



# CLAIMS SERVICE GUIDE



A vital first step in the claims process is prompt notification of a loss. By relaying timely, relevant information your organization will assist us in meeting your claim needs.

It is our hope that you will never experience the inconvenience of a claim. If you do, you have our resources, experience, and knowledge to rely upon.

# AUTO CLAIMS

## **AUTOMOBILE PHYSICAL DAMAGE** (Damage To Insured Vehicle)

### **Reporting of Claims**

All claims should be reported directly to your agent's office as soon as possible. In the event of an after-hours emergency or if you are unable to reach your agent, please contact our office at 800.233.1957 for assistance.

To process your organization's claim, please provide the following information:

1. Your organization's name, as it appears on your insurance policy.
2. The name and daytime telephone number of the individual who has authority and responsibility to authorize repairs to the damaged vehicle.
3. The date, time and location of the accident.
4. A detailed description of how the accident occurred.
5. The year, make, model, and serial number/VIN of your damaged vehicle.
6. A description of the damage to the vehicle.
7. Where the vehicle can be inspected.
8. Your choice of repair facility and the cost to repair the damage, if known.

### **Handling of Claims**

1. Minor Damage - with the information you furnish, we will evaluate the claim. If we determine no appraisal is necessary, we will request a written copy of your bill or estimate and photos of the visible damages to the auto. Claims payments will be coordinated with your agent to ensure prompt and accurate delivery.
2. Major Damage - if we determine an appraisal is necessary, the damages will be handled through our appraisal system as follows:
  - a. Upon receiving the necessary information from your agent, we will assign an appraiser to inspect your vehicle.
  - b. The appraiser will contact your responsible individual and the repair facility within 24 hours of receiving the assignment.
  - c. The appraiser's goal is to reach an agreement on the repairs with the facility of your choice. As soon as repair costs are determined, the agreed price will be telephoned to our office.
  - d. Claims payments will be coordinated with your agent to ensure prompt and accurate delivery.

## **AUTOMOBILE LIABILITY** (Incidents Involving Other Vehicles, Property, or Persons)

### **Reporting of Claims**

All claims should be reported directly to your agent's office as soon as possible. If death, severe injuries or extensive property damages have occurred, please advise your agent to notify us immediately. In the event of an after-hours emergency or if you are unable to reach your agent, please contact our office at 800.233.1957 for assistance.

In addition to the information requested in the Auto Physical Damage Section, we ask that you provide us with all available information as to the other parties involved. This would include the following:

1. Other vehicle(s) year, make, model and license tag number.
2. Name, address, and telephone number of the owner of the other vehicle(s).
3. Name, address and telephone number of the other driver(s) and passenger(s).
4. Name, address, and telephone number of any person(s) in your vehicle and/or any pedestrian(s) or witnesses.
5. Responding police department and the officer's name(s), report number(s), etc. or a copy of the police report.
6. A description of the damage to the other vehicle(s) or property and/or injury to any other person.

It is important to identify and preserve any evidence that exists concerning the incident, such as digital photos, video, and vehicle telematics data.

**In the event a suit is filed against you, contact your agent immediately, provide copies of the suit papers and all pertinent information regarding the incident. Also, advise your local agent of the date the suit was received. This is especially important as a response is required to be filed within a certain number of days.**

### Reporting of Claims

All claims should be reported directly to your agent's office as soon as possible. If the damage is severe, please advise your agent to notify us immediately. In the event of an after-hours emergency or if you are unable to reach your agent, please contact our office at 800.233.1957 for assistance.

To process your organization's claim, please provide the following information:

1. Your organization's name, as it appears on your insurance policy.
2. The name and daytime telephone number of the individual who has authority and responsibility to authorize repairs to the damaged property.
3. The date, time and location of the occurrence.
4. The physical location of the damaged property.
5. A detailed description of how the loss occurred.
6. A full description of the damage.
7. Police/Sheriff's report information, if criminal activity is involved.

### Handling of Claims

Coverage is provided for emergency repairs to mitigate a loss subject to the policy's terms and provisions. All necessary steps to protect your property from further damage should be taken.

If the extent of damage is severe, we may engage an independent adjuster to make contact with your organization and arrange to inspect the damage. The adjuster will work with you and your contractor to reach an agreement on the extent of damage and the cost to repair.

Claims payments will be coordinated with your agent to ensure prompt and accurate delivery.



# PORTABLE EQUIPMENT CLAIMS

## Reporting of Claims

All claims should be reported directly to your agent's office as soon as possible. If the loss involves a large number of items or is the result of contamination, please advise your agent to notify us immediately.

In the event of an after-hours emergency or if you are unable to reach your agent, please contact our office at 800.233.1957 for assistance.

To process your organization's claim, please provide the following information:

1. Your organization's name, as it appears on your insurance policy.
2. The name and daytime telephone number of the individual who has authority and responsibility to work with us concerning the claim.
3. The date, time and location of the occurrence.
4. A detailed description of how the loss occurred.
5. The extent of the damage to each item and information as to whether it is repairable, if known.
6. Police/Sheriff's report information, if criminal activity is involved.
7. After the loss is reported, follow with a complete list of items being claimed and either itemized repair bills or quotes if the property is repairable or replacement invoices or quotes if the property is not repairable.

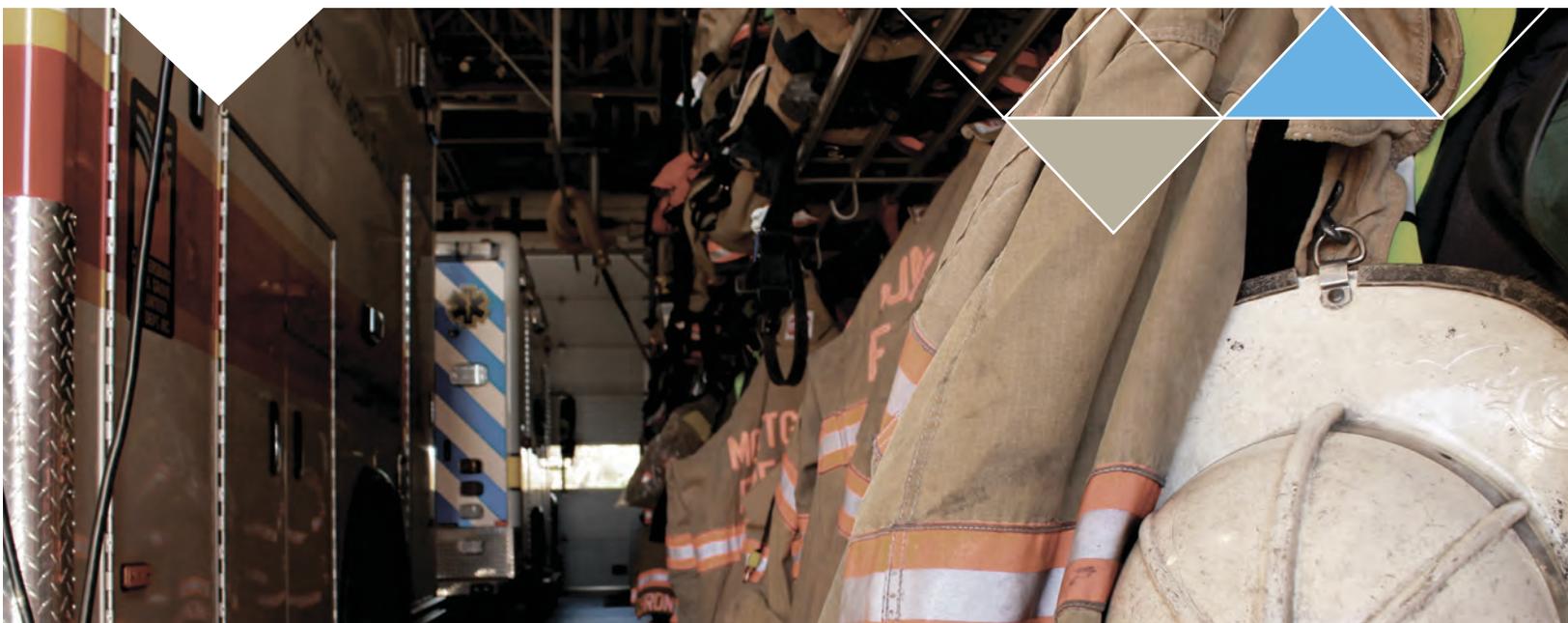
Personal effects losses of emergency personnel may occur enroute to, during, and returning from official duty authorized by your organization and coverage is provided subject to the policy's terms and provisions. Please provide the same information requested in 1 through 7 above along with the full name and address of the employee/member.

## Handling of Claims

Coverage is provided for emergency repairs to mitigate a loss subject to the policy's terms and provisions. All necessary steps to protect your portable equipment from further damage should be taken.

If the extent of the damage is severe, items may need to be inspected by a certified technician to determine if items can be cleaned or repaired. A VFIS representative will work with you to arrange this inspection.

Claim payments will be coordinated with your agent to ensure prompt and accurate delivery.



# GENERAL , EXCESS & MANAGEMENT LIABILITY CLAIMS

## Reporting of Claims

All claims should be reported directly to your agent's office as soon as possible. If death, severe injuries or extensive property damages have occurred, please advise your agent to notify us immediately. In the event of an after-hours emergency or if you are unable to reach your agent, please contact our office at 800.233.1957 for assistance.

To process your organization's claim, please provide the following information:

- a. Your organization's name, as it appears on your insurance policy.
- b. The name and daytime telephone number of the individual who has authority and responsibility to work with us concerning the claim.
- c. The date, time and location of the occurrence.
- d. A detailed description of how the loss occurred.
- e. All available information on the claimant(s), including an address and telephone number and information concerning who was injured or the property which was damaged.

**In the event a suit is filed against you, contact your agent immediately, provide copies of the suit papers and all pertinent information regarding the incident. Also, advise your local agent of the date the suit was received. This is especially important as a response is required to be filed within a certain number of days.**



# ACCIDENT & SICKNESS CLAIMS

**NON-FATAL CLAIMS** (All non-fatal claims should be reported directly to your agent's office as soon as possible.)

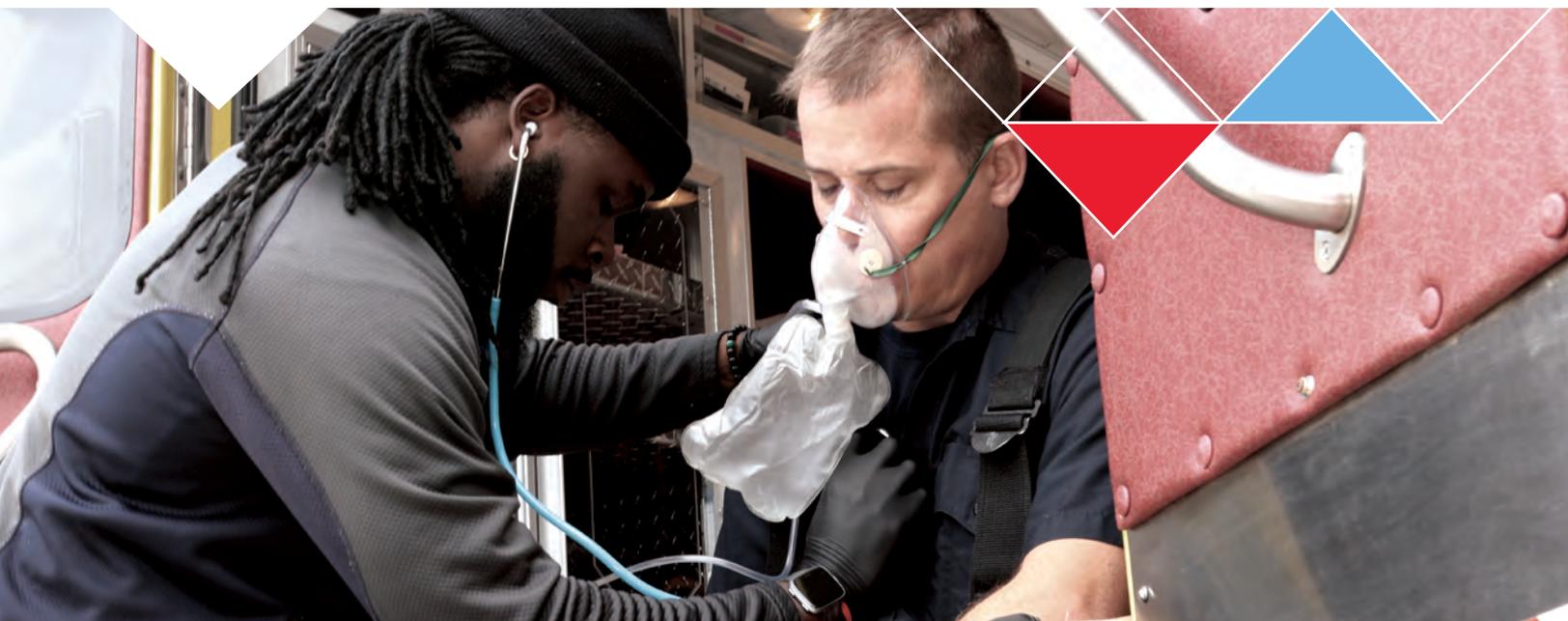
To process these claims, please provide the following information:

1. Completed Accident Report (These forms are provided with the policy or can be located at VFIS.com under the Claims Service tab.)
  - a. The top section must be completed and signed by the injured person, giving a clear description of the activity and circumstances surrounding the injury.
  - b. The bottom section must be completed by a fire company official (other than the injured person), certifying the information on the report is true.
2. Confirmation of disability by the attending physician. The Attending Physician Statement should be used for this purpose (this form can be found at VFIS.com under the Claims Service Tab). Disability benefits are payable every two weeks when disability is confirmed. Wage verification will be required if disability continues longer than 28 days.

**FATAL CLAIMS** (All fatal claims should be reported directly to your agent's office as soon as possible.)

To process these claims, please provide the following information:

1. Completed Accident Report (These forms are provided with the policy or can be located at VFIS.com under the Claims Service tab)
  - a. The top section must be completed and signed by the next of kin, giving a clear description of the activity and circumstances surrounding the injury.
  - b. The bottom section must be completed by a fire company official (other than the next of kin) to include the questions and signature, certifying the information on the report is true.
2. Statement from officer in charge
3. Copy of Run Logs or Run Reports
4. Beneficiary card or letter from Secretary of the insured organization stating that there is no beneficiary card
5. Death Certificate (certified copy)
6. Autopsy report and/or hospital records (if available, if not your claim representative will provide a medical authorization to be completed by the spouse or executor to obtain these.)
7. Police report and newspaper articles (if available)
8. Copy of the Fire Company Roster if claim is reported under the optional Off-Duty Accident Benefit or 24-hour Accident Benefit.



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