



U.S. Rotary Club & District General Liability Insurance Program Claim Reporting Guidelines

In the event of or as soon as you become aware of a claim, occurrence or a situation that may give way to a claim:

1. Express concern but never admit to liability or suggest that a settlement may be offered. To do so may invalidate insurance coverage. Our policy specifically states: *"No insureds will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our (the insurance carrier's) consent."*
2. Complete a *General Liability Claim Report Form* by securing as much of the information below as possible. However, do not postpone reporting any claim or potential claim due to lack of information.
 - a. **Club/District information**
 - (1) Club name/District number and state
 - (2) Contact name, address, and telephone and facsimile numbers
 - b. **Occurrence**
 - (1) Date and time of incident
 - (2) Location of incident
 - (3) Description of incident
 - c. **Claimant**
 - (1) Name, address, and telephone and facsimile numbers of the party that suffered bodily injury or property damage
 - (2) If a bodily injury claim, provide the age and gender of the claimant
 - (3) Occupation of claimant, business address and telephone number
 - (4) Description of injury or property damage
 - (5) If a bodily injury claim, provide where the claimant received medical care (name and address of clinic, hospital, physician's office, etc.)
 - (6) If a bodily injury claim, describe what the claimant was doing at the time the incident occurred.
 - d. **Witnesses**
 - (1) Name, address and telephone number
 - e. **Any other pertinent information**
3. Forward the Claim Report Form to **RI's Risk Management Claims Analyst** at:

Fax: (847) 866-6632 or Email: insurance@rotary.org or Phone: (847) 866-3043

Note: Our insurance carriers require that we report all incidents that result in the following injuries whether or not the claimant or his family has reported a claim:

- ◆ Fatality;
- ◆ Amputation of a major extremity;
- ◆ Any serious head injury, skull fracture, loss of sight or hearing impairment;
- ◆ Any injury to the spinal cord – paraplegia/quadruplegia;
- ◆ Any disability of more than one year or likely disability of more than one year;
- ◆ Any burn of 25% or more of the body;
- ◆ Heart or vascular disorders;
- ◆ Accident involving multiple injuries;
- ◆ Cosmetic deformities; and
- ◆ Loss of, or loss of function of, a vital organ.