

Claims Reporting Instructions

Tamarron Association of Condominium Owners Inc



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USI Insurance Services

Phone: (800) 873-8500

www.usi.com

Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.

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Claims Reporting Instructions

Introduction

These claim reporting instructions have been prepared by USI Insurance Services to guide you in properly reporting claims. Report all claims promptly in order to protect your company's (and individual insureds') interests. Do not delay or refrain from reporting because you think the incident is not insured, too trivial to report, or unlikely to meet any self-insured retention (retention). A delay could jeopardize your coverage.

Further, in the event that there is any excess coverage (typically follow-form) secured with other insurers, report all claims that you are reporting to the primary insurer to the excess insurer(s) at the same time.

Claims Reporting Instruction Grid

Coverage	Insurance Company	Policy #	Policy Term	Report to:
Equipment Breakdown	Liberty Mutual Fire Insurance Company	YB2L9L478860015	10/15/2025 - 10/15/2026	Direct to your insurer at: 800-362-0000 / Web-Reporting: www.business.libertymutual.com/claims *(for complex claims reporting see below)
Terrorism	Underwriters at Lloyd's London	25N49838AATO605	10/15/2025 - 10/15/2026	Direct to your insurer at: Web-Reporting: redwdbb@insurisk.com *(for complex claims reporting see below)
Commercial Property	Lexington Insurance Company	01719879001	10/15/2025 - 10/15/2026	Direct to your insurer at: 1-800-931-9546 / Web-Reporting: https://www.lexingtoninsurance.com/home/claims * Email: NewLoss-USproperty&energy@aig.com *(for complex claims reporting see below)
Excess Property – 2 nd layer	Palms Specialty Insurance Company, Inc.	PLM0089725	10/15/2025 - 10/15/2026	Direct to your insurer at: 1-844-319-6238/ Email: spectrum@sedgwick.com *(for complex claims reporting see below)
Excess Property – 3 rd layer	Bridgeway Insurance Company	7EA7XP100414501	10/15/2025 - 10/15/2026	Direct to your insurer at: 1-866-220-3505 / Web-Reporting : clmsins@munchreamerica.com *(for complex claims reporting see below)
Excess Property – 4 th layer	Texas Insurance Company	BRPSLPTCO01110008046001	10/15/2025 - 10/15/2026	Direct to your insurer at: 1-800-597-1488 / Email-Reporting: YorkClaimsReporting@yorkrsg.com *(for complex claims reporting see below)
Excess Property – 5 th layer	Golden Bear Insurance Company	FSX0300009301	10/15/2025 - 10/15/2026	Direct to your insurer at: 209-948-8191 / Web-Reporting: www.goldenbear.com *(for complex claims reporting see below)
Excess Property – 6 th layer	Arch Specialty Insurance Company	ESP105430001	10/15/2025 - 10/15/2026	Direct to your insurer at: 877-688-2724/ Email Claims@ArchInsurance.com *(for complex claims reporting see below)
Excess Property – 7 th layer	Certain Underwriters at Lloyds of Londo	PP2501871	10/15/2025 - 10/15/2026	Direct to your insurer at: Email -Reporting: cbiiclaims@chubb.com *(for complex claims reporting see below)
General Liability	Philadelphia Indemnity Insurance Co.	PHPK2614408002	10/15/2025 - 10/15/2026	Direct to your insurer at: [800-765-9749] / Web-Reporting: https://www.phly.com/Claims/AutoReportClaim.aspx or Email service@phly.com *(for complex claims reporting see below)
Commercial Umbrella	Philadelphia Indemnity Insurance Co.	PHUB915571001	10/15/2025 - 10/15/2026	Direct to your insurer at: [800-765-9749] / Web-Reporting: https://www.phly.com/Claims/AutoReportClaim.aspx or Email service@phly.com *(for complex claims reporting see below)

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Coverage	Insurance Company	Policy #	Policy Term	Report to:
Excess Liability	Kinsale Insurance Company	01003296230	10/15/2025 - 10/15/2026	Direct to your insurer at: 804-482-2762 / Email Reporting Newclaimnotices@kinsaleins.com *(for complex claims reporting see below)
Cyber Liability	Coalition Insurance Company	C4NGK007491CYB ER2025	10/15/2025 - 10/15/2026	To your USI Claims Consultant or Account Team listed below. Note, timing restrictions apply. In addition: contact the insurance carrier cyber breach hotline 833-866-1337 in the event of a breach or ransomware event and review list of carrier pre-approved vendors. Failure to utilize approved vendors could result in limitation of coverage.
Management Liability Package	Travelers Casualty & Surety Co. of America	107927166	10/15/2025 - 10/15/2026	To your USI Claims Consultant or Account Team listed below. Note, timing restrictions apply.
Workers Compensation	Pennsylvania Manufacturers Assoc. Ins.	2025011566256Y	06/01/2025 - 06/01/2026	Direct to your insurer at: 888-833-4158 / Email Reporting: claims@mgalive.com *(for complex claims reporting see below)

***Report to your USI service team immediately in the following situations for assistance with timely claim reporting:**

Complex Casualty Claims:

- Loss exposure greater than \$1,000,000
- Multiple claimants
- Severe bodily injuries (death, paralysis, brain injury, loss of major bodily function)
- Major property damage (collapse, explosion, major fire, product contamination, pollution)
- Alleging class actions

Complex Property Claims:

- Loss exposures over \$1,000,000 exposure with significant property damage and/or time element losses
- Losses involved with shared and layered programs (with an account adjuster)
- Losses potentially implicating multiple lines of coverage/policies
- Losses involving multiple locations (CAT)

Any Incidents or Claims Involving:

- Directors & officers
- Employment practices (Including Equal Employment Opportunity Commission charges or incidents)
- Kidnap & ransom
- Fiduciary liability
- Errors & omissions
- Crime/fidelity/mysterious disappearance
- Cyber
- Environmental property/liability

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For certain types of policies (i.e., “claims-made” or “claims-made and reported” policies), the timely reporting of claims can make the difference between a denial of the claim and coverage. It is imperative that you report any claims potentially covered by “claims-made/claims-made and reported” policies to the insurer(s) immediately.

Your claims contact information is listed below:

Trini Viscarra - Claims Advocate Primary

USI Insurance Services

Phone Number: 612 509-1946

Direct Number: (612) 509-0913

Email: Trini.Viscarra@usi.com

General Claims Tips

What is a “claim”? “Claim” can be a generic term or a defined term within a policy(ies), depending on the coverage line, and you should always refer to your policy for the governing terms and conditions. For purposes of these Instructions, a “claim” generally means any kind of event, occurrence, or communication that could trigger coverage under one or more of your policies, including (but not limited to):

- A demand for monetary damages
- A demand for defense or indemnity
- A demand to take some other action or to refrain from taking action (non-monetary relief)
- A lawsuit
- A catastrophic or minor property loss or damage
- A slip and fall
- A theft
- A data breach
- A construction defect
- An automobile accident
- A subpoena
- A notice of regulatory investigation, proceeding or charge, or
- A request to waive a time period within which to sue

Always refer to your policy for correct terms and conditions. If you have any questions whether something should be reported as a claim or loss, please ask a member of your USI account team.

“Claims-made.” Some policies are written on a “claims-made” or a “claims-made and reported” form. For purposes of these general instructions (subject to certain technical exceptions), in order to be covered, the claim must be both “made” against the insured and reported to the insurer in the same policy period. As mentioned above in the Introduction, the timing of reporting a claim under what is known as a “claims-made” policy is critical. Even one day’s delay in reporting could mean the difference between coverage and a denial, depending on the date the claim is made and the policy period.

Do not compromise a claim. Policy conditions usually prohibit an insured from admitting liability, settling or making payments, jointly investigating or sharing the results of an investigation with a claimant, or otherwise compromising a claim. Policy conditions also require cooperation with the insurer and its representatives. Do not engage in discussions about any claim with anyone except your insurer, its adjusters, your legal counsel, or your USI account representatives. All persons requesting information should be asked to first properly identify themselves. Retain copies of all communications and original documents for your records.

Lawsuits, Summons and Complaints

All lawsuits, summons, complaints, subpoenas, and equivalent actions. filed against you should immediately be forwarded by email, fax and/or overnight mail to your insurer. (As a reminder, there are exceptions noted above instructing when to report to your USI service team for assistance with claim reporting.)

Claims Reporting Tips by Coverage Line

Property

To report a property loss, you will need to provide the following information:

- [Policy information \(above\)](#)
- Date of loss
- Location of loss
- Description and estimate of damages
- List of items missing or damaged
- Copies of original or replacement invoices
- Description of how the loss occurred
- Pictures, if any
- A copy of the police report, if any

*([See attached Sample Claim Form](#))

General Liability

To report a general liability claim, you will need to provide the following information:

- [Policy information \(above\)](#)
- Date of loss
- Location of loss
- Description of loss
- Claimant name and contact information
- Copies of any summons, complaint, or subpoena
- Any relevant contract or other documents
- Witness' information

*([See attached Sample Claim Form](#))

Automobile

To report an auto loss, you will need to provide the following information:

- [Policy information \(above\)](#)
- Date of loss
- Location of loss
- Description of loss
- Description of property damage / bodily injury
- Your driver's name and contact information
- Your vehicle description (year, make model and serial number)
- Other driver name and contact information
- Other driver vehicle description (year, make model and serial number)

*([See attached Sample Claim Form](#))

Injury sustained by your employee(s) while driving or as a passenger on company business may be covered under workers' compensation. Report any injury to your employee(s) in accordance with the Workers' Compensation claim reporting procedure (below).

Workers' Compensation

To report a workers' compensation claim, you will need to provide the following information:

- [Policy information \(above\)](#)
- Date and time of injury
- Description (how, when and where injury occurred)
- Body part affected
- Injured employee information
 - Name, address, phone number
 - Social security number
 - Date of birth
 - Job title, hire date
 - Pay rate
- Date employer notified of injury
- Missed time off work
- Last day worked
- Physician name, address and phone number
- Witness information, if any

The supervisor should always take an active role when an employee advises that he/she has been injured on the job. The supervisor is the most effective person in the initial handling of the Workers' Compensation claim, as he/she is the main person with whom the injured employee communicates. The supervisor should act promptly and positively to the employee's report of injury, but make no decisions or communication with regard to compensability.

[*\(See attached Sample Claim Form\)](#)

All work-related injuries should be reported immediately:

1. Take time to handle the injury properly - listen closely to the employees' complaints.
2. If the employee needs emergency care, take him/her to the nearest medical provider for immediate treatment. Do not leave him/her alone at the treatment center. The employee should then choose a provider from the panel of physicians for any follow-up care.

Depending on the state the claim was filed, either the employer or employee has the right to choose the initial treating physician. In most cases, the injured worker will be looking to the employer for a medical provider. Insurance carriers have established a medical network that has access to physicians, hospitals and other medical care providers who have experience in treating workers' compensation-related injuries. It also helps manage the cost associated with these injuries.

3. Report the claim to your carrier as soon as possible (within 24 hours) at the "toll-free" number in the above [Claim Reporting Instruction Grid](#).
4. Investigate the accident using open-ended questions and make notes of any pertinent information, such as:
 - (a) How did it happen?
 - (b) Who saw it happen?

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5. If you suspect fraud, do not state it publicly. Immediately notify your claims adjuster and your USI account team representative that the claim needs to be closely investigated.
6. Check on the injured employee periodically during the recovery period to check his/her progress and to let the employee know of your interest and concern.
7. Upon the employee's return to work, promptly notify your insurance company. In most cases, you will know if an employee is released back to work before the insurance adjuster. A returning employee must have a written release from his/her physician.

Executive & Professional Risk, Cyber, Fidelity/Crime

While your USI team will prepare the notice to your insurers, it is important to be familiar with the following:

1. Some policies may be triggered by pre-“claim” inquiries of directors and/or officers, before the existence of an actual “claim”
2. Many of these types of policies may allow for the reporting of circumstances that may give rise to a claim. These notices are typically optional, not mandatory, but may be the best option in certain cases
3. For certain coverages, it may be the insurance company’s duty to defend you, in which case the defense counsel will be selected by the insurer
4. For non-duty to defend (indemnity) policies, there may be a restriction on which law firms can be used to defend a claim. Approval for firms and rates by the insurer(s) is mandatory
5. Many “claims-made/claims-made and reported” policies have extended reporting periods (some are automatic / some have to be purchased separately)
6. For crime-related losses, proofs of loss will be required within a limited amount of time
7. In the event of a cyber breach, connect with USI as quickly as possible as the policy likely requires the use of approved vendors and a “breach coach”

SAMPLE CLAIM REPORTING FORMS



Property Incident Report

What to do in case of a property loss:

Please forward any supporting documentation to the appropriate carrier.

Submitted by:

Full Name: _____ Title: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Fax: _____ Email: _____

Person to Contact:

Full Name: _____ Title: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Fax: _____ Email: _____

Loss Information:

Date: _____ Time: _____ Probable Amount Entire Loss: \$ _____

Police/Fire Dept. Reported to: _____ Report No.: _____

Loss Description:

Rental Customer Information:

Full Name: _____ Title: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Fax: _____ Email: _____

Contact Number: _____ Copy of Contact Attached: _____

Additional Comments:



Submitted by:

Zip Code

Person to Contact:

Zip Code

Claimant Information (Attach additional pages if necessary):

Zip Code

Witness Information:

Zip Code

Loss Information:

Loss Description:



Vehicle Accident - Driver's Report

Overview:

Accident Description:

Road, Intersection or Location Where Accident Occurred: _____

City: _____ State: _____ Date: Select date. Time: _____

Weather: ☐ Clear ☐ Rain ☐ Snow ☐ Overcast ☐ Foggy Road Condition: ☐ Dry ☐ Wet ☐ Icy ☐ Muddy ☐ Potholes

Number of Vehicles Involved: _____ Posted Speed Limit: _____ Your Speed: _____

Police Officer Name & Badge Number (If Police Investigated): _____

Injured Parties & Damages:

Damages to Other Property Besides Motor Vehicle: _____

Property Owner Full Name: _____

Address of Owner: _____
Street Address

Apartment/Unit #

City

State

Zip Code

Person #1 Full Name: _____ Phone: _____

Address: _____
Street Address

Apartment/Unit #

City

State

Zip Code

Describe Injuries: _____ Seat Belts: ☐ Yes ☐ No

Person #2 Full Name: _____ Phone: _____

Address: _____
Street Address

Apartment/Unit #

City

State

Zip Code

Describe Injuries: _____ Seat Belts: ☐ Yes ☐ No

Person #3 Name: _____ Phone: _____

Address: _____
Street Address

Apartment/Unit #

City

State

Zip Code

Describe Injuries: _____ Seat Belts: ☐ Yes ☐ No

Your Vehicle #1:

Make of Vehicle: _____ Model: _____ Color: _____ Year: _____

License Plate: _____ VIN/Vehicle Serial Number: _____

Full Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Driver Full Name: _____

Driver License #: _____ State: _____ Exp. Date: Select date.

Insurance Carrier: _____ Policy #: _____

Description of Damage:

Indicate Point of Contact



Other Vehicle #2:

Make of Vehicle: _____ Model: _____ Color: _____ Year: _____

License Plate: _____ VIN/Vehicle Serial Number: _____

Full Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Street Address

Apartment/Unit #

City

State

Zip Code

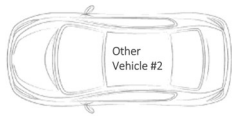
Driver Full Name: _____

Driver License #: _____ State: _____ Exp. Date: Select date.

Insurance Carrier: _____ Policy #: _____

Description of Damage:

Indicate Point of Contact



Vehicle Accident – Witness Information Card:

Accident Location: _____

Date: Select date. Time: _____

Witness Full Name: _____ Phone Number: _____

Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Were you riding in a vehicle involved? ☐ Yes ☐ No

Did you see the accident? ☐ Yes ☐ No

Did you see anyone hurt? ☐ Yes ☐ No

In your opinion, who is responsible? ☐ Our Driver ☐ Other Driver ☐ Passenger ☐ Pedestrian



Workers' Compensation Accident Report

Employee Section

This page is to be completed by the involved employee.

Employee Section:

Name of Employee: _____ Dept./Division: _____
Employee No: _____ Job Title: _____
Unit No: _____ Date of Hire: Select date.
Date of Occurrence: Select date. Location of Occurrence: _____
Time: _____ Day of the Week: _____
Date Reported to Supervisor: Select date.

Describe what happened (Attach any photos, diagrams, and / or police reports, if available):

If medical attention was required, please specify injury and work status post doctor visit (Attach return to work release and / or restriction from authorized medical physician):

List Witness to Incident (Name, Address & Telephone Number):

Please attach signed witness statement to report.

Employee Signature: _____

Date: Select date.



Supervisor's Accident Report

Supervisor's Section I

This page is to be completed by the employee's supervisor.

Name of Supervisor: _____ Date of Occurrence: Select date.

Accident Location: _____ Date of Report: Select date.

Nature of the Accident (Check all that apply):

☐ Workers' Compensation ☐ Vehicle/Equipment Damage ☐ Property Damage

Injury Category:

PART OF BODY INJURED

- ☐ Head (head, ear, eye, nose, mouth, & chin)
- ☐ Neck (upper/lower)
- ☐ Upper Extremities (shoulder, arm, wrist, hand & finger)
- ☐ Trunk (upper/lower -back)
- ☐ Lower Extremities (hip, leg, knee, ankle, foot, toe)
- ☐ Internal
- ☐ Multiple (head, neck, etc.)
- ☐ Other

EXAMPLE:

- ☒ Extremities: Circle applicable part, i.e., ankle

NATURE OF INJURY

- ☐ Abrasion (scratch)
- ☐ Bruise (contusion, crush)
- ☐ Dislocation
- ☐ Exposure (disease, heat, cold, noise, etc.)
- ☐ Fracture
- ☐ Multiple (bruise, cut, etc.)
- ☐ Bodily Reaction (allergy, rash, etc.)
- ☐ Sprain/Strain
- ☐ Wound (cut, puncture)
- ☐ Other

Type of Accident:

INDUSTRIAL ACCIDENT TYPES

- ☐ Caught in/Under/Between
- ☐ Contact w/Chemicals (toxins, caustics, radiation)
- ☐ Contact w/ Electrical Current
- ☐ Contact w/ Other Energy Sources
- ☐ Contact w/ Temperature Extremes (cold, heat)
- ☐ Exposure (noise, disease, etc.)
- ☐ Trip and Fall (trip, slip)
- ☐ Overexertion (sprain, strain)
- ☐ Rubbed (scratched/abraded)
- ☐ Struck by/Against Object
- ☐ Other

VEHICLE/EQUIPMENT ACCIDENTS

- ☐ Backing
- ☐ Parking
- ☐ Struck while parked
- ☐ Hit fixed object
- ☐ Hit pedestrian/Hit by pedestrian
- ☐ Hit by at intersection/Hit vehicle at intersection
- ☐ Hit by/Hit vehicle ahead/behind
- ☐ Hit by/Hit oncoming vehicle
- ☐ Hit by passing vehicle/Hit vehicle while passing
- ☐ Highway vehicle accident (struck by or against)
- ☐ Other

Police Report Number: _____

Make, Model, Year of Vehicle: _____

Damage to Vehicle: _____



Supervisor's Accident Report

Supervisor's Section II

This page is to be completed by the employee's supervisor.

Name of Supervisor: _____

Date of Occurrence: Select date.

Accident Location: _____

Date of Report: Select date.

Nature of The Accident (Check all that apply):

☐ Workers' Compensation

☐ Vehicle/Equipment Damage

☐ Property Damage

Resulting Action:
Intermediate Medical Attention

☐ Refused medical attention

☐ First Aid Only

☐ MPN Clinic

☐ Emergency Room

☐ Follow-up appointment date

Accident Summary:

Summarize the accident to include the machine, equipment, object, or substance involved. Identify any personal protective equipment required, on hand and used or not used, attach photos or drawings, etc.

Explain "Corrective Measures" you are taking to prevent a repeat incident (similar accident):

Supervisor's Signature: _____

Date: Select date.

Human Resources comments:

Human Resources Signature: _____

Date: Select date.