

CLAIMS PROCEDURES AMERICAN BANKERS

EMERGENCY AFTER HOURS HOTLINE: 800-245-1505

1. FILL OUT THE ACCORD CLAIMS FORM NEEDED DEPENDING ON THE TYPE OF LOSS
2. FAX THE ACCORD CLAIMS FORM TO THE CLAIMS OFFICE 800-224-4170
3. FAX A COPY TO MORGA & MEDLIN 916-663-5634



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM
	CARRIER	PM	
	POLICY NUMBER		NAIC CODE
CONTACT NAME:			
PHONE (A/C, No, Ext):			
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

INSURED

NAME OF INSURED (First, Middle, Last)		INSURED'S MAILING ADDRESS	
DATE OF BIRTH	FEIN (if applicable)		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	

CONTACT

NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	

OCCURRENCE

LOCATION OF OCCURRENCE	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF OCCURRENCE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	

TYPE OF LIABILITY

PREMISES: INSURED IS	OWNER	TENANT				TYPE OF PREMISES	
OWNER'S NAME & ADDRESS (If not insured)						PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
						PRIMARY E-MAIL ADDRESS:	
						SECONDARY E-MAIL ADDRESS:	
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR				TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)						PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
						PRIMARY E-MAIL ADDRESS:	
						SECONDARY E-MAIL ADDRESS:	
WHERE CAN PRODUCT BE SEEN?							

INJURED / PROPERTY DAMAGED

AGENCY CUSTOMER ID: _____

NAME & ADDRESS (Injured/Owner)			EMPLOYER'S NAME & ADDRESS		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:			PRIMARY E-MAIL ADDRESS:		
SECONDARY E-MAIL ADDRESS:			SECONDARY E-MAIL ADDRESS:		
AGE	SEX	OCCUPATION			
WHERE TAKEN			WHAT WAS INJURED DOING?		
DESCRIBE PROPERTY (Type, model, etc.)			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REPORTED BY	REPORTED TO
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PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM
			PM
PROPERTY / HOME POLICY			
CARRIER			NAIC CODE
CONTACT NAME:	POLICY NUMBER		
PHONE (A/C, No, Ext):			
FAX (A/C, No):			
E-MAIL ADDRESS:	FLOOD POLICY		
CODE:	SUBCODE:	CARRIER	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER	
WIND POLICY			
CARRIER			NAIC CODE
POLICY NUMBER			

INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

CONTACT

CONTACT INSURED					
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL				
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

LOSS

LOCATION OF LOSS				POLICE OR FIRE DEPARTMENT CONTACTED	
STREET:					
CITY, STATE, ZIP:				REPORT NUMBER	
COUNTRY:					
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:					
KIND OF LOSS	<input type="checkbox"/> FIRE	<input type="checkbox"/> LIGHTNING	<input type="checkbox"/> FLOOD	<input type="checkbox"/>	PROBABLE AMOUNT ENTIRE LOSS
	<input type="checkbox"/> THEFT	<input type="checkbox"/> HAIL	<input type="checkbox"/> WIND		
DESCRIPTION OF LOSS & DAMAGE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
REPORTED BY			REPORTED TO		