

NEW CLAIM REPORTING PROCEDURES EFFECTIVE 7/1/2015

In an effort to process claims more effectively, Catholic Mutual will now take claims directly. We no longer need to go through Todd Evert at Willis. This change is effective July 1, 2015.

Below are several options for reporting claims to Catholic Mutual.

- 1) **Use the toll free number 1-800-228-6108 and ask for Katie Cox at ext. 2456.**

Katie will take all information over the phone, set up a claim and assign a claim number. If she is unavailable, claims can be reported directly to Kathy Mussman at 1-800-228-6108 ext. 2457.

- 2) **Use email to report losses to Katie Cox at kcox@catholicmutual.org with a cc: to Kathy Mussman at kmussman@catholicmutual.org.**
- 3) **Fax the loss notice to Catholic Mutual at 402-551-2943.**
- 4) **Use Catholic Mutual's website at www.catholicmutual.org.**

Once on the Home page, click on Member Login. **The user ID is 0035col and the password is service.** You will be directed to another page then click on Report a Claim. You will choose from the 3 claim forms listed there (property, liability (accident for non-employees), or Diocesan owned vehicle losses).

Fill out as much information as you can on the loss notice and print it for your records. When done, click on Submit and your form will go directly to Catholic Mutual.

If the claim is severe and needs attention immediately, please call the toll free number above. That will ensure that Catholic Mutual can address the situation immediately and assign an independent adjuster without delay.

If your claim occurs after hours, please be assured that adjusters are available. **The phone is monitored after close of business and on the weekends giving 24/7 coverage. You only need to call 1-800-228-6108 and follow the after hour prompts.**

REPORT OF PROPERTY DAMAGE

* = Required Field

MEMBER NAME _____

* PARISH/SCHOOL _____

* ADDRESS _____

* CITY _____ * ZIP _____

* PHONE NUMBER _____ PARISH EMAIL _____

* PERSON REPORTING _____

DATE FORM COMPLETED (MM/DD/YYYY) _____

* DATE OF INCIDENT (MM/DD/YYYY) _____

LOCATION OF DAMAGE _____

WERE PHOTOGRAPHS TAKEN? _____

(Please take photos for damage in excess of \$5,000)

DESCRIBE INCIDENT

GIVE POLICE REPORT NUMBER _____

(If vandalism or theft, police must be notified.)

DESCRIBE BUILDING AND/OR CONTENTS DAMAGE

Print Form

Submit Form

SPECIAL INSTRUCTIONS

- ***MEMBERS SHOULD PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.***
- ***TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS, UNLESS PRIOR APPROVAL IS OBTAINED FROM CATHOLIC MUTUAL.***
- ***SEND COMPLETED FORM TO KCOX@CATHOLICMUTUAL.ORG AND SMKNOLL@CATHOLICMUTUAL.ORG OR FAX IT TO 402-551-2943.***

ACCIDENT REPORT

(For Non-Employees)

* = Required Field

MEMBER NAME

* PARISH/SCHOOL

* ADDRESS

* CITY * ZIP

* PHONE NUMBER PARISH EMAIL

* PERSON REPORTING

DATE FORM COMPLETED (MM/DD/YYYY)

* DATE OF ACCIDENT (MM/DD/YYYY) TIME OF ACCIDENT (10 00 A.M.)

WHERE ACCIDENT OCCURRED

WERE PHOTOGRAPHS TAKEN?

DESCRIBE ACCIDENT

PARTY INVOLVED-NAME STUDENT?

IF STUDENT, PARENT NAME(S)

ADDRESS

CITY ZIP

PHONE NUMBER WORK NUMBER

DOB (MM/DD/YYYY) SS#

INJURY/DAMAGE

TRANSPORTED BY AMBULANCE?

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER)

COMMENTS

Print Form

Submit Form

Policy#: _____
Expiration Date: _____

AUTOMOBILE LOSS NOTICE

*Required Field

*MEMBER/NAME AND ADDRESS: _____

PHONE: _____

*DATE AND TIME OF LOSS: _____

*LOCATION OF LOSS: _____
(INCLUDE CITY/STATE)

*FACTS OF THE ACCIDENT: _____

AUTHORITY CONTACTED: _____ REPT #: _____

YOUR VEHICLE: YEAR _____ MAKE _____ * VIN#: _____

DRIVER _____ PHONE #: _____

DRIVERS RELATIONSHIP TO INSURED: _____

WAS DRIVER WORKING AT TIME OF LOSS: _____

DESCRIBE DAMAGE TO ASSURED VEHICLE: _____

WHERE CAN VEHICLE BE SEEN: _____

OWNER OF THE OTHER VEHICLE OR PROPERTY: _____
(INCLUDE NAME/ADDRESS/PHONE)

DRIVER OF OTHER VEHICLE: _____

DRIVER OF OTHER VEHICLE INSURANCE COMPANY: _____

WHAT TYPE OF VEHICLE IS IT: _____

DESCRIBE DAMAGE TO OTHER VEHICLE: _____

INJURIES: _____

WITNESSES/PASSENGERS: _____

*REPORTED BY: _____

* PHONE#: _____

*DATE: _____

Print Form

Submit Form