



CRUM & FORSTER®

A FAIRFAX COMPANY

CUSTOMER INCIDENT REPORTING PROCEDURES



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TABLE OF CONTENTS

Responding to an incident	3
Customer incident report	4
Incident reporting procedure	5

RESPONDING TO AN INCIDENT

If a customer claims an injury or illness as a result of being in your station, store or site, it is recommended to follow the guidelines below.

Stage 1 - Incident Response

1. Do not admit fault.
2. Treat the customer or potential claimant with respect and sincerity. Upsetting the person will only make the situation worse.
Call 911:
 - if an injury is life threatening
 - if it is requested by the customer
 - if medical treatment is required

If the customer does not want medical assistance, please note this on the incident form.
3. Complete the Customer Incident Report.
4. Obtain a statement from the customer of what happened and provide that information in the incident report. Do not furnish the customer with the incident report, unless the customer requests a copy of their statement. Be objective and do not include your personal opinions in the incident report.
5. Obtain names, addresses, phone numbers, email addresses, and statements of witnesses.
6. Take plenty of photos of the area around the scene. Only take photos of the area of incident and alleged defect of complaint.
7. Do not discuss the incident with anyone except an investigating officer, authorized company representative or claims representative of Crum & Forster.
8. Do not furnish any information about your insurance policy except for the name of your insurer, if asked by the customer.
9. Communicate the incident to your immediate supervisor and/or owner of business.
10. Maintain the video for the incident. Save and store video footage from the time the customer arrives and leaves the property. This should be done as soon as possible.
11. The incident should immediately be reported to Crum & Forster claims department either directly from the company or through your insurance agent depending on your company policy. Even if you do not think there may be a claim, still report.

Stage 2 - Data Collection

The owner, manager or employee in charge should proceed with the following to ensure all information related to incident at your place of business.

INVESTIGATE

- Obtain all facts related to incident
- Be objective
- Do not include personal opinions

DOCUMENT

- Document all your investigation results
- Complete customer incident report
- Do not give a copy of this report to customer

SECURE

- Secure video footage, if available.
- Make a copy of the video from time arriving and leaving premises include, date, time, and address)
- Take photos of the incident area



Customer Incident Report

Instructions: Complete this report with as much detail as possible and email to: crumandforsternol@cfins.com or fax to 1-877-622-6218. If you have questions or would like to report by telephone, call 1-800-690-5520. This report is company property and should not be signed by the customer, nor should a copy be given to anyone outside the company.

BUSINESS CONTACT INFORMATION

Named Insured:		Policy #:	
Contact Name:	Title:		
Store Location: Address:	City:	State:	Zip:
Phone #:	Fax #:	E-mail:	
Manager or Asst. Manager's Name:		Manager Phone #:	

INJURED CUSTOMER INFORMATION

Date of Injury:	Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Condition:	
Name of Injured Person:	DOB: / /	SS#:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Address:	City:	State:	Zip:
Phone #:	Work Phone #:	E-mail:	

INCIDENT INFORMATION

Where did the Incident occur?			
Briefly describe Incident.			
Describe Injury (Including Body Area/Part)			
Type and condition of footwear?			
Walking Surface/Floor/Floor Mat Condition?			
Video and/or Photos saved/taken of the Incident?			
Last time the area was inspected by company personnel?	Date: / /	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Police/EMT/Fire Dept. Responded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responding Agency:		
Area where the Incident occurred controlled by?	<input type="checkbox"/> Store Owner <input type="checkbox"/> Landlord		

LANDLORD INFORMATION (applicable if the property is leased)

Contact Name:	Title:		
Address:	City:	State:	Zip:
Phone #:	Fax #:	E-mail:	

WITNESS INFORMATION (Employees/Non-Employees)

Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:

REPORT COMPLETED BY

(PRINT)	(SIGNATURE)	Date: / /
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Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in stateprison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insuranceproceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

CLAIMS REPORTING PROCEDURES

1. A company representative, _____, is to contact Crum & Forster as soon as the claim has been reported and the Customer Incident Report has been filled out. This should be within 24 hours of the incident. Prompt reporting is paramount!
2. Contact Crum & Forster at 1-800-690-5520 as soon as possible, so Crum & Forster claims specialists can handle the claim expeditiously. Timely reporting is very important! Accidents can be reported on a 24-hour, seven a day per week basis. Please have your policy number available.
Policy Number: _____
3. Contact your insurance agent.
Agent Name: _____
Agent Phone Number: _____
Agent Email Address: _____



This document is provided for informational purposes only. It was developed as a general guide to safety from sources believed to be reliable and is not intended to provide legal, technical or other professional advice. Compliance with all federal, state or local laws and regulations remain the policyholder's responsibility.