***Including* ALLIANCE OF NONPROFITS FOR INSURANCE (ANI) & NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)**

[**www.insurancefornonprofits.org**](http://www.insurancefornonprofits.org/)

**Claims Reporting Procedure**

**REPORT CLAIMS IMMEDIATELY!**

There is no negative impact on your policy for reporting an incident. When in doubt – report it!

If you have any questions concerning whether to report an incident or claim, call your broker.

**HOW DO YOU KNOW WHEN AN INCIDENT REQUIRES A CLAIM TO BE REPORTED?**

1. There’s been an accident

2. Someone has been hurt

3. Property has been damaged

4. You think someone ought to know “just in case”

**IF YOU NEED TO REPORT A CLAIM:**

1. Complete the appropriate reporting form:

• Driver Accident Report Form – motor vehicle accident

• Incident Report Form – all other accidents

An original of these forms follows this page of your policy. Additional forms are available at our secure website: [www.insurancefornonprofits.org.](http://www.insurancefornonprofits.org/)

NOTE: Claims for North American Elite Property Insurance or NIAC Property Insurance do not require a separate form. Your insurance broker will send us an

ACORD claim form.

2. Tell your insurance broker to report the claim to our Claims Department by email at: newclaims@insurancefornonprofits.org

**EMERGENCY SITUATIONS**

If you need to report a claim during **non-business hours** and cannot reach your broker, call 1-866-718-1947. This number should **only** be used for true claims emergencies.

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[**www.insurancefornonprofits.org**](http://www.insurancefornonprofits.org/)

**Incident Report Form**

**CLAIMS REPORTING PROCEDURE**

If you have a question concerning whether to report an incident or claim, call your broker.

**NONPROFIT / INSURED** -- Complete all items to the best of your ability, sign and date page 2, and immediately give it to your supervisor.

**Supervisor --** Fax this Incident Report Form to your **insurance broker** immediately.

**Important:** Retain any equipment or furniture which caused or contributed to an injury until it can be inspected by an insurance representative.

**BROKER** -- Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

**General Information**

|  |  |
| --- | --- |
| Name of Nonprofit Organization | ANI/NIAC Policy Number |
| Name of Contact | Title |
| Nonprofit Address -- Street City State Zip |
| Business Phone # Ext.( ) | Business Fax #( ) | E-mail Address |

**Incident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident | Day of Week (circle one)Mon Tue Wed Thurs Fri Sat Sun | Time of IncidentAM / PM | Did the incident occur on organization’s premises?Yes No |
| Location of Incident (if possible, take pictures of the area with a digital or disposable camera) |
| Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in responseto the incident. Use the back of the sheet if more space is needed.) |
|  |

**Witness Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address | Daytime Phone | Email Address | DOB |
| **1.** |  |  |  |  |
|  |
| **2.** |  |  |  |  |
|  |

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**Claimant Information**

|  |  |  |
| --- | --- | --- |
| 1. Name of Injured Party | DOB | Employee Client Volunteer VisitorOther -- |
| Address -- Street City State Zip |
|  |
| Home Phone # Business Phone # Email Address( ) ( ) |
| Description of Injury (nature and extent of; please be specific): |
| Transported by AmbulanceYes No | Name and Phone # of Hospital or Doctor, if applicable |

**Observations of Nonprofit**

|  |  |  |
| --- | --- | --- |
| Claimant’s Attire/Description of Clothing (i.e., shorts, t-shirt) | Type of Shoes | Was Claimant carrying anything? (if yes, what) No Yes -- |
| Describe claimant’s demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.) |
|  |
|  |

**Claimant Information**

*(use the back of the form or attach an additional sheet of paper if needed)*

|  |  |  |
| --- | --- | --- |
| 2. Name of Injured Party | DOB | Employee Client Volunteer VisitorOther -- |
| Address -- Street | City | State | Zip |
| Home Phone # Business Phone # Email Address( ) ( ) |
| Description of Injury (nature and extent of; please be specific): |
| Transported by AmbulanceYes No | Name and Phone # of Hospital or Doctor, if applicable |

**Observations of Nonprofit**

|  |  |  |
| --- | --- | --- |
| Claimant’s Attire/Description of Clothing (i.e., shorts, t-shirt) | Type of Shoes | Was Claimant carrying anything? (if yes, what) No Yes -- |
| Describe claimant’s demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.) |
|  |
|  |

*(use the back of the form or attach an additional sheet of paper if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRINT NAME OF INDIVIDUAL COMPLETING THE FORM** |  | **SIGNATURE** |  | **DATE** |

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**Driver’s Collision Report Form**

**IN THE EVENT OF A COLLISION:**

**NONPROFIT / INSURED Driver --** Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

**Supervisor --** Fax this Driver’s Collision Report form to your **insurance broker** immediately.

**BROKER** Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

**Driver/Vehicle Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Driver (first and last) | Driver’s Age | Driver License No. | State |
| Driver’s Address -- Street City State Zip Telephone No.( ) |
| Name of Nonprofit / Employer | ANI/NIAC Policy Number |
| Nonprofit/Employer Contact Name | Contact Email Address |
| Nonprofit / Employer Address -- Street City State Zip Telephone No. |
| Make of Nonprofit’s Vehicle | Body Type | Year | License Plate # | V.I.N. (last four digits) |
| Damage to Nonprofit’s Vehicle: |

**Collision Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Collision | Day of Week (circle one)Mon Tue Wed Thurs Fri Sat Sun | Time of CollisionAM / PM | Location - Street or Highway & City |
| On what street were you driving? | Direction (circle one)N S E W | Speed (approximate) |
| On what street was other vehicle driving? | Direction (circle one)N S E W | Speed (approximate) |
| Police Report?Yes No | If yes, name of reporting officer | Agency | Citation/Report # |
| Witness #1 Name (first and last) | Telephone No.( ) | Email Address |
| Witness #2 Name (first and last) | Telephone No.( ) | Email Address |

Description of Collision (include weather and road conditions):

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the collision)

**Passenger(s) in Your Vehicle** *(attached additional pages if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (first and last) | Telephone No.( ) | Email Address | Age | Injuries?Yes No |
| Name | Telephone No.( ) | Email Address | Age | Injuries?Yes No |
| Name | Telephone No.( ) | Email Address | Age | Injuries?Yes No |
| Ambulance called to scene?Yes No | Name of doctor or hospital |

**Other Vehicle Involved**

|  |  |  |
| --- | --- | --- |
| Name of Driver (first and last) | Driver License No. | State |
| Address - Street | City/State/Zip | Telephone No.( ) | Email Address |
| Name of Vehicle Owner (if different than above) | Telephone No.( ) | Email Address |
| Name of Insurance Company | Policy # | Telephone No.( ) |
| Year/Make of Vehicle | Body Type | License Plate No. | State |
| Damage to Vehicle: |
| Passenger’s Name (first and last) | Telephone No.( ) | Email Address | Age | Injuries?Yes No |
| Passenger’s Name (first and last) | Telephone No.( ) | Email Address | Age | Injuries?Yes No |

**Other Vehicle Involved** *(if an )*

|  |  |  |
| --- | --- | --- |
| Name of Driver (first and last) | Driver License No. | State |
| Address - Street | City/State/Zip | Telephone No.( ) | Email Address |
| Name of Vehicle Owner (if different than above) | Telephone No.( ) | Email Address |
| Name of Insurance Company | Policy # | Telephone No.( ) |
| Year/Make of Vehicle | Body Type | License Plate No. | State |
| Damage to Vehicle: |
| Passenger’s Name (first and last) | Telephone No.( ) | Email Address | Age | Injuries?Yes No |
| Passenger’s Name (first and last) | Telephone No.( ) | Email Address | Age | Injuries?Yes No |

**On the diagrams below, please draw the collision. Legend: N**

(Be sure to include any stop signs or traffic signals.) V 1 X Your Vehicle Å

V 2 X Other Vehicle **W** Ã Ä **E**

V 3 X Other Vehicle (if any) Æ

**S**

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 **ű Ų**

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**On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.**

**back** ------------ **VAN** ------------ **front back** ------------ **AUTO** ----------- **front**

**SIGNATURE OF DRIVER DATE**

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