

HOW TO FILE AN INSURANCE CLAIM

Reporting a Claim as a Foursquare Church, School, Camp or District

Filing an insurance claim can be stressful, but we have arranged for claims administrators to help you 24 hours a day, 7 days a week. The following information will let you know who to contact and what information you will need to provide when filing a claim under your property, commercial general liability, auto liability, auto physical damage, workers' compensation, activities and crime insurance.

Property Insurance

To report a claim under your property insurance you have the option to email or call Gallagher Bassett directly. For emailing, please fill out the form on the next page. Then scan it and email it to tnwclaims@tnwinc.com.

To report your loss directly, call **844.297.0850**. Gallagher Bassett will take your calls 24 hours a day, 7 days a week.

Whether you call or email, you will be asked to provide the following information regarding your property claim:

- Foursquare Client number: **005053**
- Church legal name (not the slogan name)
- Church code number
- Date, time and location of the incident
- Extent of damages
- Approximate dollar amount of the damages
- Peril causing the damage (wind, hail, etc.)

For claims involving a theft, you will also need a list of items taken, with make, model and price. You will also need to secure a police report.

**HOW TO FILE
AN INSURANCE CLAIM**

FOURSQUARE PROPERTY LOSS NOTICE

Email claim Form to: tnwclaims@tnwinc.com

Today's Date _____ Date of Loss _____

Legal Church Name: _____

Church Code: _____

Client Number: 005053

Insured (Church, School, Camp):

Insured's Mailing Address:

E-Mail Address: _____

Contact

Name of Contact (First, Middle, Last) _____

Contact's Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail Address: _____

Loss Location

Name / Type of Building: _____

Location of Street: _____

City, State, Zip: _____

Police or Fire Department Contacted: _____

Report Number: _____ Probable Amount of Entire Loss: _____

Type of Loss: Fire Theft/Vandalism Lightning Hail

Water Wind _____ Other (specify)

Description of Loss: _____

HOW TO FILE AN INSURANCE CLAIM

Commercial General Liability Insurance

To report a claim under your commercial general liability insurance please call the claims administrator Gallagher Bassett 24 hours a day, 7 days a week at **844.297.0850**.

You will be asked to provide the following information regarding your commercial general liability claim:

- Foursquare Client Number: **005053**
- Church legal name (not the slogan name)
- Church code number
- Date, time and location of the incident
- Extent of damages
- Name and address of any authorities contacted
- Name and address of any witnesses
- Name and address of any attorneys involved

A general liability claim will sometimes involve litigation (summons and complaint, etc.). If this is the case, it is imperative that you contact the Foursquare corporate legal counsel at **213.989.4210** immediately for additional instructions.

Additionally, for any allegations, claims or accusations of sexual misconduct, please contact the Foursquare corporate legal counsel immediately. The policy covering these situations prohibits the local Foursquare church, school, etc., handling this matter on their own.

HOW TO FILE AN INSURANCE CLAIM

Commercial Vehicle Insurance

> Auto Physical Damage and Liability Claims

To report a claim under your auto liability insurance, please call our auto liability claims administrator, Gallagher Bassett 24 hours a day, 7 days a week at **844-297-0850** or email tnwclaims@tnwinc.com.

You will be asked to provide the following information regarding your commercial vehicle claim:

- Foursquare Client Number: **005053**
- Church legal name (not the slogan name)
- Church code number
- Date, time and location of the incident
- Authorities contacted
- Year, make and model of the church vehicle involved
- Name of the driver
- Extent of the damages to the church vehicle
- Other pertinent details such as who was at fault, how the accident occurred, injuries and/or fatalities
- If another vehicle was involved, you will be asked the name of the driver and owner, year, make, model of that vehicle, insurance data and extent of damages.
- You may be asked to secure a police report and repair estimate for your vehicle; the adjuster will advise if this is the case.

HOW TO FILE AN INSURANCE CLAIM

FOURSQUARE VEHICLE LOSS NOTICE

Email claim Form to: tnwclaims@tnwinc.com

Today's Date _____ Date of Loss _____ Time of Incident _____

Legal Church Name: _____

Church Code: _____

Client Number: 005053

Insured (Church, School, Camp):

Insured's Mailing Address:

E-Mail Address: _____

Contact

Name of Contact (First, Middle, Last) _____

Contact's Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail Address: _____

Loss Incident Information

Location of Street: _____

City, State, Zip: _____

Police or Fire Department Contacted: _____

Report Number: _____ Estimated Damage: _____

Description of Loss: _____

Insured Driver Name: _____ DOB: _____

Address: _____ Email: _____

Phone: _____

Insured Vehicle/Rental Information:

Make _____ Model _____ Color _____ Lic Plate _____

State _____ Vin # _____

Company Name: _____

Contact Name: _____ Phone: _____ Address: _____

HOW TO FILE AN INSURANCE CLAIM

Workers' Compensation Insurance

To report a claim under your workers' compensation insurance please call the administrator, Gallagher Bassett 24 hours a day, 7 days a week at **844. 297.0850**.

It is imperative that all workers' compensation claims be reported immediately. Delays in reporting can subject the church/school to fines and penalties imposed by their respective states.

You will be asked to provide the following information regarding your workers' compensation claim:

- Foursquare Client Number: **005053**
- Church legal name (not the slogan name)
- Church code number
- Name, address and phone number of the injured worker
- Social Security number of the injured worker
- Age, gender, marital status and number of dependents
- Date of hire; length of time in current position
- Current wage information
- When/where and how the injury occurred
- Date the injury was reported to you
- Type of injury
- Body part(s) injured
- Name of any witnesses
- Name and address of physician and/or hospital
- Estimated amount of time employee will lose due to injury
- Any reason(s) to question this injury

HOW TO FILE AN INSURANCE CLAIM

Foursquare Worker Compensation Loss Notice

Email claim form to: tnwclaims@tnwinc.com

Legal Church/School/Camp Name _____ Today's Date _____
Church Code _____ Fein # _____ Client Number 005053

Employee Information

Employee Name (First/Last): _____
Street Address: _____ City: _____ State: _____
Work Phone: _____ Ext. _____
Cell Phone: _____
Email: _____
SSN: _____ DOB: _____
Marital Status: Married/Single/Divorced: _____
Spouse's Name: _____
Number of Dependents: _____

Employment

Occupation: _____
Date of Hire: _____
Date Terminated (if applicable): _____
Employment Status (Full Time/Part-Time): _____
Wages/Hourly Rate and # of hours per week: _____

Supervisor Information

Name of Supervisor/Manager: _____
Work Phone: _____ Ext. _____
Email: _____

Incident Information

Exact Date of Injury: _____
Exact Time of Injury: _____
Exact Location or site where injury occurred: _____
Specific Description of Injury: _____
Injured Body Parts: _____
Witnesses: Y _____ N _____
Name (First/Last): _____
Phone: _____
Employer Notified: _____ Date: _____ Time: _____

Medical Provider

Was treatment sought? Y _____ N _____
Hospital/Clinic Name where treatment was sought: _____
Address: _____ City: _____ State: _____
Phone: _____ Ext. _____
Doctor's Name: _____

Lost Time

Date last worked: _____
Return to Work Date: _____

HOW TO FILE AN INSURANCE CLAIM

Activities Insurance

To report a claim under your activities insurance, download the ARCH Insurance Claim Form located in the Policy Notebook, available at foursquare.org/insurance. Mail the completed form and any billing that has been received to the address at the top of the claim form.

The claim must be reported and medical treatment started within 90 days of the incident. There is a deductible of \$250, which is the responsibility of the injured party. The carrier will advise where, when and to whom this is payable.

If you have any questions, call the Foursquare Insurance Services Department at **888.635.4234**, or e-mail us at insurance@foursquare.org

Crime Insurance

To report a claim under your crime insurance coverage, please call the Foursquare Insurance Services Department at **888.635.4234**, or e-mail us at insurance@foursquare.org.

Foursquare Insurance should be notified immediately after the occurrence of the incident that gives rise to the claim, but must be submitted no later than four months after the incident date. If an employee causing the loss is terminated, the report to Foursquare Insurance must be made within thirty days of the termination.

Employee theft and dishonesty claims occurring over a period of time (eight months, for example) will be processed as one claim with one date of loss and one deductible.

You will be asked to provide the following information:

- **Sworn Proof of Loss Statement.** The adjuster handling the claim will assist you with this.
- **Police Report.** A report of the incident must be made to the local law enforcement authorities in order for coverage to be valid.
- **Independent Audit.** An audit of church financial records performed by an outside accounting firm to establish the value of the claim is required. The expenses of the audit are the sole responsibility of the church.