

Public Risk Innovation, Solutions, and Management (PRISM) Property Claim Reporting Procedures

1. **Member** is responsible for reporting details of loss including the following items to Robert Frey and Diana Walizada at Alliant Insurance Services, Inc:

Alliant Insurance Services

100 Pine Street, 11th Floor, San Francisco, CA 94111-5101

Phone: (415) 403-1400

Fax: (415) 402-0773

Robert Frey, Claims Manager

Direct Line: (415) 403-1445

Email: rfrey@alliant.com

Diana Walizada, Claims Unit Manager

Direct Line: (415) 403-1453

Email: dwalizada@alliant.com

2. Reporting of Loss should include the following:

- Date of the loss
- Name of member and mailing address
- Contact person(s) (for loss details) including full name, title, phone numbers, etc. and name of the risk manager who is to receive all correspondence and claim payment
- Specific location of property damaged
- Estimated amount of entire loss
- Name of police or fire department that responded and the report number, if any
- Description of the incident that caused the damage (fire, theft, water damage, & circumstances of loss etc.)
- Mortgagee or Loss Payee name, address, and account number
- Any additional information (Remember, it is the PRISM member's loss to prove. Isolate all expenses including employee overtime.)

3. **Alliant** is responsible for:

- Reporting loss to the following:
 - McLarens
 - Mike Pott, PRISM
 - AmWINS Insurance Services
 - RK Harrison Insurance Brokers Limited
 - Member's Risk Manager or Primary Contact
- Monitoring progress of claim to resolution
- Providing expertise and assistance regarding coverage and the settlement process
- Collaborating with member to manage the flow of information needed to prove the loss

- Providing “How to Handle a Large Loss” when applicable

4. **McLarens** is responsible for:

- Assigning adjuster to complete investigation
- Contacting member within 24 hours
- Providing assistance in securing vendors for: debris removal, site security, salvage, engineering and other needed resources
- Informing member and Alliant of claim status every 30-45 days
- Meeting with member, as needed, to establish financial and physical needs of the member and facilitate progress of the claim
- Making recommendations to member at time of claim settlement
- Submitting monthly claim payment and expense report to reinsurers
- Obtaining authorization from insurers to issue proof of loss on their behalf
- Obtaining signed and notarized proof of loss from member
- Making claim payment to member within 30 days of receipt of proof of loss statements
- Reimbursing member for loss adjustment expenses as follows:

SIZE OF CLAIM	METHOD OF REIMBURSEMENT TO MEMBER
Under Deductible	Reimbursement not applicable – member to handle claim without reporting
Deductible to \$100k	Reimbursement at claim closure
Over \$100k	Partial reimbursement may be requested periodically

Settlement payment will be made either by check or wire transfer and will include a detailed statement indicating claims being reimbursed.

McLarens

180 Montgomery Street, Suite 2100, San Francisco, CA 94104-4429

Fax: (415) 392-0213

Emergency number: (415) 924-7022

Chris Stafford

Phone: (415) 228-6407

Email: chris.stafford@mclarens.com

Sandra Doig

1301 Dove Street, Ste 200

Newport Beach, CA 92660

Phone: (949) 757-1413

Email: sandra.doig@mclarens.com

Mike Allen

Phone: (415) 228-6405

Email: Mike.allen@mclarens.com

Emergency number: (415) 499-3445



PRISM

Public Risk Innovation,
Solutions, and Management

Property Loss Report

CLAIMS REPORTING	DATE AND TIME OF LOSS INFORMATION	
Alliant Insurance Services Phone: (415) 403-1400 ext. 445 Fax: (415) 403-1466 E-mail report to: rfrey@alliant.com AND dwalizada@alliant.com With a cc: to sandra.doig@mclarens.com McLarens Fax: (949) 757-1692	Date of Report of Loss Date of Loss Time of Loss	
	Previously Reported?	Yes No

INSURANCE COMPANY AND POLICY INFORMATION		
Insurance Company		
Policy Number		
Effective Date		

INSURED INFORMATION	CONTACT INFORMATION		
Name and Address PRISM and its Member Agencies	Name		
	Address		
	City	State	Zip
Member	Email		
	Phone	Fax	

LOSS DETAILS			
Location of Loss		Police or Fire Dept to which reported	
Address			
City	State	Zip	Estimated Amount of Total Loss (if known)
Is this a vacant building? Yes	No	Description of Loss and Damage	
Kind of Loss:			
Fire	Theft		
Water	Hail/Wind		
Auto	Boiler & Machinery		
Other			

POLICY INFORMATION			
Mortgagee/Loss Payee	Yes	No	

Location No.	Subject of Insurance	Amount	Deductible	Coverage
	Bldg Contents			
	Other			
	Bldg Contents			
	Other			
	Bldg Contents			
	Other			

REMARKS/OTHER INSURANCE

Reported by
