

Insurance claim reference document

Client Name: Marnie Properties LLC DBA Marnie Custom Homes

Type of coverage: *Package Policy* (General Liability, Property, Crime, Business Income)/(Builders Risk)

Carrier: Package – (Wilmington Ins Co) Builders Risk -(Maritime Program Group)

Policy number : Package(WIC200019548) Builders Risk – (Multiple)

24 HR Claims # Wilmington Ins Co – (888-655-0806) Maritime – (800-882-5414)

Main Contact: Stan Staniszewski

Phone: (302) 217 2480

Email: Stan@MarnieHomes.com

Information about the Loss : (Property, Crime, Business Income) (Builders Risk)

Date and Time of Loss: _____

Address of Loss: _____

Type of Loss: _____

Description of Loss (Use reverse if necessary):

Description of Buildings Involved (Use reverse if necessary):

1. _____

2. _____

3. _____

Police or Fire Department to which you reported: _____

Case or File Number: _____

Additional Documents

Please obtain a copy of each of the following and attach it to this form:

1. A copy of any contract or written agreement with the injured party
2. Copy of current Certificate of Insurance on File
2. A written narrative statement by your employee(s) of the events of the loss.
3. Names, addresses, and telephone numbers for all witnesses, including clients and employees.
4. Witness statements

Information about the loss: (General Liability, Injured Subcontractor) Property Damage or Bodily Injury to a 3rd Party

Name of Injured Party: _____

If a minor, legal guardian's name: _____

Address : _____

Employer: _____

Home Phone: _____

Business Phone: _____

Description of Property (location address): _____

Description of Damage and Accident: _____

Date of Property Damage: _____

Time of Property Damage: _____

Service or Operations Provided: _____

Describe in detail how the accident happened (use reverse if necessary): _____

Describe the injured's mental status at the time of the accident: Circle one

Confused Calm Panicked Aggressive Other: _____

Describe Evacuation: _____

Describe location of the site where the accident occurred: _____

Describe the weather: _____

Temperature (estimate if necessary): degrees Fahrenheit _____

Did equipment contribute in any way to the accident? Yes or No

If yes, please describe: _____

Did the injured party contribute to the accident in any way? Yes or No

If yes, please describe: _____

Did the injured party state that he or she contributed to the accident in any way? Yes or No

If yes, please describe: _____

Did another participant contribute to the injury? Yes or No

If yes, please describe: _____

Were any photographs taken? Yes or No

If yes, please enclose all photographs.

Activity Time Lost: None ½ Day or More Ended Participation

Describe any first aid given (include a list of any medications given): _____

Did the injured party refuse first aid or evacuation? Yes or No

If yes, please describe: _____

Does the injured take any medications or have any allergies? Yes or No

If yes, please describe: _____

Is this a re-injury of an old condition? Yes or No

Employees on site at time of accident:

Name	Age	Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the injured party been at this location before? Yes or No

If yes, indicate frequency: _____

Does the injured party currently have medical insurance? Yes or No

If yes , Company Name:_____ Policy Number:_____

Name/Address/Phone Number for Witness: _____

Name/Address/Phone Number for Witness: _____

Name/Address/Phone Number for Witness: _____

Additional Notes/Witness Statements:

Procedure for all types of property and casualty claims

1. **Notification of incident, loss or damage**

When loss or damage under the insurance policy occurs, You should notify the carrier of the incident as soon as possible. Any loss or damage caused by theft/burglary must be reported to the local police precinct. A copy of the police report should also be obtained to be produced as evidence for the claim.

2. **Protection of damaged property**

You should take photographs of the damaged property before having any necessary repairs to mitigate the loss or damage. All pertinent evidence must be kept as close to the original state as possible so that our surveyor/claims adjuster can detect the damage. In the event that the loss of or damage to the your property was caused by a third party, it is advised that you sends such third party a written claim for damages, with a copy to the carrier.

3. **Incident of Bodily Injury**

Time is of the essence with an injured party. Take all necessary measures to make the guest comfortable until help(Fire,Police, Paramedics) arrive. Address the injured party by name and ask what happened in a calm matter showing empathy and sympathy. **DO NOT –Admit any wrong doing, make value judgements(That was stupid), profess to be a medical expert or make any guarantees.** Proceed to complete the incident report with the injured party or other guests recording name, number and if possible have the injured party or witness sign off on the statement. REPORT ANY and ALL BODILY INJURY INCIDENTS as soon as possible.

4. **Repair or replacement of damaged property**

You should put forward to the carrier, for consideration and agreement, any quotations for repair/replacement of the damaged parts before proceeding with the purchase or repair. However, if necessary, you may proceed with the repair of the damaged property to ensure its safety or to prevent possible continuing or further damage.

5. **Surveying of damage**

Where full, detailed surveying of damage is required, the carrier may either undertake the surveying themselves or assign a surveyor/loss ajuster to call the insured and arrange a damage survey at a time and date of the your convenience.

6. Preparation of claims documents

In order to speed up the claims process and ensure claims are accurately and thoroughly arrived at, you are requested to prepare the following documents for the carrier and/or for the surveyor/claims adjuster:

- o Notification of loss or damage;
- o Accident report with photographs of damaged property;
- o Items and costs of loss or damage with relevant documentation, e.g. purchase receipts, warranties or instruction booklet indicating the brand and model of the damaged product;
- o Copy of police report obtained from the police precinct in which the incident occurred;
- o Claim note of the other party (if any);
- o Copy of the insured's claim for damages against a third party.

Note:

The above claims guidelines are only an initial, general guide for you and the insurance company. The carrier claims process will depend on the terms of coverage of each specific policy effective at the time of the incident. The carrier may also request further information and/or other relevant documents in addition to the six items mentioned above, as necessary and in support of consideration of the claim.