



# BITNER HENRY

INSURANCE GROUP

## IN THE EVENT OF A LOSS

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*Provided by:* Bitner Henry Insurance Group

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## ***A Note to Our Insurance Clients***

The [Bitner Henry Insurance Group team](#) is here to serve you. This service includes assisting you in the event of a loss. If a loss occurs, please follow the steps highlighted in this guide. Please note this information is meant to provide general risk-management tips and is not legal advice.

We have included incident forms for you to collect pertinent information regarding your loss. While these forms are not required to submit a claim, they can serve as a helpful reference for you. We recommend completing these forms immediately following an incident, eliminating the need to rely on human memory to recall important details.

**Remember, your insurance contract requires that you report all losses promptly.**

Therefore, contact us or the [insurance carrier directly](#) as soon as possible after a property, liability, workers' compensation, or automobile loss.

An insurance company claims adjuster will be assigned to handle your loss. You should then be able to deal directly with the adjuster to settle your loss.

*If you encounter any unusual delays or problems in the handling of your loss, please contact us for assistance at 800-231-9963 or [service@bitnerhenry.com](mailto:service@bitnerhenry.com).*

We appreciate your business and are here to assist you.



## Property Claims – Page 1

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*This article is meant to provide general risk-management tips and is not legal advice.*

### **In the event of damage to your building or contents, follow these steps:**

1. *Make sure the property is safe before letting anyone inside.*
  - a. Notify the police if there has been a theft or break-in.
2. *Protect the property from further damage.*
  - a. Cover the property if it is exposed to the elements.
  - b. Remove valuables if they can be stolen.
  - c. If there is a water damage issue, shut off the water source and contact a water restoration company as soon as possible.
  - d. Call the proper authorities and utilities (e.g., gas, electric, telephone).
  - e. Take photos of the damage before having emergency repairs made, such as boarding up windows or covering holes in the roof.
3. *Prompt notice should be given when a potential loss occurs.*
  - a. Contact the [insurance carrier directly](#) or call Bitner Henry Insurance Group to report the loss.
  - b. You should expect a claims adjuster to reach out to you within 48 hours.
  - c. Let us or the carrier know if this loss affects your ability to operate normally, so the loss can be expedited.
  - d. For a property loss, the property may need to be inspected by the insurance company prior to any repair work being performed.
4. *Repairs*
  - a. Call a contractor to *estimate* the building damages. The adjuster may assist you with your choice of contractors to make the repairs.
  - b. Do not authorize repairs until the claims adjuster has given you the authority to do so.
  - c. Separate damaged contents from undamaged contents. Do not discard any items until the claims adjuster gives you the authority to do so.
  - d. If you aren't sure if you should file a claim, we suggest contacting us.
5. *During this process, maintain good records.*
  - a. Take pictures.
  - b. Keep expense receipts.
  - c. Inventory damaged property.
  - d. Keep records of expenses if you are forced to temporarily relocate your business.
  - e. Do not dispose of damaged property unless it is a danger to safety or disposal has been approved by the claims adjuster.

### **After the claim is made to the insurance company, the claims adjuster will do the following:**

1. Contact you by phone or mail to discuss the loss.
2. Arrange for an appraiser to inspect extensively damaged property.
3. Assist you with your choice of contractors to make the repairs.
4. Contact you for a settlement.



## Property Claims –Page 2

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Time frames will vary, but in general the adjusting process takes four weeks.

### ***Use the following if a potential business interruption claim is involved***

Business interruption or extra expenses due to loss:

- Record all expenses incurred due solely to loss.
  - Wages for employees involved in clean up or repair
  - Overtime paid for employees to fulfill orders that would have been completed during normal hours if not for the loss
  - Outside vendors involved in clean up, repair, etc.
  - Leasing of temporary space until your facility is repaired.
  - Leasing or purchase of any items necessary to continue operations
  - Other
- Record all expenses that you continue to incur despite the necessary suspension of your operations:
  - Wages for employees who were sent home but still paid (may be covered for continued payroll)
  - Other
- Document any business lost due to the necessary suspension of your operations:
  - Canceled orders
  - Refused orders
  - Other
- Complete financial records may be necessary to determine your lost income due to the loss:
- Your accountant may be able to help, especially if your on-location financial information was destroyed due to the loss.
- The insurance company may assign an accountant to determine the exact amount of your loss

**Please note, as the claimant on the loss, you oversee repair projects.** The insurance company is not responsible for making the repairs, only providing the funds needed to make the repairs.

The claimant is responsible for choosing a contractor, signing a contract with the contractor, and managing the contractor to ensure the work progresses on time

**We hope this has been helpful.** Experiencing a property loss is often a stressful experience and we want to assist you to make your claims process go as smoothly as possible. If you have any issues or questions, please reach out to your agent or our office for more guidance.



# Auto Claims

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*This article is meant to provide general risk-management tips and is not legal advice.*

## **In the event of an automobile accident, follow these steps:**

1. **If you are still at the scene**, please contact the police.
2. **Obtain information about the other people involved** in the accident such as the following:
  - a. Names, addresses and phone numbers
  - b. Insurance company and policy number
  - c. Type of vehicle
  - d. Driver's license numbers
3. **Take photos** of the accident and any damage
4. **Have your vehicle towed** to the nearest repair shop if the vehicle is not drivable.
  - a. Do not authorize repairs until the claims adjuster gives you the authority to do so.
  - b. Keep your towing receipt. This can often be reimbursed.
5. Once you are no longer at the scene of the accident, contact our office or [the carrier](#) to directly file the claim.
  - a. You should expect a claims adjuster to reach out to you within 48 hours.
  - b. If it is after-hours, contact the carrier directly.
  - c. If the issue is highly sensitive, please let us know so we can expedite that process.

## **In the event of a windshield, vandalism or theft loss, follow these steps:**

1. Report the vandalism loss or theft to the police.
2. Call us to report a loss.

## **After we report the loss to the insurance company, the claims adjuster will do the following:**

1. Contact you to request details of the accident and repair estimates.
2. Arrange for an appraiser to inspect the damages of vehicles that are not drivable or extensively damaged.
3. Contact you for a settlement.
4. Deal directly with the others involved in the accident.

**You should not talk to others involved in the accident but refer them to your claims adjuster.**



# Workers' Compensation Claims

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## **In the event an employee is injured on the job, follow these steps:**

1. *If someone requires medical attention:*
  - a. Call 911 or get them to a medical professional immediately.
  - b. Advise the medical professional the incident occurred while performing normal work activities.

## **Prompt notice should be given when a loss occurs. To do so:**

2. *Complete the Employer's First Report of Injury or Disease form for all losses.*
  - a. Download the form for your state at <https://bitnerhenry.com/policy-forms/first-report/>
  - b. Either use the "call in" reporting system or fax the original form to the [insurance company](#).
    - i. **Brotherhood Mutual customers** can email the form as an attachment to [claims@brotherhoodmutual.com](mailto:claims@brotherhoodmutual.com) or fax to 800-284-9579
  - c. Send a copy of this form to the State Department of Industry, Labor and Human Relations (refer to the First Report for the address).
  - d. You should expect a claims adjuster to reach out to you within 48 hours.
  - e. If the issue is highly sensitive, please let us know so we can expedite that process.
3. *In the event of a disabling injury or death loss, forward a copy of the First Report to us. We will follow up with the insurance company for their prompt handling of the loss.*

## **After the loss is filed with the insurance company:**

1. A claims adjuster is assigned to the loss.
2. You will receive a claims number from the adjuster by phone, usually within one business day.
3. The adjuster will contact the injured employee to discuss the accident. They will request copies of bills and doctors' reports for medical treatment administered.
4. The adjuster will contact you, the employer, if there is any lost time from work as a result of the injury.



# Liability Claims

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*This article is meant to provide general risk-management tips and is not legal advice.*

## **In the event of injuries or damage to property of others which you allegedly caused, follow these steps:**

1. Call us to report the loss.
2. We will request you provide all documentation regarding the incident including
  - a. a copy of the lawsuit (if there is one)
  - b. medical bills (if you have them available)
  - c. All internal documents including accident investigation, repair and maintenance records, etc.
  - d. Also a list of all names and address of any witnesses or people who may be able to provide more information about what occurred.

*If an object was involved in an accident, save it for inspection by the claims adjuster or attorneys.*

- **After we report the loss to the insurance company, the claims adjuster will contact you to discuss the incident.**
  - The claims adjuster will work directly with the claimant and their attorney. You **SHOULD NOT** have to interact with the claimant yourself or make any payment directly.
  - You can expect to be contacted by the claims adjuster within 48 hours of filing the loss, but if the issue is highly sensitive then please let us know so we can expedite the process
- **Sharing Information**
  - Do not talk to the media or share details of the incident with anyone not involved. If you need to share information regarding the incident, then you should contact your claims adjuster first.
  - Often people feel the need to go above and beyond in 'helping' but end up costing their organization. You cannot undo what happened, however you can cause further damage to the organization or individuals by sharing more than is needed.

**We hope this has been helpful.** Experiencing a liability loss is often a stressful experience and we want to assist you to make your claims process go as smoothly as possible. If you have any issues or questions, please reach out to your agent or our office for more guidance.



## Insurance Carrier Contact Information

### **Brotherhood Mutual**

800-333-3371 or  
800-933-1849 (After-hours claim  
filing for major emergencies)  
[File online](#)

### **Safeco**

800-332-3226  
[File online](#)

### **Travelers**

800-252-4633  
[File online](#)

### **Mutual Benefit Group**

800-290-6361  
[File online](#)

### **Frederick Mutual**

866-212-5246  
[File online](#)

### **Chubb**

800-252-4670  
[File online](#)

### **Foremost Insurance**

800-527-3907  
[File online](#)

### **Hagerty**

800-922-4050  
[File online](#)

### **Progressive Insurance**

800-274-4499  
[File online](#)

### **Philadelphia Insurance**

800-765-9749  
[File online](#)

### **Donegal Insurance**

877-954-5277  
[File online](#)

### **Liberty Mutual**

[File online](#)

### **Markel Insurance**

800-362-753  
[File online](#)

### **The Hartford**

800-243-5860  
[File online](#)

### **Chesapeake Employers' Insurance Company**

888-410-1400  
[File online](#)

### **Nationwide**

800-421-3535  
[File online](#)

### **Alliance of Nonprofits**

800-359-6422 or  
866-718-1947 (Emergency line for  
after-hours claim filing )  
[File online](#)





# Property Damage Information

## Loss

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## Description of Loss

## Extent of Loss

## Effect on Business

(Is the damaged property in any way necessary for the insured to continue operating?)



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# Automobile Incident Report

## Loss

Date:	Location:		
City		State	
Which police department responded?		Tickets issued:	
Description of Accident:			

## Insured Vehicle

Year:	Make	Model	
Vin:		Plate	
Extent of damages:			
Present location:			
Driver		Date of Birth	
License #		State	



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# Automobile Incident Report (page 2)

## Other Vehicle

Year:	Make	Model
Extent of damages:		
Owner		Phone:
Address:		

## Insurance Information

Company Name:	Policy Number
Agent Name:	Phone:

## Injured Party

Name:	Phone:
Address:	
Extent of injury	



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# Automobile Incident Report (page 3)

## Witness

Name:	Phone:
Address:	

## Impact

Is damaged auto essential to business?	Yes <input type="radio"/>	No <input type="radio"/>
How?		



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# Employee Injury/Incident Report

This form is designed to streamline the investigation process following an incident.

The supervisor of the employee involved in the incident should complete this form thoroughly and within 24 hours after the event whenever feasible (some investigations may take longer).

This is not a legal document or claims form, it is a tool to gather and organize pertinent information. *Refer to your organization's insurance policy, local laws, and/or attorney for compliance and approval, or for instruction on filing a claim with your insurance carrier.*

## Location

Company Name:	Point of Contact:
Address:	
Phone Number:	Building Number if applicable:

## Employee Information

Name:	Title:
Department:	Supervisor (name and job title)
Parts of the body the employee claims were injured (check all that apply)	<input type="checkbox"/> Arm <input type="checkbox"/> Face <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Feet <input type="checkbox"/> Legs <input type="checkbox"/> Buttock <input type="checkbox"/> Hands <input type="checkbox"/> Thighs <input type="checkbox"/> Other <input type="checkbox"/> Head <input type="checkbox"/> Chest <i>If other, describe:</i>



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# Employee Injury/Incident Report (Page 2)

## Incident Information

Date & Time:	Location:
Manager on Duty:	Date incident reported:
Description of the incident (list any property damage if applicable):	
If possible, have the employee recreate the incident.	



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# General / Product Liability Loss

*This is not a legal document or claims form, it is a tool to gather and organize pertinent information. Refer to your organization's insurance policy, local laws, and/or attorney for compliance and approval, or for instruction on filing a claim with your insurance carrier.*

## Loss

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## Description of Alleged Incident

## Injured

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Property Damage

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF DAMAGE: \_\_\_\_\_

EXTENT OF DAMAGE:

## Witnesses

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Lawsuit filed

COUNTY AND STATE WHERE FILED: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_



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# General Incident Report (page 1)

Use this form to record the details concerning any incident involving injury, property damage, verbal or physical altercations, threats, or other interpersonal issues.

*This is not a legal document or claims form, it is a tool to gather and organize pertinent information. Refer to your organization's insurance policy, local laws, and/or attorney for compliance and approval, or for instruction on filing a claim with your insurance carrier.*

## Person in Charge of Activity

Name:	Title:
Address:	
Cell Number:	Work Number:
Email:	

## Persons Involved

Name	Age	Relationship to Church

If any minors were involved, were their parents/guardians notified and given copies of the incident report?

Yes

No



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## General Incident Report (page 2)

### Incident Details

Date of incident:	Time of incident:	
Nature of the activity:		
Exact location of the incident:		
Did the incident involve physical injury or property damage?	Yes <input type="radio"/>	No <input type="radio"/>
Description of incident: <i>(If vehicle was involved, attach registered owner and driver information on a separate page)</i>		

### Physical Injury Details

Was first aid administered?	Yes <input type="radio"/>	No <input type="radio"/>
Describe the injury, including where it occurred on the body:		
Was professional medical treatment required?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, list which hospital/clinic/medical services were used, if known:		



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## General Incident Report (page 3)

### Witnesses

Name:	Phone:
Name:	Phone:
Name:	Phone:

### Police Details

Was this incident reported to police?	Yes <input type="radio"/> <i>If yes, complete the rest of this section</i>	No <input type="radio"/>
Police Officer Name and Department:		
Police Station Phone:	Police Report Number:	
Police Station Address:		

### Steps taken to prevent a similar incident in the future, if any:

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### Signatures

Incident Reported by:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Incident Reported to:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Incident Reviewed by:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>



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