



CATHOLIC DIOCESE of CLEVELAND

Master Insurance Program

Claim and Exposure Reports

Reporting Claims

All claims, Equal Employment Opportunity Commission or National Labor Relations Board charges, law suits, and potential claim situations should be reported immediately by telephone or by fax directly to the:

Property/Casualty Insurance Claims Department
CATHOLIC DIOCESE OF CLEVELAND
1404 East Ninth Street, Eighth Floor
Cleveland, Ohio 44114-1722

(216) 696-6525, 1-800-869-6525
EXTENSION 3400

(Monday through Friday, 8:30 a.m. until 5:00 p.m.)
24 HOUR-A-DAY REPORTING AVAILABLE ON VOICE MAIL
(with the use of a touch-tone telephone)

FAX LINE: (216) 861-0406
(Also available 24 hours-a-day)

PROPERTY, AUTOMOBILE, AND BOILER CLAIMS MUST BE SUBMITTED FOR THE INSURANCE CARRIER'S INSPECTION AND/OR AUTHORIZATION **PRIOR TO COMMENCING REPAIR WORK** (OTHER THAN EMERGENCY BOARD-UP, CLEAN-UP, OR TEMPORARY REPAIRS NECESSARY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE OR LOSS). FAILURE TO OBTAIN PROPER APPROVAL WILL JEOPARDIZE THE PAYMENT OF YOUR CLAIM!

A function of the Diocesan Property/Casualty Insurance Claims Department is to receive claim reports from the insured and to instruct the action to be taken in order to protect the interests of all parties involved. Further, it is the purpose of the Claims Department to process, monitor, and supervise all claims in order to ensure fast and fair payment. Please report any delay or dissatisfaction to the Claims Department or to the D.I.S.C. agency.

Reporting Changes

If any changes occur during the policy term, please report them to the Diocesan Property/Casualty Insurance Department. Such procedures will keep all exposures and property values up-to-date. All purchases/sales of buildings, equipment, substantial content items, or vehicles, as well as property acquisitions, must be reported *immediately*. If you have any questions about what items you should be reporting, do not hesitate to call and we will advise you accordingly.

NEW BUILDINGS AND MAJOR STRUCTURAL ALTERATIONS

Before a parish or institution contracts for construction of a new building or undertakes renovation of an existing building, copies of such construction contracts should be submitted to the Diocesan

Property/Casualty Insurance Department to ensure that all necessary construction bonds, builders' risk insurance, and other necessary policies are secured

Inspections and Visitations

All participants of the Diocesan Master Insurance Program are subjected to periodic inspections and visitations from the following persons:

THE D.I.S.C. CONSULTANT

Mr. Leo F. McNulty visits each location, on behalf of D.I.S.C., to review with you the insurance coverages provided to your location. He will also complete a location survey form to ensure that all coverages are accurate and conduct a general safety/liability inspection of all insured buildings and grounds. You will be contacted by him prior to his visitation to arrange a convenient date and time.

THE BOILER INSPECTOR

Hartford Steam Boiler Inspection and Insurance Company will send a licensed representative annually to provide the mandated inspection of all vessels and equipment insured under their policy that require a certificate of operation issued by the State of Ohio.

SAFETY REPRESENTATIVE

Representatives from various insurance carriers will make periodic hazard/safety inspections at insured locations to observe operations and issue comprehensive recommendations to eliminate or control potential risk exposures for our property/liability insurance program. These representatives will write in advance requesting a visitation date along with particular documentation to be made available for review at that time.

NOTE: The above-described representatives will present proper identification at the start of their visit. If you feel uncertain of the authenticity of any person requesting admission to your location, **ALWAYS** obtain their complete name, a form of corporate identification, the reason for their presence, and **immediately** contact the Diocesan Property/Casualty Insurance Department or D.I.S.C. agency for verification.

Confidential Incident Reports

One of the most critical parts of the insurance contract between your location and the carrier(s) is the requirement of reporting all incidents or alleged incidents of bodily or personal injury that will expose the Diocese, its parishes, schools, institutions, program invitees, or affiliates to legal liability. The contract provides that all incidents be reported "as soon as practical after knowledge." This condition requires that the Diocese of Cleveland provide notice of incidents or accidents within a reasonable time. This precondition must be met in order to preserve our rights under the contract with each insurer. Failure to meet this condition may result in a finding that the precondition has not been met and, therefore, the insurer no longer has a duty to defend or compensate the injured party for any loss which may have occurred. Failure to comply with the contract could place the Diocese, as well as your location, in serious jeopardy.

In order to facilitate compliance and avoid any potential loss of coverage, **effective immediately**, all documentation involving the reporting of incidents shall be sent directly to the Property/Casualty Insurance Department of the Diocesan Finance Office. No other Diocesan office or department shall receive, nor will in any manner, obtain said documentation. This will avoid any delays in submitting notice to the insurance carriers and will prevent loss of coverage. The "**CONFIDENTIAL INCIDENT REPORT FORM**" can be found at the end of this section. *Please print your own form!* These forms are only to be used for reporting incidents of potential liability; they are **NOT** intended for reporting property, boiler, or vehicle damage claims.

Directing this documentation to the Property/Casualty Insurance Department will also prevent these reports from being discoverable. Under current law in the State of Ohio, incident and/or accident reports are

privileged only when the reports are submitted by the insured to the insurer. This protection includes the submission of the reports to the insurance agent and then to the insurer. In this case, the agent would be considered the Diocesan Property/Casualty Insurance Officer. The reports become the property of the insurance company and are submitted to counsel to prepare an appropriate defense. The report falls under the protection of the attorney-client privilege. Any third party access to these documents will immediately remove the protection and discovery shall be permitted.

In order to protect the Diocese, its parishes, schools, institutions, program invitees, and affiliates from burdensome, overreaching discovery requests and to protect from discovery those documents which, under normal circumstances, are clearly privileged, it is imperative that all reports of incidents and/or accidents be submitted directly, without delay. Copies of reports or notices shall **NOT** be retained at any location or forwarded to any other office of the Diocese.

Vehicle Accident & Damage Reports

If an insured vehicle is involved in a collision and/or sustains physical damage, you must report the incident to the Diocesan Property/Casualty Insurance Claims Department within twenty-four hours of the occurrence. Vehicle claims may either be faxed at anytime to **(216) 861-0406** or phoned in to **(216) 696-6525, 1-800-869-6525, Extension 3400**, Mondays through Fridays, between 8:30 a.m. and 5:00 p.m.

Report any:

- collision in which you are clearly at fault;
- incident where there is bodily injury;
- accident where there are conflicting statements and uncertainty as to who is responsible; make no statements and allow the insurance adjuster to investigate the incident and determine liability;
- accident where the insured vehicle has been struck by an unknown, underinsured, or uninsured motorist;
- window glass damage, theft, or vandalism

It is **NOT** necessary to report:

- accidents where the other driver/owner is **clearly** at fault and possesses a current insurance policy to cover your vehicle's physical damage, injuries, rental car expense, etc.

The "**VEHICLE ACCIDENT & DAMAGE REPORT**" can be found at the end of this section. *Please print your own form!* It is ideal to place a few of these reproduced forms in each insured vehicle to facilitate obtaining all of the necessary details while at the scene of an accident before reporting the claim. If a fax machine is unavailable at your location, this form also serves as a practical outline of information that will be requested when you call by telephone.

Revised 07/09

**DIOCESE OF CLEVELAND
PROPERTY/CASUALTY INSURANCE DEPARTMENT**

1404 East Ninth Street, 8th Floor, Cleveland, Ohio 44114
 Phone: 216-696-6525, 800-869-6525, Ext. 3400
 Fax: 216-861-0406 Email: kpierce@dioceseofcleveland.org

CONFIDENTIAL INCIDENT REPORT

Directions: Complete this form and email, fax or mail it to the Property/Casualty Insurance Department within **24 hours** of the incident. Please **TYPE** or **PRINT** using **INK**. All information contained in this report is confidential and will be retained by the Property/Casualty Insurance Department. It is **NOT** an insurance claim form.

| LOCATION | | |
|---------------------------------------|----------------------------------|----------|
| Name of Parish, School or Institution | | |
| Street Address | | |
| City | County | Zip Code |
| Phone Number | Pastor, Principal, Administrator | |

| INCIDENT | | | | |
|--|------------------|--|--------------------------------------|------------------------------------|
| Date of Incident | Time of Incident | Type of Incident (Bodily Injury, Accident) | Property Damage, Vehicle | Authority Contacted (Police, Fire) |
| Location of Incident (include street names, geographical location, city, state) | | | Hospital/ Medical Center Where Taken | |
| Was any other accident form or statement filed pertaining to this incident? If so, please state to whom. | | | | |
| Witness Name, Address, Phone Number | | | | |
| Witness Name, Address, Phone Number | | | | |
| Description of Incident (use additional sheets if necessary) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| INJURED/OWNER | | | |
|---|--|-------------------|-------------------|
| Name | | Age | Sex |
| Home Street Address | | City, State, Zip | Home Phone Number |
| If Minor, Name of Parents or Guardian | | Employer | Work Phone Number |
| Describe Injury Sustained or Property Damaged | | | |
| | | | |
| Name of Person Submitting Report | | Position or Title | Report Date |

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VEHICLE ACCIDENT & DAMAGE REPORT

If you are involved in a collision and/or sustain damage to a vehicle covered under the DISC Master Insurance Program, you must report the incident within **24 hours** of the occurrence. The following outline will assist you in obtaining the required information to report a claim. Vehicle claims should be emailed, faxed or mailed to the Property/Casualty Insurance Department.

| INSURED LOCATION | | |
|---------------------------------------|----------------------------------|----------------------|
| Name of Parish, School or Institution | | DISC Location Number |
| Street Address | | |
| City | County | Zip Code |
| Phone Number | Pastor, Principal, Administrator | |

| OCCURRENCE | | | |
|---|--------------------|---------------------------|-------------------------------------|
| Date of Loss | Time of Occurrence | Authority Contacted | Violations/Citations Issued to Whom |
| Location of Incident (include street names, geographical location, city, state) | | | |
| Brief Description of Accident/Incident | | | |
| Name of Person(s) Injured in Insured's Vehicle | | Name & Address of Witness | Witness Phone Number |

| INSURED VEHICLE | | | | |
|----------------------|---|----------------------------|------------------------------------|------------------------|
| Year | Make | Model & Body Type | Vehicle Serial Number (17 digits) | |
| License Plate Number | Driver's Name (as it appears on driver's license) | | Driver's Address, City, State, Zip | |
| Daytime Phone Number | Driver's Date of Birth | Driver's License Number | Issuing State | Social Security Number |
| Describe Damage | | | | |
| Estimate Amount | | Where Can Vehicle Be Seen? | | |

| OTHER VEHICLE OR PROPERTY DAMAGED | | | |
|---|---------|---------------------------|-----------------------|
| Describe Property (if vehicle, year, make, model, license plate) | | Vehicle Insurance Company | Vehicle Policy Number |
| Owner's Name | Address | City, State, Zip | Home Phone Number |
| Driver's Name (if not owner) | Address | City, State, Zip | Work Phone Number |
| Describe Damage | | | |
| Name(s) of Person(s) Injured in Other Vehicle or Injured Pedestrian | | | |

| | | |
|----------------------------------|-------------------|-------------|
| Name of Person Submitting Report | Position or Title | Report Date |
|----------------------------------|-------------------|-------------|