

## 2017-18 CLAIMS KIT Package Insurance



If you have any questions about Gallagher's InCONTROL Program, your coverage or if there's anything we can assist you with, please let us know.

[bsd.McDLossPrevention@ajg.com](mailto:bsd.McDLossPrevention@ajg.com) | 727-796-6150



Arthur J. Gallagher Risk Management Services, Inc. has placed your General Liability & Commercial Property Coverage with First Specialty Insurance Corporation for your franchise effective 3/1/17. Gallagher Bassett Services, Inc. is the claims administrator for the General Liability. First Specialty adjusts their own Property claims.

Any notice of a claim or incident involving possible liability or first party property damage/crime should be reported immediately to the McDonald's Claim Reporting line.

**TO REPORT A CUSTOMER ACCIDENT OR INJURY, A  
PROPERTY/CRIME CLAIM PLEASE IMMEDIATELY  
CALL:**

**1-800-323-5650**

An adjuster will be in touch with you within 24 hours.

**If you have placed your EPLI and Cyber coverages through the MOOIC sponsored programs your claims filing and resource contact information are below and forms are attached.**

**EPLI Claims Filing**

Fax: (404) 231-3755  
Email: [reportclaims@rsui.com](mailto:reportclaims@rsui.com)

**Employment Law Helpline:**

1-877-376-4100  
*Utilizing LaPointe Law prior to  
employment related decisions could  
reduce your retention by 50%!*

**Cyber Protection Claims Filing**

Fax: (646) 378-4039  
Email: [bbr.claims@beazley.com](mailto:bbr.claims@beazley.com)  
Phone: (866) 567-8570

Prompt reporting of claims can save significant claims dollars.

# CUSTOMER INCIDENT REPORTING FORM

## Arthur J. Gallagher Risk Management Services, Inc.

1. Complete this form when the incident is reports to you, or discovered.
2. After completion, phone the report in to The Network, Inc. at **1-800-323-5650**  
24 hours a day, 7 days a week.

**\*\* PLEASE DO NOT FAX UNLESS ADVISED BY CLAIMS ADJUSTOR \*\***

**COMPLETE THIS SECTION FOR ALL INCIDENTS!** Verification Number \_\_\_\_\_

Date called into The Network, Inc. \_\_\_\_\_ National Store # \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Store Address: \_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_ Title: \_\_\_\_\_

Managers on duty at time of incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ A.M.  P.M.

Reported to Police? YES  NO  Report #: \_\_\_\_\_

### 1. CUSTOMER INCIDENT PROFILE – Complete for all customer incidents

Customer Name: \_\_\_\_\_ Sex: Male  Female

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Child, what age? \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Location of Incident \_\_\_\_\_ Drive Thru?  In-Store?  Carry-Out?

### 2. NOTES – Description of the accident

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

### 3. WITNESSES – Complete for all Customer Incidents

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any videos? YES  NO  If YES, please retain and send to your claims adjuster.

## 4. ALLEGED FOREIGN OBJECT/INJURY FROM FOREIGN OBJECT

If an alleged foreign object is involved, secure as evidence; do not throw away. You will get a call from an insurance representative.

In what product was the object found? \_\_\_\_\_

Describe the object found: \_\_\_\_\_

Where is the object/product now? \_\_\_\_\_

Name of vendor or product \_\_\_\_\_ (Secure product dates and codes)

Describe the injury (if any): \_\_\_\_\_

Did the customer go to a doctor/hospital? YES  NO  If so, Who/Where? \_\_\_\_\_

## 5. ALLEGED ILLNESS

What time was the food eaten? \_\_\_\_\_ A.M.  P.M.

Which products were eaten? \_\_\_\_\_

Where was the food eaten? Restaurant  Home  Other  \_\_\_\_\_

Where is the product now? \_\_\_\_\_

What date and time did symptoms first appear? \_\_\_\_\_ Time: \_\_\_\_\_ A.M.  P.M.

Describe the symptoms: \_\_\_\_\_

Did you go to a doctor/hospital? YES  NO  If so, Who/Where? \_\_\_\_\_

## 6. CUSTOMER PROPERTY DAMAGE

What property was damaged? \_\_\_\_\_

Why do they feel we were responsible? \_\_\_\_\_

Value of property: \$ \_\_\_\_\_

If Auto, insurance carrier for vehicle: \_\_\_\_\_

# PROPERTY/CRIME REPORTING FORM

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24 hours a day, 7 days a week.

**COMPLETE THIS SECTION FOR ALL INCIDENTS!** Claim Number \_\_\_\_\_

Date called into The Network, Inc. \_\_\_\_\_ National Store # \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Store Address: \_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_ Title: \_\_\_\_\_

Managers on duty at time of incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ A.M.  P.M.

Reported to Police? YES  NO  Report #: \_\_\_\_\_

## McDonald's Property Damage/Crime/Business Interruption

Description of Incident:

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

If Business Interruption: Hours closed: from \_\_\_\_\_ to \_\_\_\_\_. Why Closed? \_\_\_\_\_

If customer is responsible:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## WITNESSES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FIRE LOSSES

Where did the fire occur? \_\_\_\_\_  
\_\_\_\_\_

Was the fire appliance related and, if so, had recent maintenance or repair of the appliance been performed? If so, what, when and by whom? \_\_\_\_\_  
\_\_\_\_\_

Did the store sustain any building structural damage? \_\_\_\_\_  
\_\_\_\_\_

Did the fire extinguishing system go off? \_\_\_\_\_

Did the fire Department respond? YES  NO  If so, please include their report # \_\_\_\_\_

## DAMAGE BY CUSTOMER AUTOMOBILE

If damage is done by a customer's automobile:

Driver's Name: \_\_\_\_\_

Driver's address as shown on his/her license or I.D. \_\_\_\_\_

Home and work phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

VIN Number: \_\_\_\_\_ Year/Make/Model of Vehicle: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_ Tag Number (photo of tag if possible): \_\_\_\_\_

Owner's name, if different than driver: \_\_\_\_\_

Copy of driver's insurance card.

If you are unable to make a copy of the driver's insurance card, then the insurance carrier, their policy number and its expiration date must be identified. If they can show no proof of insurance, law enforcement should be called immediately and the driver detained.

If loss involves rental trucks (such as Ryder, U-Haul and/or Penske), a copy of the lease agreement should be made and submitted with photos of the damages, the police report number and at least two repair estimates.

# Customer Accident Form

( *TO BE COMPLETED BY INJURED PARTY* )

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

3. Phone Number \_\_\_\_\_

4. Social Security # \_\_\_\_\_

5. Date of Birth \_\_\_\_\_

6. Date of Accident \_\_\_\_\_

7. Describe the incident in your own words: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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*Please return this form to the manager on duty*