

RPS Claims First Notice of Loss (FNOL) Manual



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Introduction to FNOL Website

Go to the FNOL website <https://my.rpsins.com/claimsfnol> to start the claims process

Required Fields

Certain fields on the FNOL site are “required fields”. If these required fields are not completed, you will be directed to complete these fields before moving forward with the filing of the claim. All of the required fields must be completed or the FNOL website will not allow you to continue with the reporting of a new claim.



First Notice Of Loss

* Date/Time of Loss: ⓘ * Required [Find Policy](#) ←

* Policy Number: ⓘ * Required

* Insured/Policy Holder: ⓘ * Required

* Effective Date: ⓘ * Required * Expiration Date: ⓘ * Required

* Reported By: ⓘ * Required

Date Reported: 3/6/2018

Is this a CAT claim? No

* Type of Loss: ⓘ * Required

Insured Contact Name: Insured Phone: Alternate phone:

Insured Email Address:

Mortgage/Lien Holder:

Agency Name:

Insured Mailing Address:

City: State: Zip:

[Next](#)

NOTE: If you do not enter the policy effective date and expiration date, you will not be able to continue to the next page of the FNOL site. This is to verify that that the loss occurred within the policy period.

First Notice Of Loss

* Date/Time of Loss: 05/01/2014 ⓘ * Date Must Be Within Effective Period [Find Policy](#)

* Policy Number: ACB45678

* Insured/Policy Holder: John Doe

* Effective Date: ⓘ * Required * Expiration Date: ⓘ * Required

Setting Up a New Loss: Enter pertinent information

Find Policy

Quick Tip: If you log in with your credentials, after entering the **“Date/Time of Loss”**, you will be able to use the **“Find Policy”** button to lookup a policy for an insured. To utilize, click **“Find Policy”** then enter the policy number or insured’s name and then click **“Submit”**. You will double click on the correct policy and this will prefill information for you.

myRPS Risk Placement Services Inc.

Policy Search

Policy Number:

OR

Insured Name:

Mailing Address:

City: State: Zip:

Submit

Next

NOTE: Please do not type in any of the drop down boxes. If there is a drop down box, be sure to select one of the options within the drop down box. This applies for all pages on the FNOL website.

First Notice Of Loss

* Date/Time of Loss: 05/01/2014   [Find Policy](#)

* Policy Number: ACB45678

* Insured/Policy Holder: John Doe

* Effective Date: 11/5/2013 

* Expiration Date: 11/5/2014 

* Reported By: Insured ▼

Name: (Must enter name of reporting person)

Phone: (555) 555-5555

Send confirmation email? ☐

Date Reported: 3/8/2018

Is this a CAT claim? No ▼

* Type of Loss: Wind ▼

Insured Contact Name: John Doe

(555) 555-5555

Alternate phone

Insured Email Address: JDoe@yahoo.com

Mortgage/Lien Holder: 123 Mortgage

Agency Name: KD Insurance Agency

Insured Mailing Address: 555 John Doe Drive

City: Slidell

State: LA ▼

Zip: 70458-1

[Next](#) ←

Occurrence / Policy Details & Information

On this page, you will be asked for information regarding the occurrence, the type of coverage and the carrier's information. If you used the **"Find Policy"** button, then the carrier's information will be prefilled for you. Fill in all information and be sure to select the correct **"Type of Coverage"** from the drop down box. Then click **"Next"**.

Note: You will be able to go to the previous page after you have entered the ***Required** information in the fields shown in red below.

Occurrence

* Type of Coverage: Homeowner's/Dwelling ▼

* Location of Loss (Address if domestic; country if international location): ① * Required

* City: ① * Required State: ▼ Zip:

* Description of Loss ① * Required

Policy Details & Information

Company/Carrier Name

Previous Next

Depending on the **"Type of Coverage"** for the insured policy, you will have to provide specific information related to the coverage type on **Page 3** of the FNOL Site. Please refer to the specific pages listed below for the **"Type of Coverage"** you select.

- CGL (Commercial General Liability).....Pages 5-8
- Commercial AutoPages 9-11
- Commercial Inland MarinePages 12-13
- Commercial PropertyPages 14-15
- GaragePages 16-17
- Homeowner's/Dwelling (Residential).....Pages 18-19
- Liability (Personal, Management, Professional).....Pages 20-21
- Other.....Pages 22-23
- Personal Auto.....Pages 24-26
- TruckersPages 27-29
- Workers Comp Pages 30-31

Entering CGL (Commercial General Liability) Losses

* Type of Coverage:

CGL

On this page, you will need to select the type of General Liability loss (product liability, injury, property damage or products). Then you will enter the limits of the coverage pertaining to the loss. You will enter the injured party information, whether it is for property damage or bodily injury. Please be sure to enter all information and then click **“Next”**.

General Liability

Is this a product liability claim? ☐

☐ Injury

☐ Property Damage

☐ Products

Gen Agg: \$

Prods/Comp Agg: \$

Pers Inj/Adv: \$

Each Occ: \$

Fire Dmg: \$

Med Pay: \$

Page 3 of FNOL Site

“General Liability”
Losses

Enter Limits
Here

Owner/Injured Info

Owner/Injured #1 Name:

Contact#:

Occupation:

Employer:

Age:

Sex:

Fatality?

☐

What was Injured
Doing?

Witness Info:

Witness #1:

Witness Address:

City:

State:

Zip:

Witness Number:

Previous

Next

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **“Claim Taken By”** field, today’s date. You can also add attachments to the Loss form by clicking **“Attachments”**.

myRPS

Risk Placement Services, Inc

RPS Claims

Additional Information

Alternate Contact Name(s):

Jane Doe

Alternate Contact Mailing Address

1234 Main St.

City:

Dallas

State:

TX

Zip:

55555

Alternate Contact Parish/County

Dallas

Alternate Contact E-mail Address:

JaneD@gmail.com

Alternate Contact Phone Number:

(555) 555-5555

May we speak to this person regarding claim?

☒ Yes
 ☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By:

Jay Smith

Date:

5/6/2014

Previous

Attachments

Submit

Page 4 of FNOL Site
“General Liability”
Losses

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete

☐

Continue

TEST.docx	12.70 KB	Start	Cancel
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The above box will appear and you will select “**Add Files**” and then search for the file on your computer. Then you will need to select “**Start**” and then “**Continue**”.

Continue

Then click “**Submit**” and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Commercial Auto Losses

* Type of Coverage:

Commercial Auto ▼

On this page, you will need to enter the Driver Information & Vehicle Information. Please be sure to enter all information and then click **“Next”**.

Driver Information

Driver's Name	<input type="text"/>	Driver's Address	<input type="text"/>
Driver Relationship to Insured	<input type="text"/>		
Driver's License Number	<input type="text"/>	State:	<input type="text"/>
Driver DOB:	<input type="text" value="6/9/2017"/>	Driver Home Phone:	<input type="text"/>
Driver Work Phone:	<input type="text"/>	Driver cell Phone:	<input type="text"/>
Purpose of Use:	<input type="text"/>	Used with permission of insured?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Page 3 of FNOL Site
“Commercial Auto”
Losses

Vehicle Information

Estimate Amount:	<input type="text" value="0"/>	Damage Description:	<input type="text"/>
Year:	<input type="text"/>	Make:	<input type="text"/>
Vin Number	<input type="text"/>	Plate Number	<input type="text"/>
Other insurance on vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Other Insurance	<input type="text"/>		
Lienholder:	<input type="text"/>		
Is the vehicle drivable?	<input type="radio"/> Yes <input type="radio"/> No		
When can vehicle be seen?	<input type="text" value="6/9/2017"/>		
Where can vehicle be seen?	<input type="text"/>		
Other Driver/Injured Party	<input type="text"/>		
Accident Report #	<input type="text"/>		

←

One this page, you will enter any additional Vehicle, Driver or Injured Individuals information. If no other information to enter, skip this page and click **“Next”**.

Other Property Damaged

Other Veh/Prop Ins? ☐

Vehicle? ☐

Make

Model

Year

Plate #

Company or Agency Name

Policy #

Owner's Name

Owner's Address

Home Phone

Business Phone

Property Description

The Owner of the Vehicle also the driver? ☐

Other Driver Information

Other Driver Name

Other Driver Address

Other Driver Home Phone

Other Driver Work Phone

Estimate Amount

Damage Description

Where Damage is Seen?

Injured Individuals

+

Add Injured (max 3)

Name	Address	Phone	Age	Ped	Ins V/eh	Oth V/eh	Extent of Injury

Previous

Next

←

On this page, you will need to enter any **Witnesses and Passengers**. You will also need to complete the **“Reported by”** field, which will be the name of the person reporting the claim along with your name in the **“Reported To”** Field.

Witnesses and Passengers

+

Add Witness/Passenger (max 3)

Name	Address	City	State	Zip	Phone	Ins Veh	Oth Veh

Reported By:

Reported To:

Date Taken: 6/9/2017

Remarks (Include Adjuster Assigned)

Previous

Attachments

Submit

You can also add attachments to the Loss form by clicking **"Attachments"**.

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete

Continue

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Start

Cancel

The above box will appear and you will select **"Add Files"** and then search for the file on your computer. Then you will need to select **"Start"** and then **"Continue"**.

Then click **"Submit"** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Previous

Attachments

Submit

Entering Commercial Inland Marine Losses

* Type of Coverage:

Commercial Inland Marine ▼

On this page, you will need to enter the Equipment Damaged. Please be sure to enter all information pertaining to the damaged item(s) and then click **“Next”**.

Equipment damaged:

Previous

Next



On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **“Claim Taken By”** field, today's date. You can also add attachments to the Loss form by clicking **“Attachments”**.

myRPS

Risk Placement Services, Inc

RPS Claims

Additional Information

Alternate Contact Name(s):

Jane Doe

Alternate Contact Mailing Address

1234 Main St.

City:

Dallas

State:

TX ▼

Zip:

55555

Alternate Contact Parish/County

Dallas

Alternate Contact E-mail Address:

JaneD@gmail.com

Alternate Contact Phone Number:

(555) 555-5555

May we speak to this person regarding claim?

☒ Yes

☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By:

Jay Smith

Date:

5/6/2014

Previous

Submit

Page 3 of FNOL Site

“Commercial Inland
Marine” Losses

Previous

Attachments

Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete

☐

Continue

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Start

Cancel

The above box will appear and you will select “**Add Files**” and then search for the file on your computer. Then you will need to select “**Start**” and then “**Continue**”.

Then click “**Submit**” and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Commercial Property Losses

* Type of Coverage:

Commercial Property ▼

On this page, you will need to select Dwelling or Contents damage, Location and Building numbers, Building & Contents policy limits, Deductible Amount and other Information about the Building, if applicable. Please be sure to enter all information and then click **“Next”**.

Commercial Property

☐ Dwg/Bldg ☐ Contents

Location #: Building #: Is the building uninhabitable? ☐ Yes ☐ No

Building: \$

Contents: \$ Were contents damaged inside the building? ☐ Yes ☐ No

Deductible: \$

Did the building flood? ☐ Yes ☐ No

Business Interruption: Can you resume operations? ☐ Yes ☐ No

Has electricity been restored? ☐ Yes ☐ No

Any other location and/or buildings damaged? ☐ Yes ☒ No

←

Page 3 of FNOL Site

“Commercial
Property” Losses

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **“Claim Taken By”** field, today’s date. You can also add attachments to the Loss form by clicking **“Attachments”**.

Additional Information

Alternate Contact Name(s):

Jane Doe

Alternate Contact Mailing Address

1234 Main St.

City:

Dallas

State:

TX

Zip:

55555

Alternate Contact Parish/County

Dallas

Alternate Contact E-mail Address:

JaneD@gmail.com

Alternate Contact Phone Number:

(555) 555-5555

May we speak to this person regarding claim?

☒ Yes

☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By:

Jay Smith

Date:

5/6/2014



Previous

Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete



Continue

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12.70 KB

Start

Cancel

The above box will appear and you will select **"Add Files"** and then search for the file on your computer. Then you will need to select **"Start"** and then **"Continue"**.

Continue

Then click **"Submit"** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.


Entering Garage Losses

* Type of Coverage:

Garage

On this page, you will need to enter the Vehicle information (year, make, model, vin# etc) involved in the loss, the claimant's contact information (name and phone number) along with the police report item number, if available. Please be sure to enter all information and then click **"Next"**.

Vehicle Information

Claimant's name:	<input type="text"/>	Claimant's phone number:	<input type="text"/>
Estimate Amount:	<input type="text" value="0"/>	Damage Description:	<input type="text"/>
Year:	<input type="text"/>	Make:	<input type="text"/>
		Model:	<input type="text"/>
Vin Number	<input type="text"/>	Plate Number	<input type="text"/>
Other insurance on vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Other Insurance	<input type="text"/>		
Lienholder:	<input type="text"/>		
Is the vehicle drivable?	<input type="radio"/> Yes <input type="radio"/> No		
When can vehicle be seen?	<input type="text" value="6/11/2017"/> 		
Where can vehicle be seen?	<input type="text"/>		
Other Driver/Injured Party	<input type="text"/>		
Accident Report #	<input type="text"/>		
<div>PreviousNext</div>			

Page 3 of FNOL Site

"Garage" Losses

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **"Claim Taken By"** field, today's date. You can also add attachments to the Loss form by clicking **"Attachments"**.

Additional Information

Alternate Contact Name(s):

Jane Doe

Alternate Contact Mailing Address

1234 Main St.

City:

Dallas

State:

TX

Zip:

55555

Alternate Contact Parish/County

Dallas

Alternate Contact E-mail Address:

JaneD@gmail.com

Alternate Contact Phone Number:

(555) 555-5555

May we speak to this person regarding claim?

☒ Yes

☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By:

Jay Smith

Date:

5/6/2014



Previous

Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete



Continue

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12.70 KB

Start

Cancel

The above box will appear and you will select **"Add Files"** and then search for the file on your computer. Then you will need to select **"Start"** and then **"Continue"**.

Then click **"Submit"** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Homeowner's/Dwelling (Residential) Losses

* Type of Coverage:

Homeowner's/Dwelling ▼

On this page, you will need to select whether or not the Dwelling is Livable or Not Livable, along with entering the policy limits for the Dwelling Coverages. You will complete the tenant's contact information, if applicable. Please be sure to enter all information and then click **"Next"**.

Dwelling/Home

Page 3 of FNOL Site
"Homeowner's/
Dwelling" Losses

Enter Policy Limits Here

Is Dwelling Livable? ☐ Yes ☐ No

Cov A [DWG]: \$

Cov B [APS]: \$

Cov C [CONTENTS]: \$

Cov D [ALE/FRV]: \$

Cov E/F [Liability/MedPay]: \$

Was there a mandatory evacuation in your parish? ☐ Yes ☐ No *** If yes, civil authority advance is needed ***

Where are you staying? ▼ If Other:

Tenant Occupied? ☐ Yes ☐ No

Tenant Name:

Tenant Number:

Contents Damage? ☐ Yes ☐ No Deductible: \$

Previous

Next

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **"Claim Taken By"** field, today's date. You can also add attachments to the Loss form by clicking **"Attachments"**.

Additional Information

Alternate Contact Name(s): Jane Doe

Alternate Contact Mailing Address 1234 Main St.

City: Dallas State: TX Zip: 55555

Alternate Contact Parish/County Dallas

Alternate Contact E-mail Address: JaneD@gmail.com

Alternate Contact Phone Number: (555) 555-5555 May we speak to this person regarding claim? ☒ Yes ☐ No

Additional Comments/Concerns/Detail Only call me after 10am.

Claim Taken By: Jay Smith Date: 5/6/2014

Previous Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files... Start upload Cancel upload Delete

Continue

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Start Cancel

The above box will appear and you will select **“Add Files”** and then search for the file on your computer. Then you will need to select **“Start”** and then **“Continue”**.

Then click **“Submit”** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Liability (Personal, Mgmt, Professional) Losses

* Type of Coverage: 

Additional Info:

Enter Type of Liability Loss Here

On this page, you will enter the Limit of Liability, Claimant Information and description of injuries, along with any witness contact information available. Please be sure to enter all information and then click **“Next”**.

Personal Liability

Limits of Liability: \$

Claimant Information:

Type of Injury/Loss:

Witness Name:


Witness Address:

City: State: Zip:

Witness Number:

Previous

Next



Page 3 of FNOL Site

“Liability (Personal, Mgmt, Professional)” Losses

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the **“Claim Taken By”** field, today's date. You can also add attachments to the Loss form by clicking **“Attachments”**.

Additional Information

Alternate Contact Name(s): Jane Doe

Alternate Contact Mailing Address 1234 Main St.

City: Dallas State: TX Zip: 55555

Alternate Contact Parish/County Dallas

Alternate Contact E-mail Address: JaneD@gmail.com

Alternate Contact Phone Number: (555) 555-5555 May we speak to this person regarding claim? ☒ Yes ☐ No

Additional Comments/Concerns/Detail Only call me after 10am.

Claim Taken By: Jay Smith Date: 5/6/2014

Previous Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files... Start upload Cancel upload Delete

Continue

TEST.docx

12.70 KB

Start Cancel

The above box will appear and you will select **“Add Files”** and then search for the file on your computer. Then you will need to select **“Start”** and then **“Continue”**.

Continue

Then click **“Submit”** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Other Losses

* **Type of Coverage:** Other ▼

If Other:

Enter Type of Loss Here

On this page, you will enter the Limits for the Coverage involved in the loss, the Deductible amount and Description of Damages. Please be sure to enter all information and then click “**Next**”.

Other

☐ Dwg/Bldg ☐ Contents

Limits: \$

Deductible: \$

Type of injury/Part of body affected:

Physician Details:

Details [contacts, location, witnesses, etc.]

Previous

Next

←

Page 3 of FNOL Site
“Other” Losses

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the “**Claim Taken By**” field, today’s date. You can also add attachments to the Loss form by clicking “**Attachments**”.

"Other" Losses

Additional Information

Alternate Contact Name(s):

Jane Doe

Alternate Contact Mailing Address

1234 Main St.

City:

Dallas

State:

TX

Zip:

55555

Alternate Contact Parish/County

Dallas

Alternate Contact E-mail Address:

JaneD@gmail.com

Alternate Contact Phone Number:

(555) 555-5555

May we speak to this person regarding claim?

☒ Yes

☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By:

Jay Smith

Date:

5/6/2014



Previous

Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete



Continue

TEST.docx

12.70 KB

Start

Cancel

The above box will appear and you will select **"Add Files"** and then search for the file on your computer. Then you will need to select **"Start"** and then **"Continue"**.

Continue

Then click **"Submit"** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Personal Auto Losses

* **Type of Coverage:**

Personal Auto ▼

On this page, you will enter the Driver's information and the Vehicle information involved in the loss. Please be sure to enter all information and then click **"Next"**.

Driver Information

Driver's Name

Driver's
Address

Driver Relationship to Insured

Driver's License Number

State:

Driver DOB:

Driver Home Phone:

Driver Work Phone:

Driver cell Phone:

Purpose of Use:

Used with
permission
of insured?

☐ Yes ☒ No

Page 3 of FNOL
Site
"Personal Auto"
Losses

Vehicle Information

Estimate Amount:

Damage
Description:

Year:

Make:

Model:

Vin Number

Plate Number

Other insurance on vehicle?

☐ Yes ☒ No

Other Insurance

Lienholder:

Is the vehicle drivable?

☐ Yes ☐ No

When can vehicle be seen?

Where can vehicle be seen?

Other Driver/Injured Party

Accident Report #

Previous

Next



On this page, you will enter the Other Vehicle information and Other Driver information pertaining to the loss, along with any Injured Individuals. Please be sure to enter all information and then click **“Next”**.

Page 4 of FNOL
Site
“Personal Auto”
Losses

Other Property Damaged

Other Veh/Prop Ins? ☐

Vehicle? ☐

Make

Model

Year

Plate #

Company or Agency
Name

Policy #

Owner's Name

Owner's Address

Home Phone

Business Phone

Property Description

The Owner of the
Vehicle also the driver? ☐

Other Driver Information

Other Driver Name

Other Driver Address

Other Driver Home
Phone

Other Driver Work
Phone

Estimate Amount

Damage Description

Where Damage is Seen?

Injured Individuals

+ Add Injured (max 3)

Name	Address	Phone	Age	Ped	Ins Veh	Oth Veh	Extent of Injury

Previous

Next



On this page, you will need to enter any **Witnesses and Passengers**. You will also need to complete the **“Reported by”** field, which will be the name of the person reporting the claim along with your name in the **“Reported To”** Field.

Witnesses and Passengers

+ Add Witness/Passenger (max 3)

Name	Address	City	State	Zip	Phone	Ins Veh	Oth Veh

Reported By: Reported To: Date Taken: 6/9/2017

Remarks (Include Adjuster Assigned)

Previous Attachments Submit

You can also add attachments to the Loss form by clicking “Attachments”.

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files... Start upload Cancel upload Delete

Continue

TEST.docx 12.70 KB Start Cancel

The above box will appear and you will select **“Add Files”** and then search for the file on your computer. Then you will need to select **“Start”** and then **“Continue”**.

Then click **“Submit”** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Previous Attachments Submit

Entering Truckers Losses

* Type of Coverage:

Truckers

On this page, you will need to enter the Driver Information & Vehicle Information. Please be sure to enter all information and then click **“Next”**.

Page 3 of FNOL Site

“Truckers” Losses

Driver Information

Driver's Name

Driver's
Address

Driver Relationship to Insured

Driver's License Number

State:

Driver DOB:

6/9/2017



Driver Home Phone:

Driver Work Phone:

Driver cell Phone:

Purpose of Use:

Used with
permission
of insured?

☐ Yes

☒ No

Vehicle Information

Estimate Amount:

0

Damage
Description:

Year:

Make:

Model:

Vin Number

Plate Number

Other insurance on vehicle?

☐ Yes

☒ No

Other Insurance

Lienholder:

Is the vehicle drivable?

☐ Yes

☐ No

When can vehicle be seen?

6/9/2017



Where can vehicle be seen?

Other Driver/Injured Party

Accident Report #

Previous

Next



On this page, you will enter any additional Vehicle, Driver or Injured Individuals information. If no other information to enter, skip this page and click **“Next”**.

Other Property Damaged

Page 4 of FNOL Site

“Truckers” Losses

Other Veh/Prop Ins? ☐

Vehicle? ☐

Make

Model

Year

Plate #

Company or Agency
Name

Policy #

Owner's Name

Owner's Address

Home Phone

Business Phone

Property Description

The Owner of the
Vehicle also the driver? ☐

Other Driver Information

Other Driver Name

Other Driver Address

Other Driver Home
Phone

Other Driver Work
Phone

Estimate Amount

Damage Description

Where Damage is Seen?

Injured Individuals

+ Add Injured (max 3)

Name	Address	Phone	Age	Ped	Ins Veh	Oth Veh	Extent of Injury
------	---------	-------	-----	-----	---------	---------	------------------

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Next



On this page, you will need to enter any **Witnesses and Passengers**. You will also need to complete the **“Reported by”** field, which will be the name of the person reporting the claim along with your name in the **“Reported To”** Field.

Witnesses and Passengers

+ Add Witness/Passenger (max 3)

Name	Address	City	State	Zip	Phone	Ins Veh	Oth Veh
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Reported By: Reported To: Date Taken: 6/9/2017

Remarks (Include Adjuster Assigned)

Previous Attachments Submit

Page 5 of FNOL Site
“Truckers” Losses

You can also add attachments to the Loss form by clicking **“Attachments”**.

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files... Start upload Cancel upload Delete ☐

Continue

TEST.docx 12.70 KB

Start Cancel

The above box will appear and you will select **“Add Files”** and then search for the file on your computer. Then you will need to select **“Start”** and then **“Continue”**.

Previous Attachments Submit

Then click **“Submit”** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.

Entering Workers Comp Losses

* Type of Coverage:

Workers Comp ▼

On this page, you will need to enter the limits, information on injured employee, description of injury, physician details, the name of supervisor/manager at the time of the incident and any witness information you may have. Please be sure to enter all information and then click “**Next**”.

Workers Comp

* Injured Employee:

Employment:

☐ Full-Time

☐ Part-Time

Weekly Wages: \$

Hire Date:

Policy Limit: \$

Each Accident: \$

* Type of injury/Part of body affected:

Physician Details:

Supervisor/Mgr at time of incident:

* Contact Number:

* Email Address:

Witness Name:

Witness Address:

City:

State:

Zip:

Witness Number:

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“Workers Comp.”
Losses

On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the “**Claim Taken By**” field, today’s date. You can also add attachments to the Loss form by clicking “**Attachments**”.

Additional Information

Alternate Contact Name(s): Jane Doe

Alternate Contact Mailing Address 1234 Main St.

City: Dallas

State: TX

Zip: 55555

Alternate Contact Parish/County Dallas

Alternate Contact E-mail Address: JaneD@gmail.com

Alternate Contact Phone Number: (555) 555-5555

May we speak to this person regarding claim? ☒ Yes ☐ No

Additional Comments/Concerns/Detail

Only call me after 10am.

Claim Taken By: Jay Smith

Date: 5/6/2014

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Submit

Upload Files

Allowed file types: jpg, jpeg, png, pdf, doc, docx

+ Add files...

Start upload

Cancel upload

Delete



Continue

TEST.docx

12.70 KB

Start

Cancel

The above box will appear and you will select **"Add Files"** and then search for the file on your computer. Then you will need to select **"Start"** and then **"Continue"**.

Continue

Then click **"Submit"** and you will receive confirmation that the claim has been submitted successfully and you will be given a tracking number.