St. Joseph Real Estate Services Corp.
St. Luke Benefit and Insurance Services Corp.

Claim Reporting Instructions

July 1, 2024 to July 1, 2025

Immediate, direct reporting of claims ensures that insurance adjusters are promptly notified of losses, enabling them to initiate appropriate investigation and timely resolution of your claim. Insurance adjusters have the capacity to receive reports of claims on a "24/7" basis. Therefore, while other claim reporting options are available to you, we encourage Direct Reporting of claims while providing you with Aon's support to ensure proper handling and resolution of catastrophic losses, and coverage issues.

The forms you are to use for claims attached and available on the Diocese web site
https://www.gbdioc.org/mission-teams-offices/resource-support-mission-team/office-of-facilities-properties

- **2024 Work Comp – Filing a Claim**
- **2024 General Liability & Property claim reporting, When to call AON**
- **2024 Incident Report Form - Property Auto GL**

Discard any prior versions of the Claim Reporting Instructions and Incident Report

Forms. Policy numbers change from year to year.
Complete the appropriate form and submit per the information below.

Property, Liability and Crime Claims

Insurance Carrier: Catholic Mutual Group (CMG)
Policy Number: 8878
Policy Term: 07/01/2024 to 07/01/2025

- Complete the Incident Report Form
- Submit form to CMG per below and send a copy to Aon at laura.erdmann@aon.com

  E-mail to: reportaclaim@catholicmutual.org

  Phone: 1-800-228-6108 Ext. 2410

Auto Claims

Insurance Carrier: Church Mutual Insurance Company
Policy Number: 0500232-09-770896
Policy Term: 07/01/2024 to 07/01/2025

- Complete the Incident Report Form
- Submit form to Church Mutual per below and send a copy to Aon at laura.erdmann@aon.com

  E-mail to: claimsintake@churchmutual.com

  Phone: 1-800-554-2642 Option 2

Workers' Compensation

Insurance Carrier: Christian Brothers
Policy Number: 1220001
Policy Term: 12/01/2024 to 12/01/2025

- All claims should be filed with Gallagher Bassett Services. Gallagher Bassett Services are the administrators for claims on behalf of Christian Brothers. When calling in a claim provide the policy number plus your location number.
- Phone 1-877-735-2270
- Fax: 1-800-748-6159

When An Employee is Injured At Work
Immediately:

- Administer first aid.
- Accompany/assist injured employee to a medical provider.
- Notify family.
- Report an accident immediately to Gallagher Bassett Services

When Reporting
Make sure to include accident information, such as:

- Time/date of injury
- Cause of accident/injury
- Nature of injury (sprain, fracture, etc.)
- Body part involved
- Witnesses
- To whom injury was reported
- Location code/beneficiary number

You Can Assist The Claim Handling Process by:

- Making yourself and witnesses available to the Gallagher Bassett Services claim professional.
- In case of lost time, have job description readily available and the injured employee information, including wage information.
- Continue to reinforce your concern and the organization's concern for the injured employee. Intermittently touch base with the injured employee using a "wellness approach".

When to Call Aon

All claims are to be filed directly with the carrier. If at any time you feel uncomfortable with a particular claim situation, please contact your Aon claims representative. Clients frequently seek our assistance and expertise when claims involve catastrophic losses, questionable liability issues, contract language issues, or claims involving questionable coverage. Some examples:

- Losses involving serious injury or death
- Major fire and other property losses
- Losses of a “sensitive” nature requiring confidential and discreet handling
- Losses requiring assistance in “crisis management”
- Situations where you are being asked to defend and/or indemnify another party due to contract language
- Situations involving additional insured coverage you provide to another party
- Questions as to which type of policy to report a claim under (e.g., auto versus general liability)
- Dissatisfaction with insurance company claims representative or their response time

Things You Should Know – Helpful Hints

- In the event of property damage, you are responsible for protecting the property from further damage after the initial loss.
- Your policy allows you to make emergency repairs to protect your property form further damage. Keep all pertinent documentation.
- Discuss your claim only with those persons who properly identify themselves as your claims representative, your counsel or fire and law enforcement officers.

Other Considerations

Clearly identify to the insurance claims representative who in your organization will make final decisions during the adjustment process.

If you have contractors you prefer, or repair facilities you wish to use, please make them known to the claims representative.

The insurance company is entitled to inspect and appraise the damage. If they are aware of your repair preference, joint inspections can assist in arriving at agreed repair or replacement figures.

Incident Report Form
St Joseph Real Estate Services Corporation

To Report an Automobile Claim 24/7:	Call 1-800-554-2642 Option 2
Auto Policy Number:	**0500232-09-770896**
Other Claims:	Call 1-800-228-6108
Property / Liability / Crime Policy Number:	**8878**

Complete applicable boxes as they correspond to you claim.

Parish/School: Name & Complete Mailing Address		Phone:	
		Fax:	
		E-mail:	
Contact:		Title:	
Date/Time of Incident:		Specific Location:	
Injured Party: Name/Address/Age: (include parent or guardian name if a minor)			
Phone Number:		Alternate Number:	

Injured Party: Parishioner ☐ Volunteer ☐ Vendor ☐ General Public ☐ Other
Please check the most applicable description as it relates to the incident.

Medical or First Aid Offered? Yes ☐ No ☐	Accepted or Refused	Transported by Ambulance:
Description of Accident or Damage:		
Were Photographs Taken? – Suggested for property losses over $5,000, vehicle accidents and liability claim that may have premises factors involved:		
Public Authority Contacted: Yes ☐ No ☐	Name of Authority:	Incident Report Number:
Auto Claim Information:	Vehicle Involved - Year:	Make/Model:
Witnesses: Name/Address/Phone:		
Additional Comments/Information: (If additional space is required, please use reverse side or an additional page)		
Date:	Completed By:	

Please complete and report immediately with as much information as available at the time of loss.
Submit this report directly to Catholic Mutual Group. Preference for submission:
E-mail: reportaclaim@catholicmutual.org or fax: 402-551-2943 or
Auto 1-800-554-2642 Option2, All Other: 800-228-6108
Also submit a **copy** to Aon Risk Solutions: Laura Erdmann: laura.erdmann@aon.com or fax 920-431-6352.
RETAIN A COPY IN YOUR PERMANENT FILE

Manager's Work Comp Report of Incident/Injury

Diocese of Green Bay

☒ Ensure injured employee receives appropriate medical care. If necessary, call 911.

☐ Secure the scene for investigative purposes, e.g. limit access, secure and save equipment/materials involved.

☐ Complete necessary paperwork, e.g. Report claim to insurance carrier and Employee Relations Manager (920-272-8216).

☐ Submit Manager's Report of Incident/Injury to Human Resources, bbond@gbdioc.org within 24 hours of incident.

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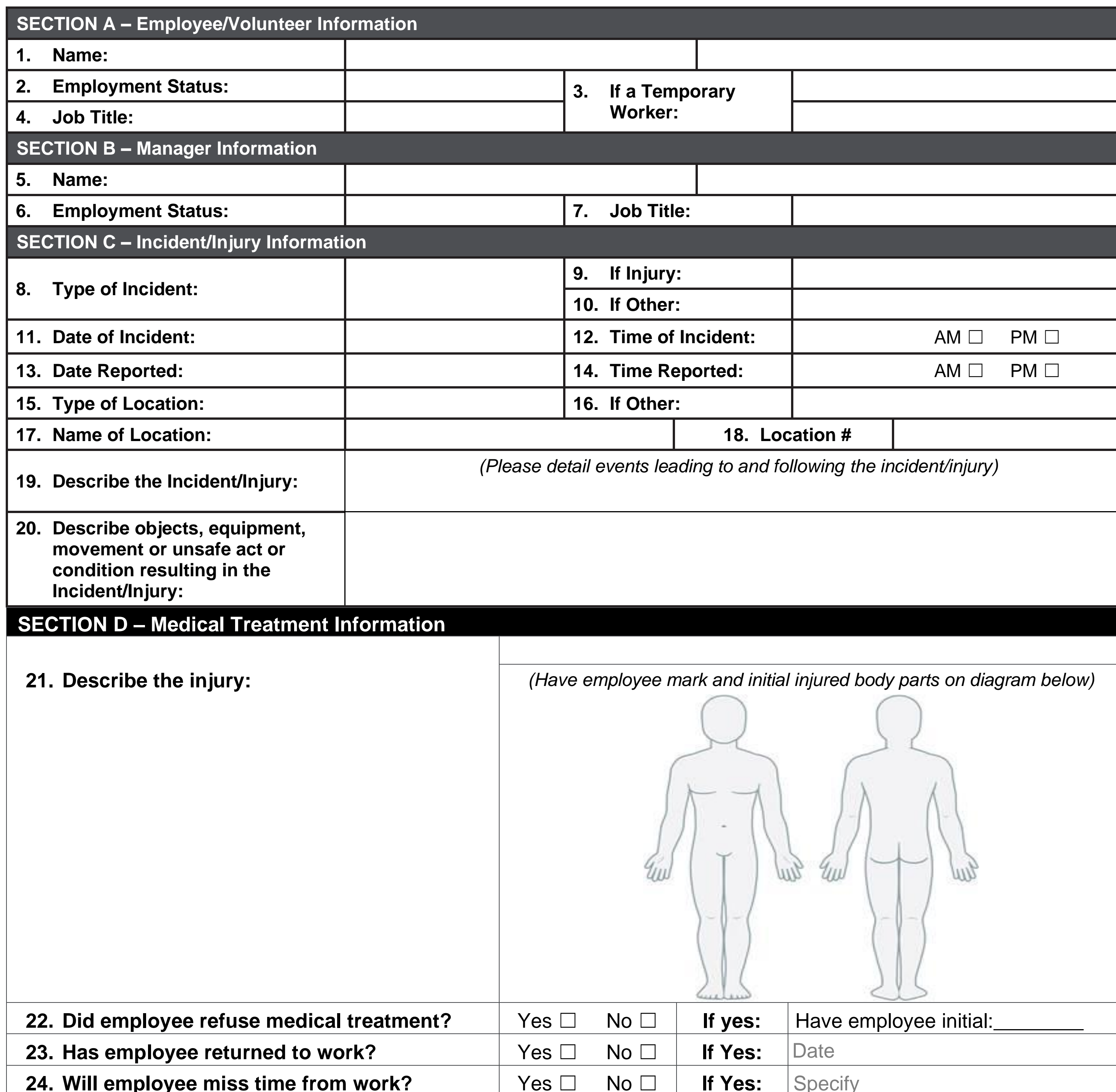

SECTION A – Employee/Volunteer Information			
1. Name:			
2. Employment Status:		3. If a Temporary Worker:	
4. Job Title:			
SECTION B – Manager Information			
5. Name:			
6. Employment Status:		7. Job Title:	
SECTION C – Incident/Injury Information			
8. Type of Incident:		9. If Injury:	
		10. If Other:	
11. Date of Incident:		12. Time of Incident:	AM ☐ PM ☐
13. Date Reported:		14. Time Reported:	AM ☐ PM ☐
15. Type of Location:		16. If Other:	
17. Name of Location:		18. Location #	
19. Describe the Incident/Injury:	*(Please detail events leading to and following the incident/injury)*		
20. Describe objects, equipment, movement or unsafe act or condition resulting in the Incident/Injury:			

SECTION D – Medical Treatment Information				
21. Describe the injury:	*(Have employee mark and initial injured body parts on diagram below)*			
22. Did employee refuse medical treatment?	Yes ☐	No ☐	If yes:	Have employee initial:_________
23. Has employee returned to work?	Yes ☐	No ☐	If Yes:	Date
24. Will employee miss time from work?	Yes ☐	No ☐	If Yes:	Specify

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Diocese of Green Bay

SECTION E – Incident/Injury Investigation

NOTE: Attach all witness statements to this report.

25. Name of Witnesses:	First Name		Last Name	
	Phone No.:		**Email:**	
	First Name		Last Name	
	Phone No.:		**Email:**	

26. Causation:	*(Check all factors contributing to incident/injury)*		
	☐ Slip, Trip, Fall	☐ Improper guarding	☐ Improper instruction
	☐ Improper attire	☐ Improper maintenance	☐ Improper Tool/Tool Use
	☐ Defective equipment	☐ Uneven ground	☐ Not following procedure
	☐ Unsafe process	☐ Distraction/haste	☐ Wet floors
	☐ Weather related	☐ Failure to lock/tag out	☐ Failure to secure
	☐ Lack of proper PPE	☐ Ergonomics Issue	☐ Operating w/o authority
	☐ Poor housekeeping	☐ Inoperative safety device	☐ Unsafe position
	☐ Tight working area	☐ Poor ventilation	☐ Chemical hazard or spill
	☐ Electrical hazard	☐ Poor lighting	☐ Lack of training/skills
	☐ Unaware of surroundings	☐ Horseplay	☐ Animal or Insect
	☐ Other factors:	Please Specify	

27. Personal Protective Equipment (PPE) used at time of Incident/Injury:	*(Check all that apply)*		
	☐ Foot protection	☐ Face/eye protection	☐ Hand protection
	☐ Hearing protection	☐ Fall protection	☐ Respiratory protection
	☐ None		

28. What action(s) do you plan to implement to prevent this type of Incident/Injury from reoccurring?

29. Have you instructed the employee/volunteer on how to avoid the reoccurrence? How?

30. Was a safety rule/policy violated? If so, has the employee/volunteer been disciplined/coached?

31. Manager's Signature:	**Date:**	
32. Employee's Signature:	**Date:**	

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