



2019-2020 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 | 727.796.6150



Gallagher

Insurance | Risk Management | Consulting



Arthur J. Gallagher Risk Management Services, Inc. has placed your General Liability & Commercial Property coverage with First Specialty Insurance Corporation for your franchise effective March 1, 2019. 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

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

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 reported to you, or discovered.
2. After completion, phone the report in to Navex 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: _____
Manager on duty at time of incident: _____	
Date of Incident: _____	Time: _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
Reported to Police? YES <input type="checkbox"/> NO <input type="checkbox"/>	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

1. Complete this form when the incident is reported to you, or discovered.
2. After completion, phone the report in to Navex at **1.800.323.5650**
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: _____

Manager 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: _____

Please return this form to the manager on duty

