

CLAIMS REPORTING KIT

WCRG 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.

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

WCRG 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.**



451 Diamond Drive
Ephrata, WA 98823

Phone:
800.407.2027

Find us at:
www.wrcip.us

Administered by:



REPORTING INSTRUCTIONS

REPORT ALL CLAIMS

Contact your broker/agent, or
[Email: claims@chooseclear.com](mailto: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 - WCRG 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:
- Email [to: claims@chooseclear.com](mailto: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**

GENERAL LIABILITY

WASHINGTON COUNTIES RISK GROUP GENERAL LIABILITY LOSS NOTICE

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

Name & Address: _____

Phone Number: _____

Phone Number: _____

Age Sex _____

Age Sex _____

Occupation: _____

Occupation: _____

Describe Injury/Injuries: _____

Where taken/or damaged? _____

Describe Property: _____

Estimate Amount: _____

WITNESSES:

Name & Address _____

Cell Phone _____

Business Phone _____

Remarks: _____

Reported by: _____ Phone: _____

WASHINGTON COUNTIES RISK GROUP
PROPERTY LOSS NOTICE

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

**WASHINGTON COUNTIES RISK GROUP
AUTOMOBILE LOSS NOTICE**

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

Owner's Name, Address, & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ D.O.B. _____
Estimate Amount: _____
Describe Damage: _____

PROPERTY DAMAGED:

| | |
|-------------------------------|------------------------|
| Describe Property: _____ | OTHER INSURANCE: _____ |
| Owner's Name & Address: _____ | Business Phone: _____ |
| _____ | Residence Phone: _____ |
| _____ | _____ |

| | |
|--------------------------------------|------------------------|
| Other Driver's Name & Address: _____ | Business Phone: _____ |
| _____ | Residence Phone: _____ |
| _____ | _____ |

Describe Damage: _____
Estimate Amount: _____

INJURED:

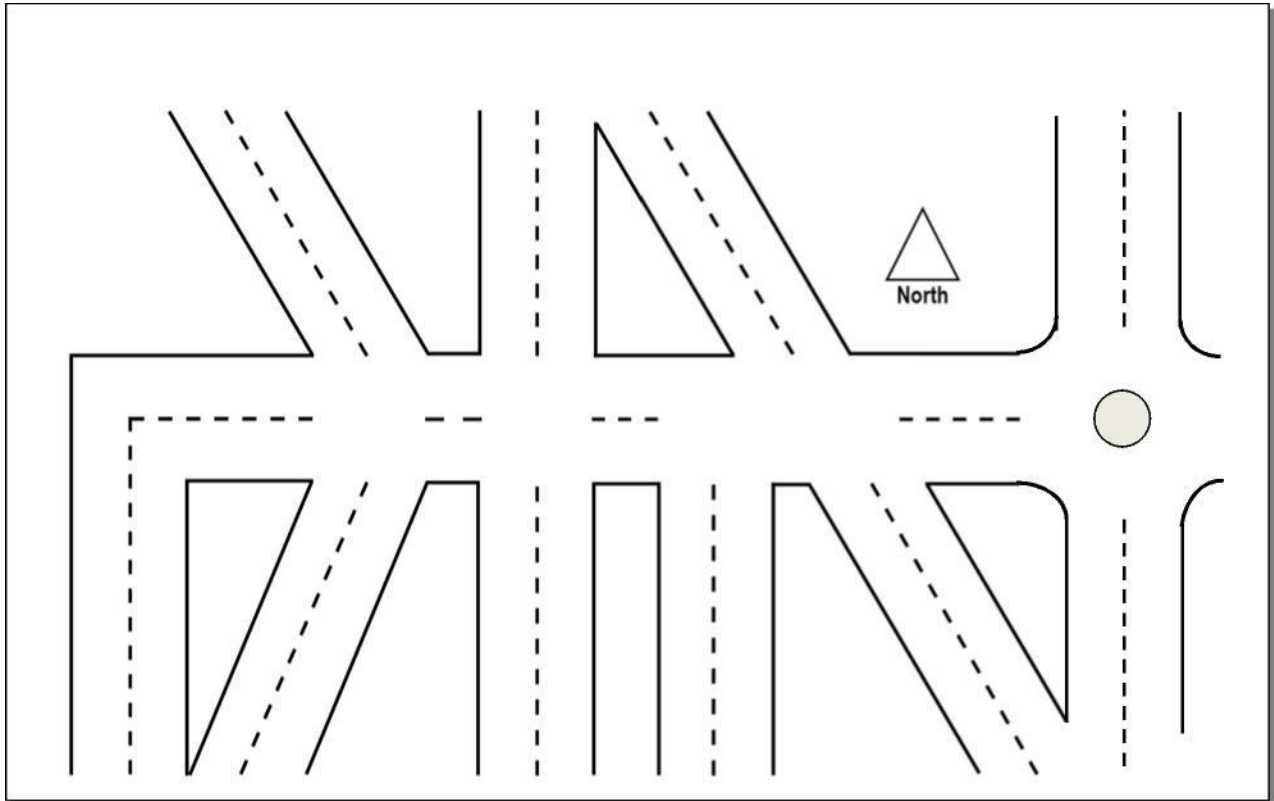
| | | |
|----------------|-----------|------------------|
| Name & Address | Phone No. | Extent of Injury |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|--------------------------|-------|-------|
| Witnesses or Passengers: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 |
|-------------------------|------------------|---------------------|--------------------|
| Straight Road | Dry | Defective Shoulder | Stop Sign |
| Curve | Wet | Holes, Ruts, Bumps | Stop & Go Signal |
| Level | Muddy | Loose Material | Flagman/Officer |
| On Grade | Snowy | Other (Describe) No | Other (Describe) |
| Crest of Hill | Icy | Defects | No Traffic Control |
| LIGHTING | WEATHER | NOTES | |
| Daylight | Clear | Yes | No Photos Taken |
| Dusk | Raining | | |
| Dawn | Snowing | | |
| Dark – with Streetlight | Fog | | |
| Dark – no Streetlight | Other (Describe) | | |

DRIVER'S STATEMENT

Lined area for writing the driver's statement.

Signature: _____ Date: _____

Phone: _____