

CLAIMS REPORTING KIT

NPIP MEMBERS

Your membership in the insurance program requires **ALL** accidents and losses be reported, regardless of size, as soon as possible, to your insurance agent and/or Clear Risk Solutions.

If the accident or loss results in serious injury, fatality, and/or extensive damage, contact your broker or Clear Risk Solutions at once, **(800) 407-2027**, and follow any instructions given to you.

NON PROFIT INSURANCE PROGRAM

451 Diamond Drive
Ephrata, WA 98823

Phone:
800.407.2027

Find us at:
www.npip.org

Administered by:



NPIP provides full claims management services to its members through Clear Risk Solutions' in-house claims service. NPIP's claims process is centered on delivering personal customer service, with a goal of providing a quick and economical settlement of your claim.

NPIP is pleased to offer members a direct and efficient way to report accidents and losses to our in-house claims service at Clear Risk Solutions. Included in this packet are instructions and guidelines for reporting losses for multiple lines of coverage and lawsuits.

GENERAL GUIDELINES

- Report all accidents regardless of the degree of injury or damage.
- Record all relevant facts. Save all broken or damaged equipment involved.
- Take photos, if possible and warranted.
- **Do not admit responsibility or agree to pay for damages.** This is the job of the insurance company and/or courts.
- Regardless of deductible level, **report all accidents.**

REPORTING INSTRUCTIONS

REPORT ALL CLAIMS

Contacting your broker/agent, or

E-mail: claims@chooseclear.com

Phone Toll Free: (800) 407-2027

Fax: (509) 754-3406

Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823

Bodily Injury or Property Damage - NPIP recommends that its members complete an accident report form, follow any and all appropriate first-aid procedures when necessary, and make note of the following:

- ☐ Person or employee who saw accident or was supervising activity;
- ☐ Record all facts and statements;
- ☐ Secure witness names, and contact information; and
- ☐ Preserve broken or damaged equipment.

Reporting Lawsuits or Written Demand - If served with a Summons and Complaint and/or demand, please forward a copy ***immediately*** to Clear Risk Solutions' Claims Department for coverage evaluation:

- ☐ E-mail to: claims@chooseclear.com; or
- ☐ Fax to: (509) 754-3406; Attention: Claims Department; or
- ☐ Express Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823;
- ☐ Call to confirm Clear Risk Solutions' receipt of Summons & Complaint;
- ☐ Send copy to agent and retain copy for your file; and
- ☐ ***Do not admit responsibility or agree to pay damages.***

If you do not have access to an ACORD Loss Notice form, the following forms will offer members specific instructions for reporting the following lines of coverage:

Form A: General Liability (Bodily Injury or Property Damage to Others)

- Record all details of accident and names of witnesses;
- Save all property damaged in the accident;
- Forward report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

Form B: Property Losses

- Record all relevant material and take photos.
- Avoid further damage and secure area/close off from use.
- Forward report to administrator or designee.
- *Do not admit responsibility or agree to pay damages.*

Form C: Automobile Losses

- Each vehicle should carry a vehicle accident report form;
- Employee operating vehicle must complete Form C, at time of loss;
- Forward accident report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

**PLEASE REVIEW THESE INSTRUCTIONS WITH YOUR STAFF AND
ADVISE THEM OF THE REPORTING REQUIREMENTS**

NON PROFIT INSURANCE PROGRAM
GENERAL LIABILITY LOSS NOTICE

Clear Risk Solutions
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027 / Fax (509) 754-3406
Email: claims@chooseclear.com

Date: _____

Date & time of loss: _____ am/pm

INSURED: _____

Person to Contact: _____

Contact's Phone Number: _____ Insured's Business Phone: _____

LOSS:

Location of Accident: _____

Description of Accident: _____

BODILY INJURY/PROPERTY DAMAGED:

Name & Address:

Phone Number: _____

Age____ Sex____

Occupation: _____

Name & Address:

Phone Number: _____

Age____ Sex____

Occupation: _____

Describe Injury/Injuries: _____

Where taken/or damaged? _____

Describe Property: _____

Estimate Amount: _____

WITNESSES:

Name & Address

Cell Phone

Business 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
Email: claims@chooseclear.com

Date: _____

Date & time of loss: _____ am/pm

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

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
Email: claims@chooseclear.com

Date: _____

Date & time of loss: _____ am/pm

INSURED: _____

Person to Contact: _____

Contact's Phone Number: _____ Insured's Business Phone: _____

LOSS:

Location of Accident: _____

Description of Accident: _____

INSURED VEHICLE:

Vehicle No. _____	Year, Make, Model _____	Vehicle Identification Number _____
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Owner's Name, Address, & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ D.O.B. _____

Estimate Amount: _____

Describe Damage: _____

PROPERTY DAMAGED:

Describe Property: _____

Owner's Name & Address: _____

Other Driver's Name & Address: _____

Describe Damage: _____

Estimate Amount: _____

OTHER INSURANCE: _____

Business Phone: _____

Residence Phone: _____

Business Phone: _____

Residence Phone: _____

INJURED:

Name & Address _____	Phone No. _____	Extent of Injury _____
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_____	_____	_____
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_____	_____	_____
-------	-------	-------

Witnesses or Passengers: _____	_____	_____
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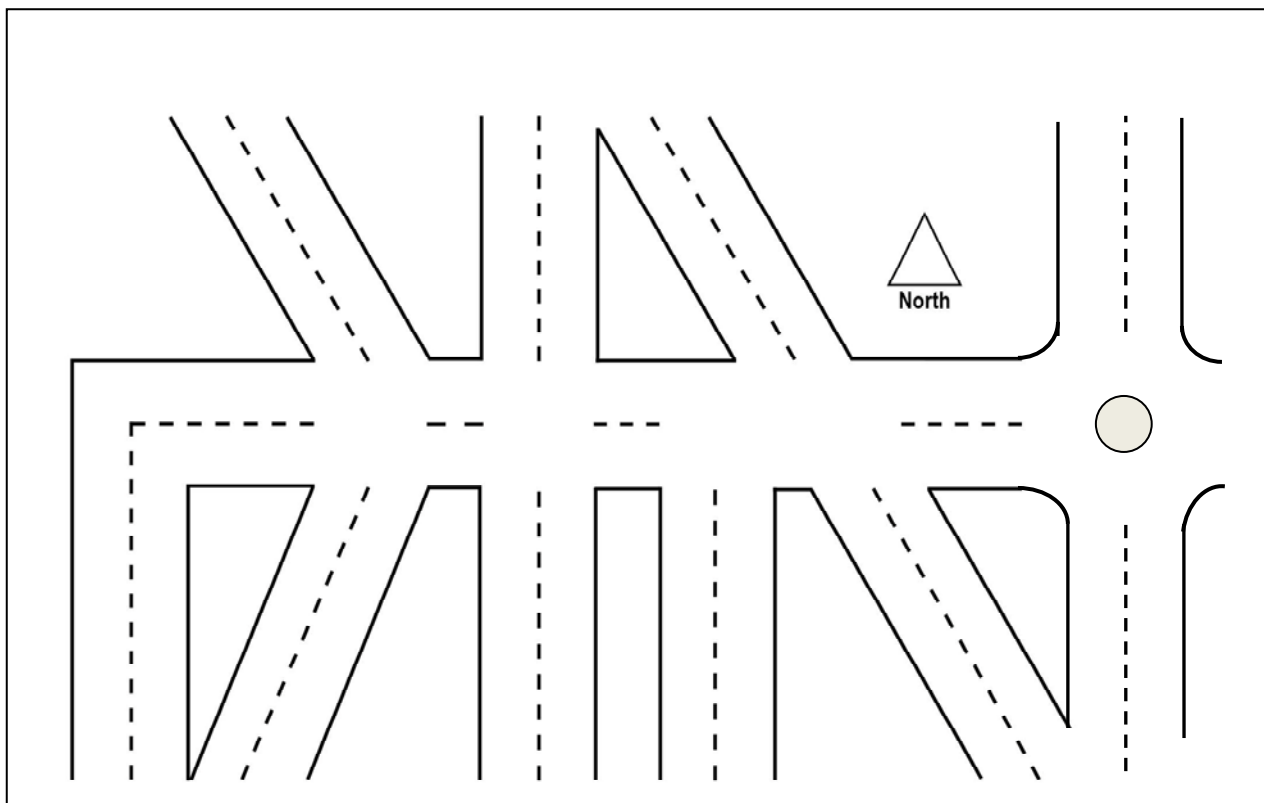
_____	_____	_____
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_____	_____	_____
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Remarks: _____

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature:_____

Date: _____

Phone: _____

BUS SEATING CHART

Driver Name: _____

Bus Number: _____

FRONT OF BUS

DOOR

DRIVER'S SEAT

1W	1M	1A	AISLE	1A	1M	1W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
2W	2M	2A	AISLE	2A	2M	2W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
3W	3M	3A	AISLE	3A	3M	3W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
4W	4M	4A	AISLE	4A	4M	4W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
5W	5M	5A	AISLE	5A	5M	5W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
6W	6M	6A	AISLE	6A	6M	6W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
7W	7M	7A	AISLE	7A	7M	7W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
8W	8M	8A	AISLE	8A	8M	8W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
9W	9M	9A	AISLE	9A	9M	9W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
10W	10M	10A	AISLE	10A	10M	10W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
11W	11M	11A	AISLE	11A	11M	11W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
12W	12M	12A	AISLE	12A	12M	12W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
13W	13M	13A	AISLE	13A	13M	13W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____
14W	14M	14A	AISLE	14A	14M	14W
Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____		Grade ____ Age ____	Grade ____ Age ____	Grade ____ Age ____

Administrator Signature: _____