

Claims Reporting Reference Guide

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Gallagher

Insurance | Risk Management | Consulting

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Disclaimer:

*Gallagher provides risk services consultation that is tailored to our clients' particular loss history, industry risk factors, and insurance program structure. Our services, summaries and recommendations can include claim advocacy, evaluation of loss frequency and severity, loss prevention strategy, sufficiency of self-insured retentions, risk transfer options, identification of risk exposures, and insurance coverage for particular claims. Our work can also include collaboration with carriers, our client's legal counsel, loss prevention or actuarial consultants. We emphasize that any of the above risk services, risk management opinions, and advice provided directly to clients or to clients' third-party vendors, is both confidential and intended for our clients' use and not for distribution. We also only offer the advice from an insurance/risk management perspective and it is **NOT** legal advice or intended to supplant the advice or services provided to clients from legal counsel and advisors. We recommend that our clients seek advice from legal counsel and third-party professionals to become fully apprised of all legal and financial implications to their businesses.*

Many factors affect coverage of claims. While appropriate notice to insurers is mandatory, notice does not guarantee coverage, which is governed by the terms and conditions of the relevant policy or policies. Nothing in this summary supersedes your policy language, which must be consulted to determine coverage. Gallagher does not monitor the erosion of policy limits. In addition, insurers may change their contact information without notice.

Coverages

Workers' Compensation

DEFINITION:

- Provides medical treatment and wage replacement coverage for on-the-job injuries or work-related injuries or illness.

WHAT TO DO:

- Immediately report the claim to the insurance carrier/TPA and notify the excess carrier if necessary.
- Be sure to complete an Employer's First Notice of Injury.
- Direct the injured worker to an approved medical facility, each location should have a list of approved or preferred providers.
- Investigate the accident internally, interview employee, witnesses, gather all facts and take photographs.
- If you have an employee involved in a vehicle accident while on the job and there is vehicle damage, be sure to file an Auto Liability claim as well.
- Correct hazards immediately.
- Some types of serious injuries may also require notice to OSHA. Utilize modified / light-duty whenever possible; the best option is to keep the employee at work or limit time off.
- Maintain contact with injured worker and the claims adjuster until the employee is back to full capacity.
- Medical bills and medical reports should be mailed directly to your carrier/TPA. Be sure to include the claim number, employee name and date of injury on your communication.
- Should you have a problem with any claim, unpaid bills or delay in disability payments, call your adjuster for assistance.

Automobile Liability

DEFINITIONS:

Automobile Liability

Coverage in the event of bodily injury or property damage arising out of the ownership, maintenance or use of an insured automobile.

Auto Physical Damage

Coverage in the event an insured's owned automobile is damaged, destroyed, or lost through fire, theft, vandalism, malicious mischief, collision, or windstorm.

Hired Automobile Liability

Coverage for liability to others for property damage or bodily injury caused by autos which are leased, hired, rented or borrowed for use in the named insured's business. This includes things like pool cars, leased vehicles and rental cars.

Nonowned Automobile Liability

Coverage for liability to others for property damage or bodily injury caused by autos owned by the insured's employees, when in use for the named insured's business.

Underinsured/Uninsured Motorist

Provides coverage for bodily injury (and in some states property damage) when an accident is caused by a motorist who is not sufficiently insured or does not have insurance.

WHAT TO DO:

- Immediately report the claim to the insurance carrier / TPA and notify the excess carrier if necessary.
- Do not discuss the accident with the other party nor admit fault for an accident.
- Advise anyone involved that you will report the accident to your insurance carrier.
- Determine if there are injuries and if necessary, seek medical attention.
- If possible, photograph damage to any vehicles involved.
- Immediately contact the local authorities and file a police report; be sure to document the report number. If possible, obtain a copy of the report.
- Obtain information from the adverse party; name, address, home and work phone numbers and e-mail.
- Obtain information on all witnesses; names, address, home and work phone numbers and e-mail.
- Report all collected information to your immediate supervisor.
- Remember that insurance companies require an opportunity to examine the damaged vehicle. Do not authorize repairs or dispose of a vehicle without first contacting the adjuster handling your claim.
- If you have an employee involved in a vehicle accident while on the job and they are injured, be sure to file a Workers' Compensation claim, as well.

General Liability

DEFINITION:

Provides defense and indemnity on covered claims for legal liability to others arising from bodily injury, property damage, personal injury, and advertising injury. This generally covers two types of exposure: premises operations – where a customer or other non-employee is injured on your property such as a slip and fall and products liability, where something you manufacture, sell or distribute causes injury, illness or damage.

WHAT TO DO:

- Immediately report the bodily injury or damage to property of others to the insurance carrier and notify the excess carrier if necessary.
- Determine if there are injuries and if necessary, seek medical attention.
- Take photos and inspect the area noting any conditions that may be pertinent to the accident. Preserve any video or surveillance footage that might be available.
- Preserve and maintain any item involved in the incident, such as a piece of equipment or property.
- Obtain information from the claimant party; name, address, home and work phone numbers and e-mail.
- Obtain information on all witnesses; names, address, home and work phone numbers, and e-mail.
- If needed, file and obtain a police report.
- Do not admit fault or make any promises to pay or compensate an injured party.
- Do not discuss the claim with any other insurance carrier; refer them to your adjuster.
- Do not assume responsibility for any medical bills or property damage.

Property

DEFINITION:

Coverage to protect the insured's buildings, property and contents from covered loss perils.

WHAT TO DO:

- Immediately report the claim to the insurance carrier and notify the excess carrier if necessary.
- Whenever possible, take pictures of damaged area before starting temporary repairs.
- Make necessary repairs, as needed, to protect the property from further damage.
- Retain damaged property for inspection by insurance company adjuster.
- Keep area safe after a loss.
- Obtain detailed repair estimates and provide them to the carrier.
- If needed, file and obtain a police report.

Boiler, Machinery & Equipment Breakdown

DEFINITION:

Coverage for loss caused by mechanical or electrical equipment breakdown, including damage to the equipment, damage to other property of the insured and damage to property of others.

WHAT TO DO:

- Immediately report the claim to the insurance carrier and notify the excess carrier if necessary.
- Whenever possible, take pictures of damaged area before starting temporary repairs.
- Make necessary repairs, as needed, to protect the property from further damage.
- Retain damaged property for inspection by insurance company adjuster.
- Obtain detailed estimates for repairs.
- Obtain expert reports (i.e., engineer, cause and origin, metallurgy, etc.)

Professional Liability/Errors and Omissions Coverage

DEFINITION:

Insurance that provides coverage for an entity and its professionals for the services that they provide. Coverage is provided for any actual or alleged negligence and failure to provide or perform professional services. Policies specifically define and list services that are covered on the policy making each form unique.

WHAT TO DO:

- Each policy defines "Claim." Please review the definition of "Claim" in context with the reporting requirements.
- Each carrier's policy can vary on the time requirements so we recommend that claims be reported immediately. If you have a claim and do not immediately notify the carrier, there is a potential that coverage will not be provided.
- Do not offer to settle a claim or hire an attorney without the carrier's prior consent. Do not offer to compromise or settle any claim or demand without the carrier's prior agreement, or you will risk losing coverage. Do not engage in 'ballpark' settlement discussions without the carrier's involvement.

DUTY TO DEFEND POLICY:

If your policy is a duty to defend policy, the carrier has the right to hire an attorney(s) to defend the claim. If you hire your own attorney, you may jeopardize coverage, and the carrier may replace your chosen attorney in order for legal fees to be covered. If you hired an attorney without carrier consent, your legal bills could also be denied.

Cyber Insurance

DEFINITION:

Generally, Cyber insurance provides reimbursement or payment of the insured's own costs associated with an event covered by the policy. Typically, this event can be a breach, a hacking, or a ransomware situation. Cyber coverage also responds to liability claims made against the insureds in connection with a privacy breach event.

BREACH RESPONSE NOTIFICATION REQUIREMENTS

At the time of a breach, the following steps should be taken to properly position your organization to respond to a breach as well as to ensure that insurance will apply:

- Report the matter to the insurance carrier. Do not engage any vendor or professional (see below) without obtaining the express consent of the adjuster. Failure to use insurer-approved vendors can result in the claim not being covered.
- Contact your approved breach response attorney immediately to establish attorney/client privilege and to begin the process of investigating the incident.
- The breach response attorney will work with you to ensure all potentially relevant information and documentation is preserved and protected from destruction.
- Retain an approved forensic investigator with the guidance of the breach response attorney.
- The breach response attorney will engage the forensic investigator on behalf of your company to protect the exchange of information under attorney/client privilege.
- Notify your insurance broker. The notice should include all facts available at the time of the notice.
- Many insurance companies have a 24-hour cyber breach hotline that will allow for immediate direct interaction with the insurance company, which is especially important if prior approval is required before engaging a breach attorney and forensics investigator.

INITIAL COVERAGE EVALUATION

- Expect to receive an initial acknowledgement of the claim from the cyber insurance company.
- Generally, within 30 days or soon thereafter, a formal claim evaluation will be provided by the insurance company determining if coverage is available for the claim.
- The insurance company will follow up, as needed, for additional information about the breach.
- The insurance company will provide confirmation of the approved service providers (if any) and the scope of services.

POST-BREACH LITIGATION

- A breach often leads to litigation brought by the parties impacted by the breach.
- If litigation results from a breach, it is important that a comprehensive breach response plan has put your organization in a defensible position.
- Choose qualified defense counsel pre-approved or allowed by your insurance company. Interview several firms and choose two to three qualified firms in order of priority should a conflict exist. The breach response attorney may also serve as defense counsel with carrier approval.
- It is essential that proper measures are taken before litigation to ensure that potentially relevant information and documentation is preserved and protected from destruction.

Please keep your Gallagher advisor updated about the status of any breaches or claims.

Employment Practices Liability

DEFINITION:

Employment Practices Liability insurance protects the insured's balance sheet by covering the entity, directors, officers and employees for any actual or alleged employment practices wrongful act. The definition of an employment practices wrongful act is extremely broad and typically covers a variety of actions including but not limited to wrongful termination, discrimination, harassment and a variety of other actions.

WHAT TO DO:

- Claims must be reported immediately. If you have a claim and do not immediately notify the carrier, you may lose all potential coverage. "Claims" are typically defined broadly and may include demands for monetary or non-monetary relief.
- If you have Employment Practices coverage, a notice of charges to the EEOC or a state agency may be a claim and it must be submitted to the carrier immediately – even if the matter seems informal or preliminary.
- Do not offer to settle a claim, or hire an attorney, without the carrier's prior consent. Do not offer to compromise or settle any claim or demand without the carrier's prior agreement, or you will risk losing coverage. Do not engage in 'ballpark' settlement discussions without the carrier's involvement.

DUTY TO DEFEND POLICY:

If your policy is a duty to defend policy, the carrier has the right to hire an attorney(s) to defend the claim. If you hire your own attorney, you may jeopardize coverage, and the carrier may replace your chosen attorney in order for the claim to be covered.

Directors & Officers Liability Coverage

DEFINITION:

Insurance protection written for an entity's directors and officers for any actual or alleged wrongful act. Coverage may also apply to the entity itself. Directors & Officers Liability insurance (D&O) is a highly negotiable coverage. Policies vary widely and the specific policy, with endorsements, must be consulted in every instance. There is no "standard" policy.

Coverage is triggered by a "Claim" as defined by the policy, which is typically an allegation of a wrongful act, as defined by the policy. Wrongful acts may include, but are not limited to, allegations of improper disclosures, breach of fiduciary duty, fraud, misstatements, misleading statements and inadequate merger consideration.

There are three components of Directors & Officers Liability coverage, Side A, B and C. Some policies include a fourth component, Crisis Management coverage.

Side A coverage responds to the loss of an insured individual, which has not been or cannot be indemnified. There is usually no retention for Side A. Some policies include a Presumptive Indemnification provision, which can convert a Side A claim to a Side B claim, even if the claim is not indemnified.

Side B responds to reimbursing the insured organization for its indemnification obligation to an individual insured on a covered claim. While the language is often couched in terms of "reimbursement" in most events, the entity generally need not advance the reimbursement.

Coverage under Side C for a public company's own liability is usually limited to securities claims, as defined by the policy. Private company forms usually offer broader coverage for the entity's own liability. The policy's specific terms and conditions must be consulted in every event.

WHAT TO DO:

A claim can be a shareholder derivative action, a direct shareholder action, or a merger objection claim. A claim may include, under most forms, lawsuits, arbitrations and some (but not all) investigations and criminal indictments. Some policies specifically include a request for mediation or tolling of the statute of limitations in the definition of claims.

Notice to the carrier is crucial. If an insured has a claim and does not immediately notify the carrier, it jeopardizes coverage. It may also be possible to provide notice of facts which could give rise to a claim in the future.

Because of the complexity of D&O coverage, insureds should maintain a systematic review process to assure that coverage is not lost because a claim has been overlooked.

DUTY TO DEFEND V. NON DUTY TO DEFEND POLICY:

Defense provisions in a D&O policy can be complex. Some D&O policies provide that the insurer has the right and duty to defend a claim, which imposes a broad obligation to on the carrier. Other policies impose a duty of reimbursement and/or advancement on the carrier, which is generally considered narrower than a duty to defend. Further, the carrier may demand an allocation of defense and indemnity payments, which can further reduce the insurer's obligation.

Crime Coverage

DEFINITION:

Crime insurance provides coverage within the various insuring agreements for the insured's loss arising directly from dishonest acts committed by employees or outsiders against the insured organization. Coverage may include some or all of the following insuring agreements, but check your policy to determine the specific scope of coverage:

- Theft (not all theft triggers coverage).
- Forgery (not all forgeries trigger coverage).
- Destruction or disappearance of money or securities on the insured's premises, banking premises or in transit.
- Loss due to robbery or attempted robbery.
- Third-party money order and counterfeit currency fraud.
- Dishonest acts (not all dishonest acts trigger coverage) against an insured's client by the insured's employee on- and off-premises.
- Theft from a named executive's personal account.
- ERISA fiduciary bonds (different than Fiduciary Liability coverage).

Coverage will vary by policy, but general guidelines for all policyholders:

- Claims and covered events should be reported immediately upon discovery. Do not wait to quantify the loss.
- Late notice may jeopardize coverage.
- Crime carriers may require written notice as soon as practicable, and no later than sixty or ninety days after discovery of a situation that may give rise to a claim.
- Discovery is generally defined as an executive or insurance representative becoming aware of facts which would cause a reasonable person to assume that a crime loss has occurred.
- Crime carriers typically require a sworn proof of loss with complete details typically no later than six months after discovery. Some policies provide coverage for the expenses associated with determining the quantum and method of loss.

It is important to remember that a crime policy is not a liability policy; it does not protect the insured against claims by a third party.

Fiduciary Liability Coverage

DEFINITION:

Insurance written to cover fiduciaries of employee benefit plans. An insured under these plans can also include an employee, director, officer of the plan or the insured organization itself acting with the trustee's authorization. Coverage is written primarily for the administration of the plan(s), and in most cases the plans are governed by ERISA. Fiduciary Liability insurance may also include coverage for creating the plan, called Settlor Liability coverage. Insured plans generally include, but are not limited to, pensions, 401K, profit-sharing, and group health plans. Multiemployer plans and ESOPs may also be covered.

Wrongful acts can be allegations by beneficiaries for imprudent investment vehicles, alleged mismanagement of the plan, breach of trust, duty, statute, maladministration, neglect, misstatement, administrative error or omission. There may also be an Errors & Omissions component to the Fiduciary Liability insurance, triggered by an allegation of error in the enrollment, administration or counseling participants of the program.

As with all Management Liability coverage, policies vary. The policy must be consulted for specific terms and conditions.

WHAT TO DO:

- Coverage is triggered by a "claim" as defined by the policy. It can be a demand by plan beneficiaries or a beneficiary's estate. It may also be a contribution notice issued by the pensions regulator, an extradition proceeding, or any administrative or regulatory proceeding or official investigation brought against an insured based on a wrongful act in an insured capacity.
- Policies vary on the time requirements so we recommend that claims be reported immediately. If you have a claim and do not immediately notify the carrier, you jeopardize coverage.
- If the carrier has not agreed in writing, in advance, to an expense, coverage may not be provided. Even casual settlement discussions without prior consent may violate the policy.

DUTY TO DEFEND POLICY:

If your policy is a duty to defend policy, the carrier has the right to hire counsel to defend the claim. If you hire your own attorney, without the carrier's express permission, you may jeopardize coverage. The carrier may replace your chosen attorney and refuse to pay all fees to which it has not consented.

Avoid Coverage Disputes

Customized Analysis and Quality Solutions for All Clients

The most common claim disputes involving claims-made policies stem from late notice or incurring defense or settlement expenses without proper consent of the insurer. We will review these issues to help avoid coverage disputes and prevent financial burden in the event of a claim that is denied.

NOTICE IMPLICATIONS OF “CLAIMS-MADE” POLICIES

With few exceptions, Management Liability policies are written on a “Claims-Made and Reported” basis. This means coverage applies only to a claim first made against you during the policy period and reported to the carrier within the time specified in the policy. This should be viewed as the first two fixed conditions of coverage; unless the claim is first made during the policy period and reported as required, there will be no coverage.

Thus, timing of notice is crucial, as it is a condition precedent of coverage. Most policies require notice “as soon as practicable” during the policy period while others specify a required time frame (e.g., within 60 days).

WHAT CONSTITUTES A “CLAIM?”

Given that the consequences of not reporting a claim within the time frame required by the policy is serious and may lead to the denial of a claim, it is important to understand what constitutes a “claim.”

There can be significant differences among policy forms with some definitions of “claim” being more broad or narrow than others. Below are samples of claim definitions found in two common Management Liability policy forms and a discussion of related issues (*note: your policy wording may differ*).

Directors and Officers Liability	Employment Practices Liability
<p>“Claim” means:</p> <ul style="list-style-type: none"> i. A written demand for monetary, non-monetary or injunctive relief; ii. A civil proceeding; iii. A criminal proceeding; or iv. A formal administrative or regulatory proceeding. 	<p>“Claim” means:</p> <ul style="list-style-type: none"> i. A written demand or notice for monetary or non-monetary relief; ii. A civil proceeding; iii. An arbitration or formal administrative or regulatory proceeding, including but not limited to a proceeding before the Equal Employment Opportunity Commission (EEOC), and or similar state agency, brought by an employee or an applicant for employment with the company.

The definition of a claim can be different, and include not only formal litigation as a claim, but also any written demands for monetary or non-monetary relief. The receipt of a claim triggers reporting conditions under the policy. For this reason, it is important to notify the carrier of everything that may meet the definition of claim under the policy, including, for example, all EEOC complaints, even if they appear frivolous or without merit.

NOTIFYING THE CARRIER OF A CLAIM

Most policies impose a duty upon the insured to notify the carrier of a claim. The policy requires that the insured notify the carrier of a claim directly by phone, electronically or in writing and will also specify where to direct the claim and any additional information needed by the carrier. The notification should be written on company letterhead, and forwarded with proof of mailing or return receipt. If the policy allows for notification via email, we recommend maintaining a hard copy.

Provide your Gallagher advisor with a copy of the notification of the claim so that we may monitor the status of your claim.

CARRIERS TO NOTIFY

If you carry multiple layers of coverage, notice must be given to all excess carriers when you notify the primary carrier.

SELECTION OF COUNSEL

Selection of counsel is dictated by the policy. If it is a "duty to defend" policy, the carrier will select the counsel, although the policy may provide for your approval, or you may have negotiated a particular firm in advance. If it is a "reimbursement" policy, you may retain your own counsel, subject to the carrier's approval of the firm and rates charged.

Some reimbursement policies restrict choice of counsel to the carrier's list of pre-approved law firms (panel counsel). If panel counsel is required by your policy, the carrier will not reimburse fees or costs of non-approved counsel or "off-panel" counsel.

CARRIER CONSENT

The carrier should be kept apprised of the status of any litigation, and consent must be obtained prior to any settlement discussions or negotiations. This is required by the cooperation obligation under the policy. Your lawyer must work with the claims adjuster to obtain settlement authority. This is best achieved by keeping the adjuster updated on the status of the litigation.

CONCLUSION

Reporting a potential claim promptly and in accordance with the duties set forth in the policy will ensure access to the coverage provided by the insurance policy. Establishing a good working relationship with your carrier from the outset will facilitate the claims process and the resolution of your claim.

Let your Gallagher advisor know about any changes in the status of a claim, or any issues relating to coverage or claims handling.

Accident Investigation

What to do when there is an incident/accident

When an accident occurs, it is imperative an accident investigation be conducted. The main purpose of an accident investigation is to collect facts. Based on the information collected, the investigators should draw conclusions to identify the causes of accidents and provide corrective action to prevent future accidents.

There is a difference between simply reporting accidents and investigating accidents. To report an accident, one must collect information such as the injured person’s name, date and time of injury, department, the person’s address, social security number, and date of birth. To investigate an accident, the investigator must obtain more detailed information, including a description of the accident and its potential causes, and analyze all causes contributing to the accident. In other words, an accident investigation should answer the following questions: WHO, WHAT, WHERE, WHY AND HOW.

Accident Investigation & Problem Solving Guide	
Machine Breakdown	Person Breakdown (Injury)
<ul style="list-style-type: none"> Who reacts? 	<ul style="list-style-type: none"> Who reacts?
<ul style="list-style-type: none"> How fast? 	<ul style="list-style-type: none"> How fast?
<ul style="list-style-type: none"> Are causes seen as operation issues or people issues? 	<ul style="list-style-type: none"> Are causes seen as operation issues or people issues?
<ul style="list-style-type: none"> Do corrective actions seek operational improvements? 	<ul style="list-style-type: none"> Do corrective actions seek operational improvements?
<ul style="list-style-type: none"> What are the benefits from the corrective actions? 	<ul style="list-style-type: none"> What are the benefits from the corrective actions?
<ul style="list-style-type: none"> Are fixes Band-Aids or permanent? 	<ul style="list-style-type: none"> Are fixes Band-Aids or permanent?

“Person Breakdowns” should be given as much, if not more, attention than machine breakdowns.

Consider the entire cost of an accident: loss of production, loss of quality, someone replaces injured worker, someone takes injured worker to hospital, administrative costs, loss of skilled individual during recovery.

Accident investigations provide **OPPORTUNITIES** to identify root causes, eliminate job hindrances and better control operations.

Root Cause: the end of the **“WHY?”** process. Ask **“WHY?”** at least four times in an investigation.

Job Hindrance: A situation, condition, or event that interrupts or interferes with the orderly progress of a job. Sometimes called a **“bottleneck.”**

Benefits of Effective Investigations

- Build a safety culture by reacting to employee concerns
- Prevent recurrence of similar accidents or incidents
- Identify better methods of doing something
- Control operations. “Operations” includes every facet of the process involved in assuring that the product or service is efficiently produced or provided. Operations Control is making sure that the above result is achieved. Operations Control may include scheduled preventive maintenance, training, planning operations and controlling accidents.

Definitions	
Responsible Condition	The condition(s) that, if eliminated, should result in no further repetition of the particular loss or accident <u>under the same set of circumstances</u> ; sometimes referred to as the root cause .
Accident	An undesired event that results in harm to persons, damage to property, or both, usually occurring suddenly and unexpectedly, but sometimes having taken significant time to reach the point of occurrence. Accidents can be <u>major job hindrances</u> .
Incident	Like an accident, an undesired event, usually occurring suddenly and unexpectedly, but without resulting in harm to persons or damage to property, sometimes referred to as a <u>near mishap</u> .
The Only Difference Between an Accident and a Near Mishap..... are Time and Space!	

Incident Investigation Tips
<ul style="list-style-type: none"> • Investigate the problem. Begin ASAP! • Determine the root cause. • Engage in fact finding, not fault finding. (NO “blame storming”) • Gather and record raw information • Carefully interview all witnesses • Corroborate and verify all information • Develop solutions (discussed with employees before implementing) • List how the injury risk is reduced • List how the operation is improved • Investigate — don’t report. Use the 6 Ws.

EMP — Common in Every Operation		
Equipment	Material	People
Select	Select	Select
Arrange	Place	Place
Use	Handle	Train
Maintain	Process	Lead

Using the Six “Ws	
WHY?	Was it necessary?
WHAT?	What useful purpose does it serve?
WHERE?	Where should it be done?
WHEN?	When should it be done?
WHO?	Who is best qualified to do the job?
HOW?	How can the job be done better, easier, safer?
<p>“WHAT?” and “WHY?” can eliminate a step.</p> <p>Get all the facts by studying the job. Study the job, not just the accident. Ask “WHY” four times.</p> <p>Why did they take a shortcut (<i>for instance</i>)? Were they trained? Were they confused or tired?</p> <p>If the hazard was allowed to exist —ignored— who committed the unsafe act?</p> <p>Ignoring a behavior reinforces the behavior!</p> <p>“WHEN?”, “WHERE?” and “WHO?” can <i>combine</i> or <i>rearrange</i> steps or details.</p> <p>Describe the injury or problem in simple terms. Ask more questions if needed.</p> <p>“HOW?” can <i>simplify</i> the process.</p> <p>How could the job have been done differently and how can it be changed.</p> <p><i>Changes MUST NOT make a situation MORE dangerous!</i></p>	

FOLLOW-UP is VITAL
<p>Record what you have done.</p> <p>Record what still needs to be done.</p> <p>Assign responsibility.</p> <p>Assign a target date.</p> <p>Will actions apply somewhere else?</p> <p>FOLLOW UP AT SET INTERVALS: LOG > REVIEW > ACT</p> <p>Have the hazards been eliminated or reduced?</p> <p>Has the operation been improved?</p> <p>If not, ask more questions!</p>

Sample Forms

Employer's First Report of Injury Form

DATE OF REPORT		CASE OR FILE #		IS THIS IS A LOST WORK DAY CASE?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employers Name			Doing Business As		
Employer's Mailing Address			Employer's E-mail Address		
Nature of Business or Service			SIC Code		
Name of Workers Compensation Carrier/Administrator			Policy/Contract #	Self-Insured?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee's Full Name			Birthdate		
Employee's Mailing Address			Employee's E-mail Address		
Gender	Marital Status		# of Dependents	Employee's Average Weekly Wages	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single			\$	
Job Title or Occupation			Date Hired		
ACCIDENT INFORMATION					
Time employee began work		Date and time of incident		Last day employee worked	
If the employee died as a result of the accident, give the date of death.			Did the accident occur on the employer's premises?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of Accident					
What was the employee doing when the accident occurred?					
How did the accident occur?					
What was the injury or illness? List the part of body affected and explain how it was affected.					
What object or substance, if any, directly harmed the employee?					
Name and address of physician/healthcare professional.					
If treatment was given away from worksite, list name and address of the place it was given.					
Was the employee treated in an emergency room?			Was the employee hospitalized overnight as an inpatient?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES					
Report Prepared By	Signature		Title and Telephone #	E-mail Address	

Employee's Report of Injury Form

INSTRUCTIONS

Employees shall use this form to report all work-related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps to identify and correct hazards before they cause serious injuries. This form should be completed by the employee as soon as possible and given to a supervisor for further action.

REQUIRED INFORMATION

I am reporting a work-related Injury Illness Near Miss

First Name	Middle Name	Last Name	Date of Birth	Date of Hire

Social Security Number	Phone Number	Address	City	State	Zip

Job Title	Department	Supervisor's Name	Date of Injury/Near Miss	Time of Injury/Near Miss

Have you told your supervisor about this injury/near miss? Yes No When:

Names of witnesses (if any):

Where, exactly did it happen?

What were you doing at the time?

Describe step by step what led up to the injury/near miss. (Continue on another sheet if necessary.)

What could have been done to prevent this injury/near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness? Yes No When:

Doctor's Name:

Doctor's Phone Number:

Has this part of your body been injured before? Yes No If yes, when:

SIGNATURES

	Print Name	Date	Signature
Employee			
Supervisor			

Supervisor Accident Investigation Form

INJURED PERSON'S INFORMATION

Type of Information Injury Illness Near Miss

First Name	Middle Name	Last Name	Date of Birth	Date of Hire

Social Security Number	Phone Number	Address	City	State	Zip

Date of Injury/ Near Miss	Time of Injury/Near Miss	Exact Location of Event

What part of the body was injured?
Describe in detail.

What was the nature of the injury?
Describe in detail.

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?

What caused the event?

Were safety regulations in place and used? If not, what was wrong?

What could have been done to prevent this injury/near miss?

Recommended preventive action to take in the future to prevent reoccurrence.

Were there any witnesses?

Did the Employee go to doctor/hospital? Yes No When:

Doctor/Hospital Name: Doctor/Hospital Phone Number:

SIGNATURES

	Print Name	Date	Signature
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Human Resources	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness Statement

In reference to the industrial injury involving _____
that occurred on the _____ day of _____ 20 _____ please answer the following questions:

1. What first drew your attention to the accident?

2. Did you actually see the accident happen? Yes No

If yes, answer the following questions:

A. Give exact location of accident.

B. Where were you standing at the time of the accident?

C. How far away from the injured person were you at the time of the accident?

D. Were you facing the person who was injured at the time of the accident? Yes No

Give complete details of what you saw happen:

SIGNATURES

Name Printed _____ Date _____
Signature _____ Department _____

Accident/Incident Investigation Report

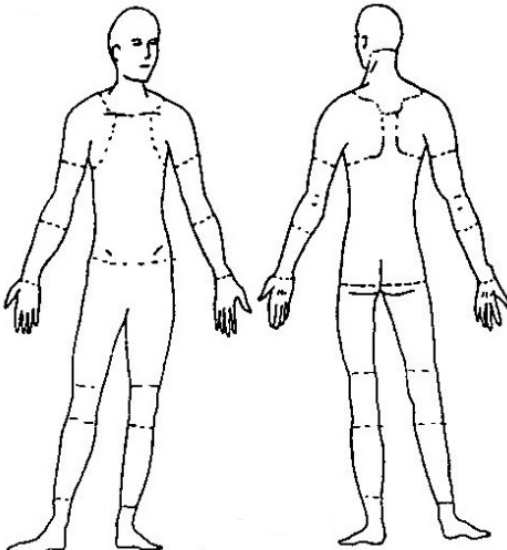
INSTRUCTIONS

Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of Incident: _____ This report is made by: Employee Supervisor Team Other _____

STEP 1: Injured employee (complete this part for each injured employee)

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:		Job title at time of incident:	
Part of body affected: (shade all that apply)		Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
			Months with this employer:
		Months doing this job:	

STEP 2: Describe the incident

Exact location of the incident:		Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____		
Names of witnesses (if any):		
Number of attachments:		
Written witness statements	Photographs	Maps/drawings:
What personal protective equipment was being used (if any)?		
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.		
Description continued on attached sheets: <input type="checkbox"/>		

STEP 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment/tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment/tools <input type="checkbox"/> Other _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as "the job can be done more quickly" or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STEP 4: How can future incidents be prevented?	
What changes do you suggest to prevent this incident/near miss from happening again?	
<input type="checkbox"/> Stop this activity <input type="checkbox"/> Redesign task steps <input type="checkbox"/> Routinely inspect for the hazard	<input type="checkbox"/> Guard the hazard <input type="checkbox"/> Redesign work station <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Train the employee(s) <input type="checkbox"/> Write a new policy/rule <input type="checkbox"/> Other _____
<input type="checkbox"/> Train the supervisor(s) <input type="checkbox"/> Enforce existing policy	
What should be (or has been) done to carry out the suggestion(s) checked above?	
Description continued on attached sheets: <input type="checkbox"/>	

STEP 5: Who completed and reviewed this form? (Please Print)	
Written by:	Title:
Department:	Date:
Names of investigation team members:	
Reviewed by:	Title:
	Date:

Authorization for the Release of Medical Information

Employee Name: _____ Date of Injury: _____
Employer Name: _____ Date of Birth: _____

I hereby authorize the insurance carrier, their representative or bearer, to review, inspect, copy and/or photograph any and all of the following documents:

1. Any and all medical records, including but not limited to: office and hospital records, laboratory results, diagnostic reports and films, psychiatric records, medical correspondences, doctor's and nurse's notes and medical histories relevant to my workers' compensation claim. I also hereby give permission to the insurance company representatives to contact the attending physicians involved in the treatment of all related conditions.
2. All employment and human resource information including but not limited to: hiring and employment records, payroll and income statements, documentation related to this or any other relevant injury and any other information pertinent to providing benefits and services necessary for the completion of this claim.

The released information is required for the following reasons:

1. To provide for adequate preparation, investigation, evaluation, review and discovery of a claim for workers compensation benefits. Specifically, to determine the causation and the nature and extent of any possible preexisting, concurrent or aggravating medical conditions with potential medical, legal or factual implications in the this work-related injury or injuries.
2. To provide the treating physician, consultant or evaluator with medical information necessary to provide you with the best possible medical care and medical advice.
3. To facilitate recovery of all benefits paid toward your workers compensation claim from any third party responsible for this injury.
4. To ensure that you are accurately compensated for any amount of lost wages, time or resources while undergoing evaluation, treatment and recovery for this injury.
5. To obtain any information necessary to appropriately determine further actions as a result of the injury or condition and to prevent further issues for you and other employees.

This consent and authorization is effective immediately, and is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on conclusion of the claim without express revocation.

A copy or fax is as valid as the original.

(names, addresses, and phone numbers of providers)

I have read this authorization and fully understand its entire contents. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that I have a right to receive a copy of this authorization upon my request.

Signed: _____ Date: _____

Auto Accident Report Form

When an accident occurs:

First Steps	Do Not Say	While Still At The Scene
<ul style="list-style-type: none"> • Remain calm • Get to a safe place • Check for injuries • Administer First Aid • Call police/EMT 	<ul style="list-style-type: none"> • It's all my fault (even if it is). • My insurance will pay for everything. • It's OK, I have full coverage. 	<ul style="list-style-type: none"> • Get as much information as possible on this report. • Take Pictures • When the police come, cooperate and tell them what you know.

Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Driver's Name:	
Other Driver's Address:	
Other Driver's Phone:	

Passengers/Injuries

Your Vehicle	Other Vehicle
# Passengers	# Passengers

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Sketch The Accident Scene

General Liability Incident Report Form

INSTRUCTIONS	
<p>If a person is injured or property of others is damaged (or alleged) as a result of our organization and operations, whether negligent or not, report the claim directly to the insurance carrier. Keep your answers brief and to the point.</p> <p>*** Do not use this form for Auto Liability Claims ***</p> <p>Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant.</p>	
ACCIDENT INFORMATION – GENERAL LIABILITY	
Location Involved and Location Code:	
Date of the Incident:	Incident Time:
Incident Location:	City and Country:
Description of the Incident:	
Police Authorities Contacted:	If yes, Accident Report number:
CLAIMANT INFORMATION	
Name & Address of Claimant:	Home Telephone No./Work Telephone No.:
Injured Party Date of Birth:	Social Security Number:
INJURY INFORMATION	
Brief Description of the Claimant's Injury:	
Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What initial treatment was given?	By whom?
Was hospital treatment needed?	Which hospital?
WITNESS INFORMATION	
Were there any witnesses?	If so, their name, address and phone no.
PROPERTY DAMAGE TO OTHERS INFORMATION	
Claimant's property involved:	Where is the property located now?
Damage to Claimant's property:	Repair Estimate:
Comments:	

Your Name: _____ Phone Number: _____

Property Damage Report Form

Reported by: _____ Dept.: _____ Date: _____

Date of Incident: _____ Time of Incident: _____ a.m. _____ p.m.

Location of Incident and Location Code: _____

Was Police Department Notified? Yes No Was Fire Department Notified? Yes No

INCIDENT REPORT

Injury to Person _____

Damage to Property _____

Other (describe) _____

Name of Party _____ Phone _____

Address (include complete address, with street address, city, state and zip code)

Driver's License No. _____

Briefly describe what happened:

Did party indicate intent to file a claim against agency? Yes No

WITNESS INFORMATION

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

INCIDENT ACTIVITY LOG

Date	Comments	Diary/Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inland Marine/Cargo Transit Incident Report

Complete for all Cargo losses (Ocean Marine, Inland Marine, and Truck Cargo)

Prepared by: _____

Location Address: _____

Prepared by: _____ Title: _____ Phone: _____

Incident Date: _____ Time: _____ AM
PM Weather Conditions: _____

Who Reported Incident to You? _____ Date Reported: _____

Point of Contact for Insurance Company: _____

Phone: _____ Fax: _____ E-mail: _____

INCIDENT

Shipment en route from: _____ to: _____

Description of Cargo: _____

Description of Incident: _____

Damages (be specific): _____

Is cause of damage known at this time? _____

Law Enforcement Agency (if any): _____ Report #: _____

DOCUMENTATION:

Please attach the following documents (if readily available) to this report:

- Bill of Lading (front and back sides)
- Packing Lists
- Inventories
- Customs Documents
- Delivery Receipts (make note of any damages or shortages on the receipt before signing for delivery)
- Inspection or survey reports
- Purchase Invoices
- Sales Invoices
- Any correspondence with / from shippers, agents, etc.

Do not delay in reporting this loss if the information outlined above is not readily available. Complete this report as soon as you are made aware of the loss and forward it to:

Report completed by: _____ Date: _____