

# THE FOURSQUARE CHURCH

## 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](mailto:tnwclaims@tnwinc.com).

To report your loss directly, call 833.813.5580, Option 3. 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.

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**FOURSQUARE PROPERTY LOSS NOTICE**  
Email claim Form to: [tnwclaims@tnwinc.com](mailto: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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### **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 833.813.5580, Option 3. 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.

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### 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 833-813-5580, Option 3 or email [tnwclaims@tnwinc.com](mailto: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.

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**FOURSQUARE VEHICLE LOSS NOTICE**  
Email claim Form to: [tnwclaims@tnwinc.com](mailto: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: \_\_\_\_\_

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### 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 833.813.5580, Option 3. 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

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### Foursquare Worker Compensation Loss Notice

Email claim form to: [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com)

Legal Church/School/Camp Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Church Code \_\_\_\_\_ Fein # \_\_\_\_\_ Client Number 00505

#### **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: \_\_\_\_\_

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### **Activities Insurance**

To report a claim under your activities insurance, download the ARCH Insurance Claim Form located in the Policy Notebook, available at [www.foursquare.org/insurance#Forms](http://www.foursquare.org/insurance#Forms). 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, Ext. 4403 or e-mail us at [insurance@foursquare.org](mailto: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, Ext. 4403 or e-mail us at [insurance@foursquare.org](mailto: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.