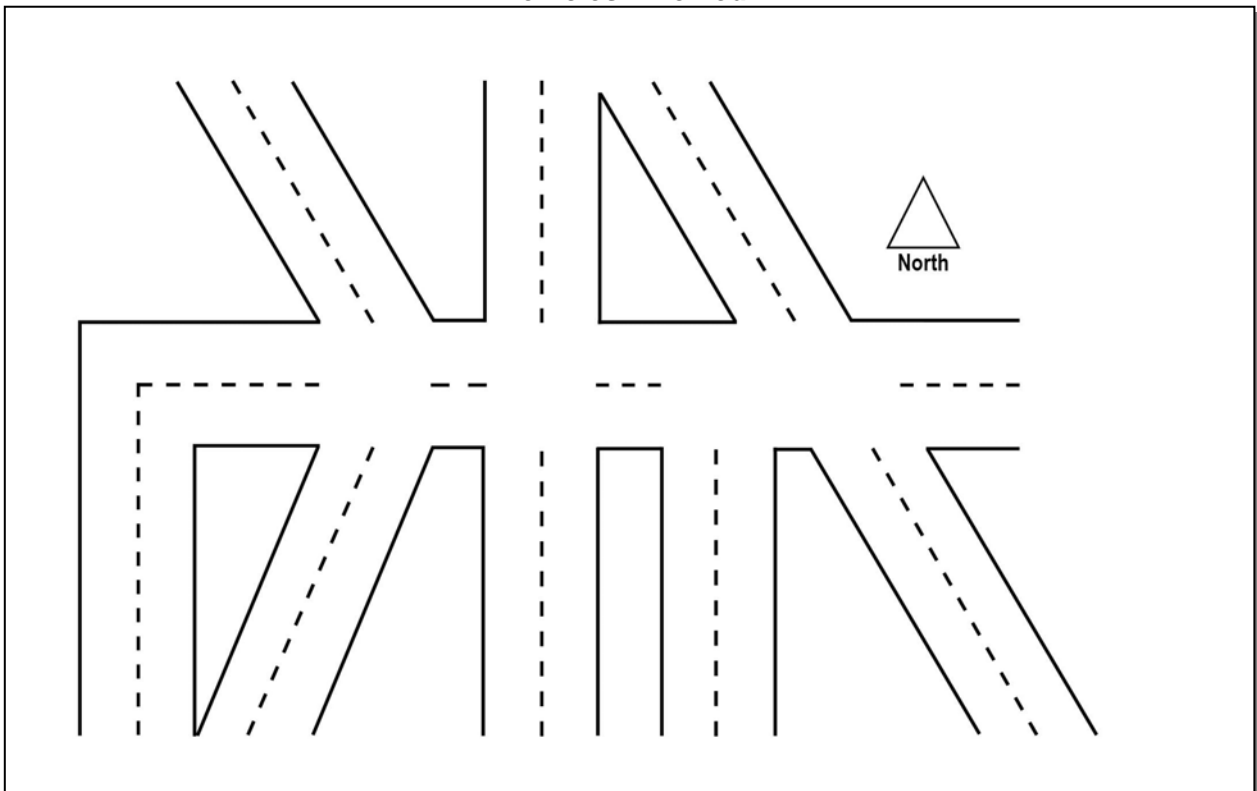
**WITNESSES OR PASSENGERS:**

_____	_____	_____
_____	_____	_____

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

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Signature

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Date