



Kansas Educational Risk Management Pool, LLC (KERMP)

Claim Reporting Instructions

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 / 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

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



Kansas Educational Risk Management Pool (KERMP)

Claims Reporting Quick Reference Sheet
Auto, General Liability, Professional and Property Claims

E-Mail: KERMP@tnwinc.com

Dedicated Phone: 1-833-305-3767

To report your claim via email, please fill out the corresponding incident form as accurately and completely as possible. To report your claims quickly and efficiently via the dedicated telephonic claim reporting service, please be prepared to provide the following information as it relates to the loss. This is a general listing for your quick reference. Additional information may be requested.

POLICY INFORMATION

- ~ Insured name & address
- ~ Client number #006415

CLAIMANT INFORMATION

- ~ Claimant information
- ~ Claimant name
- ~ Claimant address and phone number

LOSS INFORMATION

- ~ Exact date and time of injury or damage
- ~ Exact location where injury or damage occurred
- ~ Specific description of injury or damage
- ~ Witnesses or Passengers - name, address and phone numbers

Thank you for your prompt claims reporting!

Coverage Definitions

Auto Liability

Coverage in the event of bodily injury or property damage arising out of the ownership, maintenance or use of an insured automobile.

Hired Automobile Liability

Coverage for autos which are leased, hired, rented or borrowed for use in the named insured's business.

Non-Owned Auto Liability

Coverage for autos owned by the insured's employees, when in use for the named insured's business.

Auto Physical Damage

Coverage in the event an insured's automobile is damaged, destroyed, or lost through fire, theft, vandalism, malicious mischief, collision, or windstorm.

Boiler & Machinery / Equipment Breakdown

Covers damage caused by the malfunction or breakdown of boilers, and a vast array of other equipment including air conditioners, heating, electrical, telephone, and computer systems.

Crime

Coverage provided for the loss of money, securities and other property resulting from theft committed by an employee acting alone or in collusion with others.

Employment Practices Liability

Coverage provides protection for an employer against claims made by employees, former employees, or potential employees. It covers discrimination (age, sex, race, disability, etc.), wrongful termination of employment, sexual harassment, and other employment-related allegations.

General Liability

Coverage against damages for bodily injury or property damages to a third party, which the insured is legally responsible.

Law Enforcement Liability

Provides coverage for bodily injury, personal injury or property damage that results from law enforcement activities or operations and is caused by a wrongful act while conducting those activities or operations.

Property Insurance

Coverage to protect the insured's buildings, property and contents from covered loss perils.

Public Officials Liability

Provides coverage against the entity, elected or appointed officials, employees and volunteers for wrongful acts committed by these individuals in the performance of duties for the public entity.

Not all terms and coverage noted within this definition document may be afforded to your insurance program. Please refer to your policy for all coverages, terms and conditions afforded to your specific program.



Automobile
Claim Reporting
Bodily Injury & Damage to a Motor Vehicle

**Please fill out KERMP Loss Report – Automobile Form and submit to Gallagher Bassett
Immediately**

- 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.



Immediately after an accident fill out this form and send to:

GALLAGHER BASSETT SERVICES, INC. ACCIDENT REPORT, AUTO AND TRUCK

(FOR BODILY INJURY OR DAMAGE TO ANOTHER PROPERTY OR FOR DAMAGE TO YOUR VEHICLE)

LOCATION CODE:
THIS ACCIDENT RESULTED IN: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY

CLIENT: Kansas Educational Risk Management Pool (KERMP) / #006415																
NAME			PHONE			DRIVER NAME			PHONE			DATE OF BIRTH				
ADDRESS						ADDRESS						NUMBER OF YEARS WITH COMPANY				
CITY		STATE		ZIP		CITY		STATE		ZIP		DRIVER'S LICENSE NUMBER				
VEHICLE																
MAKE OF YOUR VEHICLE			YEAR		MODEL		SERIAL NUMBER		LICENSE NUMBER		WHERE VEHICLE CAN BE SEEN					
TRAILER (IF APPLICABLE)			YEAR		MODEL		AREA OF DAMAGE			USED FOR BUSINESS YES <input type="checkbox"/> NO <input type="checkbox"/>		ESTIMATED COST TO REPAIR \$				
ACCIDENT																
DATE OF LOSS			TIME OF LOSS			LOCATION (STREET OR HIGHWAY)			CITY		STATE					
WERE POLICE CALLED TO SCENE? YES <input type="checkbox"/> NO <input type="checkbox"/>			POLICE DEPT. CALLED			DRIVER			ARRESTED		TICKETED		VIOLATION			
NAME OF OFFICER			BADGE NUMBER													
STATION ADDRESS																
CLAIMANT 1																
OWNER OF OTHER VEHICLE			AGE		ADDRESS			CITY			STATE		ZIP		PHONE	
DRIVER, IF OTHER THAN ABOVE			AGE		ADDRESS			CITY			STATE		ZIP		PHONE	
MAKE OF VEHICLE		YEAR	MODEL			LICENSE NO.		AREA OF DAMAGE		ESTIMATE OF DAMAGE \$		WHERE CAN VEHICLE BE SEEN				
CLAIMANT 2																
OWNER OF OTHER VEHICLE			AGE		ADDRESS			CITY			STATE		ZIP		PHONE	
DRIVER, IF OTHER THAN ABOVE			AGE		ADDRESS			CITY			STATE		ZIP		PHONE	
MAKE OF VEHICLE		YEAR	MODEL			LICENSE NO.		AREA OF DAMAGE		ESTIMATE OF DAMAGE \$		WHERE CAN VEHICLE BE SEEN				

PROPERTY DAMAGE--OTHER THAN AUTO (ie. FENCE, CANOPY)					
OWNER OF PROPERTY AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE	ZIP	PHONE
WITNESS INFORMATION					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

PERSONS INJURED

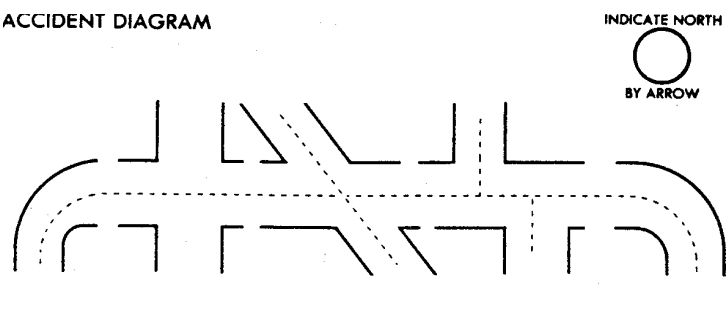
(USE ADDITIONAL SHEET IF NECESSARY)

NAME	AGE	NAME	AGE
ADDRESS	PHONE	ADDRESS	PHONE
CITY	STATE	ZIP	CITY
			STATE
			ZIP
OCCUPATION	WHERE TAKEN	OCCUPATION	WHERE TAKEN
FATALITY <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	FATALITY <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>
BLEEDING OR DISTORTED WOUND <input type="checkbox"/>	IN YOUR VEHICLE <input type="checkbox"/>	BLEEDING OR DISTORTED WOUND <input type="checkbox"/>	IN YOUR VEHICLE <input type="checkbox"/>
UNCONSCIOUSNESS <input type="checkbox"/>	IN CLAIMANT VEHICLE <input type="checkbox"/>	UNCONSCIOUSNESS <input type="checkbox"/>	IN CLAIMANT VEHICLE <input type="checkbox"/>
NO VISIBLE INJURY-- <input type="checkbox"/>		NO VISIBLE INJURY-- <input type="checkbox"/>	
COMPLAINED OF PAIN <input type="checkbox"/>		COMPLAINED OF PAIN <input type="checkbox"/>	
OTHER _____		OTHER _____	

ADDITIONAL REMARKS:



DESCRIBE ACCIDENT

	<p>ACCIDENT DIAGRAM</p>  <p style="text-align: right;">INDICATE NORTH BY ARROW</p>	
WHAT STREET WERE YOU ON?	CLAIMANT 1	CLAIMANT 2
WHAT DIRECTION WERE YOU TRAVELING?	CLAIMANT 1	CLAIMANT 2
<p>WEATHER CONDITIONS</p> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> FOGGY <input type="checkbox"/> SNOWY <input type="checkbox"/>	<p>TRAFFIC CONDITIONS</p> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/>	
SPEED LIMIT	<p>WERE YOU FAMILIAR WITH AREA</p> YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAFFIC CONTROLS

THIS SECTION MUST BE COMPLETED BY SUPERVISOR

<p>1. DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. IN MY OPINION WE ARE AT FAULT FOR THIS ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">IF REPORTED, NAME OF FIRM _____</p> <p style="text-align: center;">ADDRESS _____</p> <p style="text-align: center;">DATE ASSIGNED _____</p>	
DATE OF THIS REPORT	SIGNATURE AND TITLE



General Liability **Claim Reporting**

Please fill out KERMP Loss Report – General Liability Form and submit to Gallagher Bassett immediately

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.

Immediately after an accident fill out this form and send to:



GALLAGHER BASSETT SERVICES, INC.

ACCIDENT REPORT – GENERAL LIABILITY

(DO NOT USE FOR AUTO)

LOCATION CODE:

THIS ACCIDENT RESULTED IN:

- BODILY INJURY
- PROPERTY DAMAGE ONLY

CLIENT:					
NAME Kansas Educational Risk Management Pool (KERMP) / #006415					PHONE
ADDRESS					
CITY				STATE	ZIP
ACCIDENT					
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS		CITY	STATE ZIP
OFFICIALS CALLED TO THE SCENE <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE			IF SO, IDENTIFY		
CLAIMANT (PROPERTY DAMAGE)					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	ADDRESS	CITY	STATE	ZIP	EXTENT OF DAMAGE
CLAIMANT (BODILY INJURY)					
NAME	AGE	ADDRESS	CITY	STATE	ZIP PHONE
OCCUPATION	DESCRIBE EXTENT OF INJURY				
DESCRIPTION OF LOSS					
WITNESS					
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF REPORTED, NAME OF FIRM _____ ADDRESS _____ DATE ASSIGNED _____					
DATE OF THIS REPORT	SIGNATURE AND TITLE				



School Board Legal Liability/Employment Practices

Liability

Claim Reporting

Please contact Gallagher Bassett immediately with any information regarding a claim or rise of a claim.

- 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.



Property Claim Reporting

**Please fill out KERMP Loss Report - Property Form and submit to Gallagher Bassett
Immediately**

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

Not reporting these types of claims immediately may jeopardize your coverage.



Immediately after an accident fill out this form and send to:

LOCATION CODE:

GALLAGHER BASSETT SERVICES, INC.
LOSS REPORT, PROPERTY

FOR DAMAGE TO YOUR OWN PROPERTY

CLIENT INFORMATION
NAME OF COMPANY/CLIENT LOCATION
Kansas Educational Risk Management Pool (KERMP) / #006415
PHONE NO.
ADDRESS
CITY
STATE
ZIP
LOCATION OF LOSS
DATE OF LOSS
TIME OF LOSS
ESTIMATE OF LOSS
BUILDING AND/OR CONTENTS
DETAILS OF LOSS
CARGO/AUTO
NAME OF DRIVER
OWNER OF VEHICLE
DESCRIPTION OF VEHICLE - INCLUDE MAKE, YEAR, SERIAL NO.
BOILER & MACHINERY
DETAILS OF LOSS
EMPLOYEE DISHONESTY
NAME OF EMPLOYEE
DATE OF EMPLOYMENT
JOB TITLE
ROBBERY OR SAFE BURGLARY
CULPRIT APPREHENDED - EXPLAIN
POLICY AUTHORITY INVOLVED - EXPLAIN
ATTACH SUPPORT MATERIAL - POLICE REPORT - NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC.
SUMMARY
(HOW LOSS OCCURRED AND DAMAGE EXTENT) ATTACH SUPPORTING MATERIAL, ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES, OR BILLS, ETC.
DATE
SIGNATURE AND TITLE

NOTE: USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED