

CLAIMS REPORTING KIT

CIAW MEMBERS

Your membership in the insurance program requires **ALL** accidents and losses be reported, regardless of size, as soon as possible, to your insurance agent and/or Clear Risk Solutions.

If the accident or loss results in serious injury, fatality, and/or extensive damage, contact your broker or Clear Risk Solutions at once **(800) 407-2027**, and follow any instructions given to you.

CIAW provides full claims management services to its members through Clear Risk Solutions' in-house claims service. CIAW's claims process is centered on delivering personal customer service, with a goal of providing a quick and economical settlement of your claim.

CIAW is pleased to offer members a direct and efficient way to report accidents and losses to our in-house claims service at Clear Risk Solutions. Included in this packet are instructions and guidelines for reporting losses for multiple lines of coverage and lawsuits.

GENERAL GUIDELINES

- Report all accidents regardless of the degree of injury or damage.
- Record all relevant facts. Save all broken or damaged equipment involved.
- Take photos, if possible and warranted.
- **Do not admit responsibility or agree to pay for damages.** This is the job of the insurance company and/or courts.
- Regardless of deductible level, **report all accidents.**



451 Diamond Drive
Ephrata, WA 98823

Phone:
800.407.2027

Find us at:
www.ciaw.us



REPORTING INSTRUCTIONS

REPORT ALL CLAIMS

Contact your broker/agent, or
Email: claims@choosclear.com
Phone Toll Free: (800) 407-2027
Fax: (509) 754-3406

Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823

Bodily Injury or Property Damage - CIAW recommends that its members complete an accident report form, follow any and all appropriate first-aid procedures when necessary, and make note of the following:

- ☐ Person or employee who saw accident or was supervising activity;
- ☐ Record all facts and statements;
- ☐ Secure witness names, and contact information; and
- ☐ Preserve broken or damaged equipment.

Reporting Lawsuits or Written Demand - If served with a Summons and Complaint and/or demand, please forward a copy ***immediately*** to Clear Risk Solutions' Claims Department for coverage evaluation:

- ☐ Email to: claims@choosclear.com; or
- ☐ Fax to: (509) 754-3406; Attention: Claims Department; or
- ☐ Express Mail: Clear Risk Solutions, 451 Diamond Drive, Ephrata, WA 98823;
- ☐ Call to confirm Clear Risk Solutions' receipt of Summons & Complaint;
- ☐ Send copy to agent and retain copy for your file; and
- ☐ ***Do not admit responsibility or agree to pay damages.***

If you do not have access to an ACORD Loss Notice form, the following forms will offer members specific instructions for reporting the following lines of coverage:

Form A: General Liability (Bodily Injury or Property Damage to Others)

- Record all details of accident and names of witnesses;
- Save all property damaged in the accident;
- Forward report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

Form B: Property Losses

- Record all relevant material and take photos.
- Avoid further damage and secure area/close off from use.
- Forward report to administrator or designee.
- *Do not admit responsibility or agree to pay damages.*

Form C: Automobile Losses

- Each vehicle should carry a vehicle accident report form;
- Employee operating vehicle must complete Form C, at time of loss;
- Forward accident report to administrator or designee; and
- *Do not admit responsibility or agree to pay damages.*

**PLEASE REVIEW THESE INSTRUCTIONS WITH YOUR STAFF AND
ADVISE THEM OF THE REPORTING REQUIREMENTS**

CITIES INSURANCE ASSOCIATION OF WASHINGTON
GENERAL LIABILITY LOSS NOTICE

Clear Risk Solutions
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027 / Fax (509) 754-3406
Email: claims@choosclear.com

Date: _____

Date & time of loss: _____
_____am/pm

INSURED: _____
Person to Contact: _____
Contact's Phone Number: _____ Insured's Business Phone: _____

LOSS:
Location of Accident: _____
Description of Accident: _____

BODILY INJURY/PROPERTY DAMAGED:

Name & Address:

Phone Number: _____
Age____ Sex____
Occupation: _____

Name & Address:

Phone Number: _____
Age____ Sex____
Occupation: _____

Describe Injury/Injuries: _____

Where taken/or damaged? _____
Describe Property: _____

Estimate Amount: _____

WITNESSES:

Name & Address

Cell Phone

Business Phone

Remarks: _____

Reported by: _____

Phone: _____

CITIES INSURANCE ASSOCIATION OF WASHINGTON
PROPERTY LOSS NOTICE

Clear Risk Solutions
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027 / Fax (509) 754-3406
Email: claims@chooseteclear.com

Date: _____

Date & time of loss: _____am/pm

INSURED: _____

Person to Contact: _____

Contact's Phone Number: _____ Insured's Business Phone: _____

LOSS:

Location of Loss: _____

Police or Fire Department Reported: _____

Kind of Loss (Fire, Wind, Explosion, etc.): _____

Probable Amount: _____

Description of Loss and Damage: _____

Remarks: _____

Reported By: _____

Phone: _____

CITIES INSURANCE ASSOCIATION OF WASHINGTON AUTOMOBILE LOSS NOTICE

Clear Risk Solutions
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027/Fax (509) 754-3406
Email: claims@chooseclear.com

Date: _____

Date & time of loss: _____ am/pm

INSURED: _____
Person to Contact: _____
Contact's Phone Number: _____ Insured's Business Phone: _____

LOSS:
Location of Accident: _____
Description of Accident: _____

INSURED VEHICLE:
Vehicle No. _____ Year, Make, Model _____ Vehicle Identification Number _____

Owner's Name, Address, & Phone: _____

Driver's Name & Address: _____
Business Phone: _____ Residence Phone: _____ D.O.B. _____
Estimate Amount: _____
Describe Damage: _____

PROPERTY DAMAGED:
Describe Property: _____ Other Insurance: _____
Owner's Name & Address: _____ Business Phone: _____
_____ Residence Phone: _____

Other Driver's Name & Address: _____ Business Phone: _____
_____ Residence Phone: _____
_____ Describe Damage: _____
Estimate Amount: _____

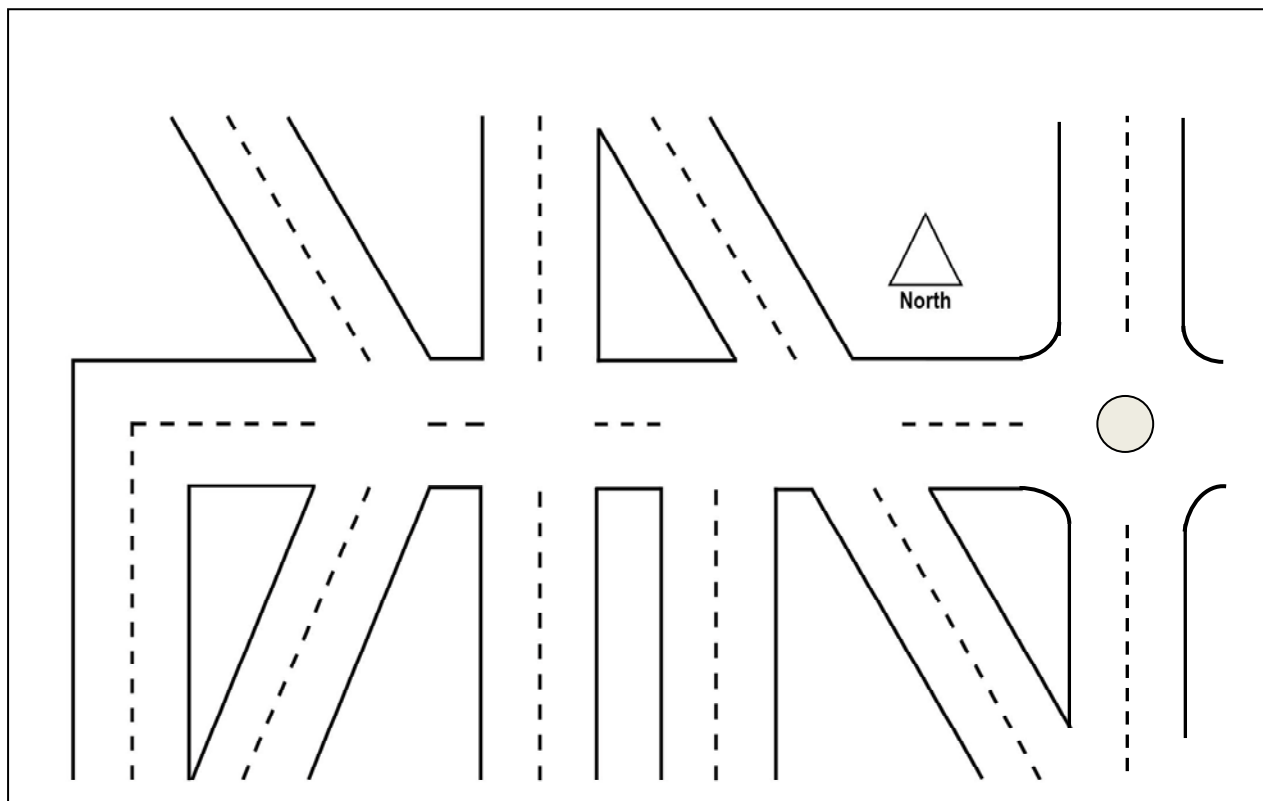
INJURED:
Name & Address _____ Phone No. _____ Extent of Injury _____

Witnesses or Passengers: _____

Remarks: _____

VEHICLE COLLISION DESCRIPTION DIAGRAM

Show name of highways, points of compass (N/S/E/W), and direction of travel of the vehicles involved.



ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> On Grade <input type="checkbox"/> Crest of Hill	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<input type="checkbox"/> Defective Shoulder <input type="checkbox"/> Holes, Ruts, Bumps <input type="checkbox"/> Loose Material <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Defects	<input type="checkbox"/> Stop Sign <input type="checkbox"/> Stop & Go Signal <input type="checkbox"/> Flagman/Officer <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Traffic Control
LIGHTING	WEATHER	NOTES	
<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark – with Streetlight <input type="checkbox"/> Dark – no Streetlight	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No Photos Taken	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: _____

Retain Copy for File