

RPS Claims First Notice of Loss (FNOL) Manual





Table of Content

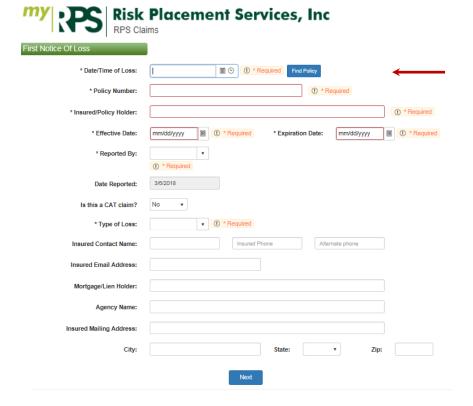
Introduction to FNOL Website
Required Fields
Setting up a New Loss
Occurrence
Policy Details & Information (Type of Coverage) 5
CGL (Commercial General Liability) Losses 5-8
Commercial Auto Losses9-11
Commercial Inland Marine Losses12-13
Commercial Property Losses14-15
Garage16-17
Homeowner's/Dwelling (Residential) Losses18-19
Liability (Personal, Mgmt, Profess) Losses 20-21
Other Losses22-23
Personal Auto Losses24-26
Truckers Losses27-29
Workers Comp Losses

Introduction to FNOL Website

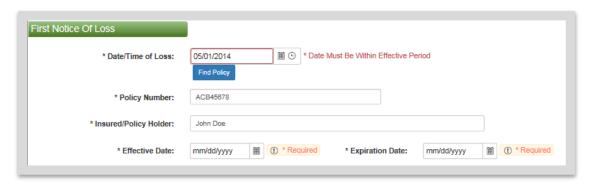
Go to the FNOL website https://my.rpsins.com/claimsfnol to start the claims process

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.



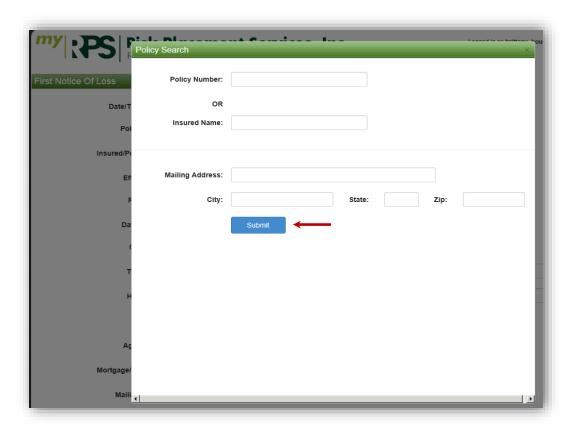
NOTE: If you do not enter the policy effective date and expiration date, you will not be able to continue to the next page of the FNOL site. This is to verify that that the loss occurred within the policy period.



Setting Up a New Loss: Enter pertinent information

Find Policy

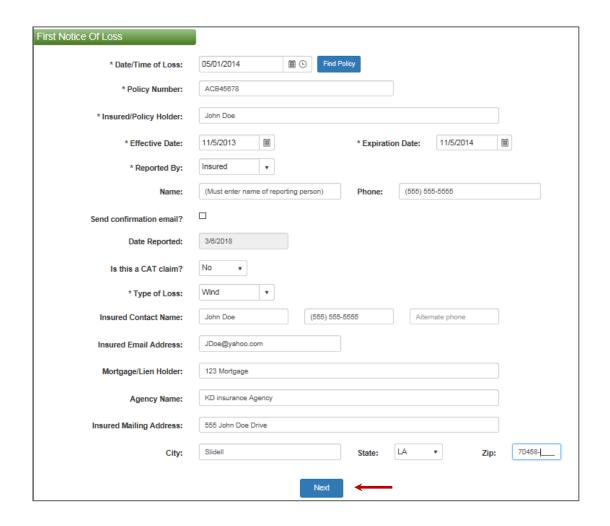
Quick Tip: If you log in with your credentials, after entering the "Date/Time of Loss", you will be able to use the "Find Policy" button to lookup a policy for an insured. To utilize, click "Find Policy" then enter the policy number or insured's name and then click "Submit". You will double click on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



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.

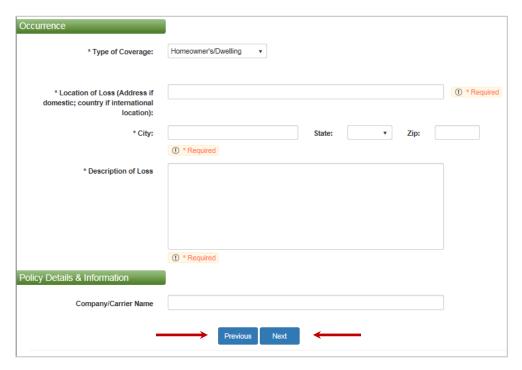




Occurrence / Policy Details & Information

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.



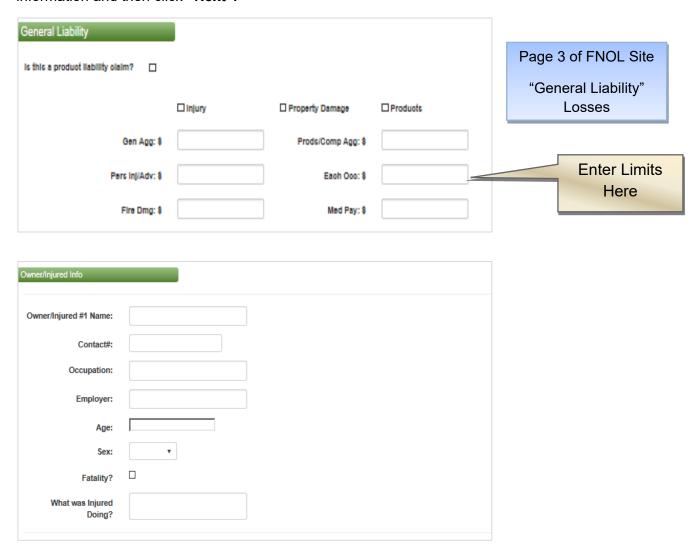
Depending on the "**Type of Coverage**" for the insured policy, you will have to provide specific information related to the coverage type on **Page 3** of the FNOL Site. Please refer to the specific pages listed below for the "**Type of Coverage**" you select.

•	CGL (Commercial General Liability)	Pages 5-8
•	Commercial Auto	Pages 9-11
•	Commercial Inland Marine	Pages 12-13
•	Commercial Property	Pages 14-15
•	Garage	Pages 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
•	Truckers	Pages 27-29
•	Workers Comp	Pages 30-31

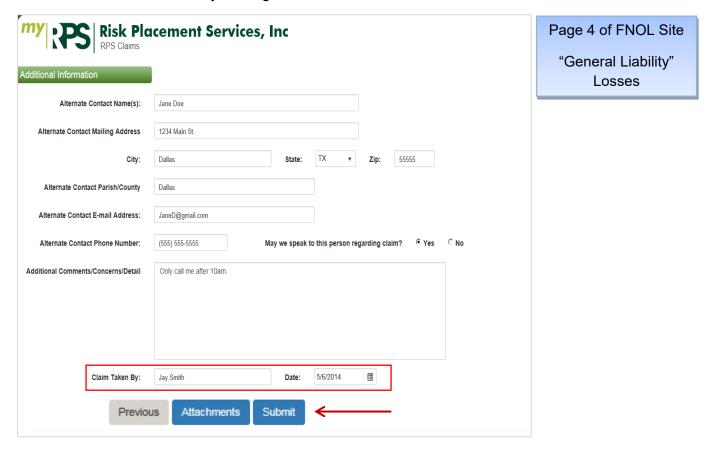
Entering CGL (Commercial General Liability) Losses

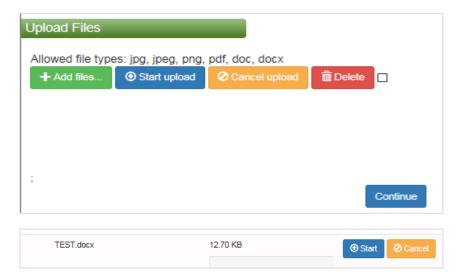


On this page, you will need to select the type of General Liability loss (product liability, injury, property damage or products). Then you will enter the limits of the coverage pertaining to the loss. You will enter the injured party information, whether it is for property damage or bodily injury. Please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





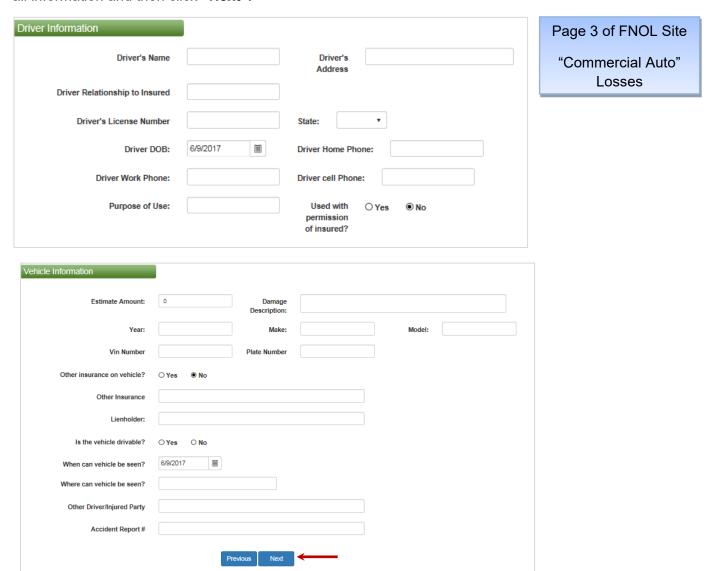




Entering Commercial Auto Losses



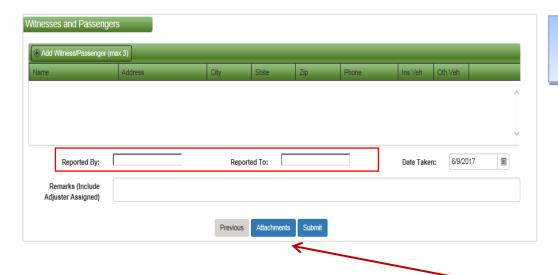
On this page, you will need to enter the Driver Information & Vehicle Information. Please be sure to enter all information and then click "**Next**".



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**".

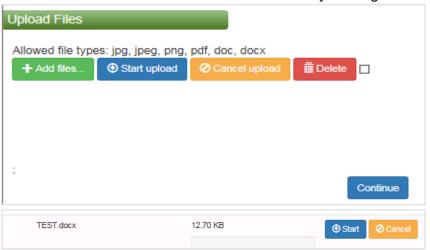
Other Property Dan	naged					
Other Veh/Prop In	s? □					
Vehicl	e? □					
Ma	ke Model					
Ye	Plate #					
Company or Agen						
Owner's Nar	ne Owner's Address					
Home Pho	ne Business Phone					
Property Descripti	on The Owner of the Vehicle also the driver?					
Other Driver Information						
Other Driver Name	Other Driver Address					
Other Driver Home Other Driver Work Phone 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.



Page 5 of FNOL Site
"Commercial Auto"
Losses

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



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".



Entering Commercial Inland Marine Losses

* Type of Coverage:

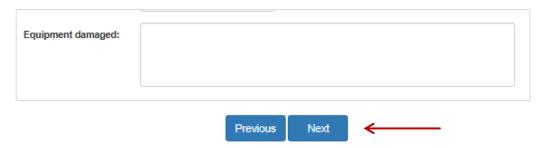
Previous

Attachments

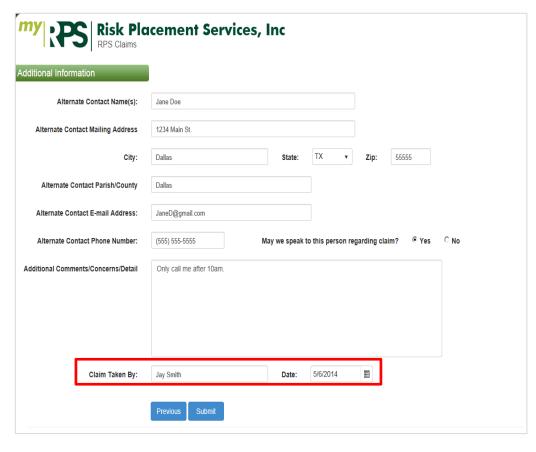
Submit



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**".

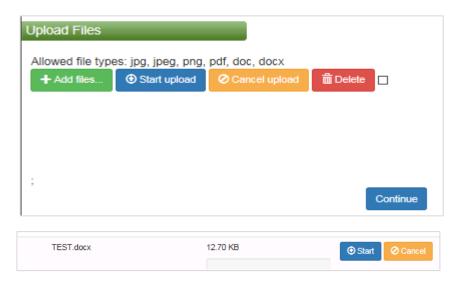


On this page, you will need to enter any additional information such as any alternate contact information. Please be sure to enter **your name** in the "Claim Taken By" field, today's date. You can also add attachments to the Loss form by clicking "Attachments".



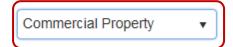
Page 3 of FNOL Site

"Commercial Inland
Marine" Losses

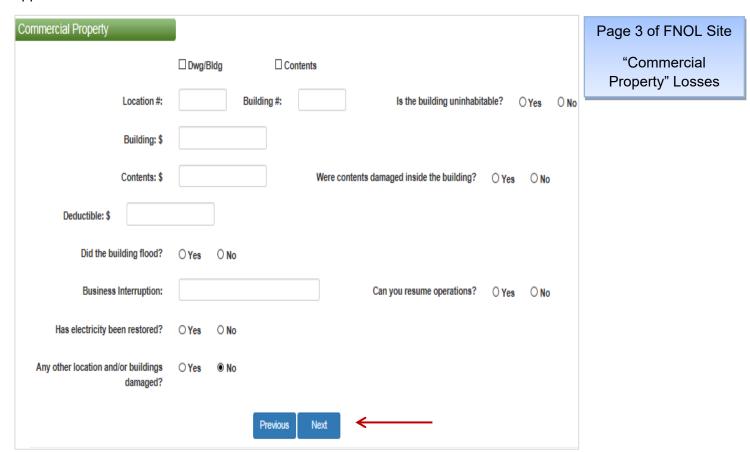


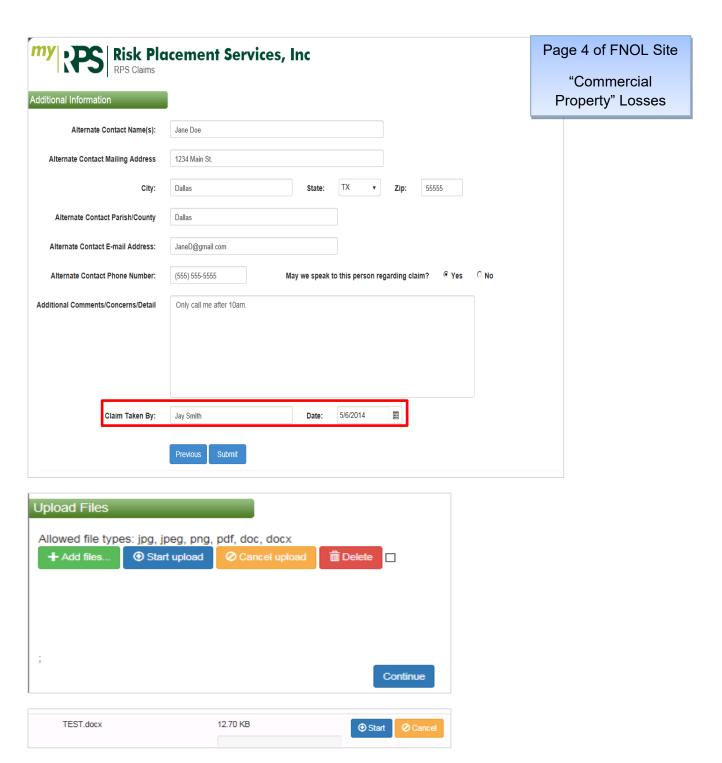
Entering Commercial Property Losses

* Type of Coverage:



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".



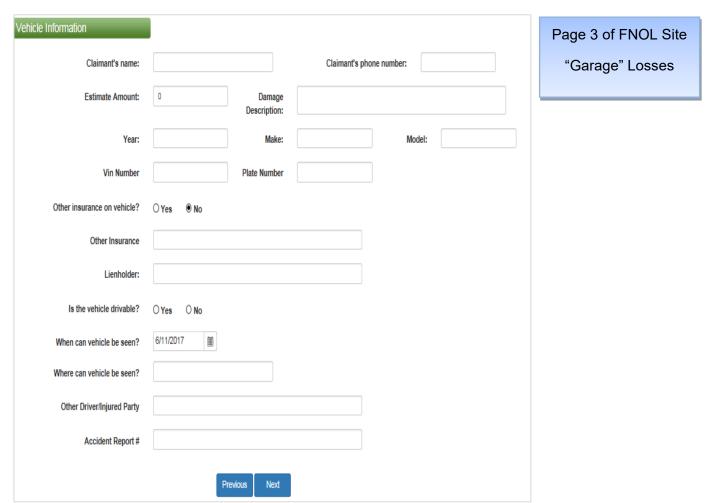


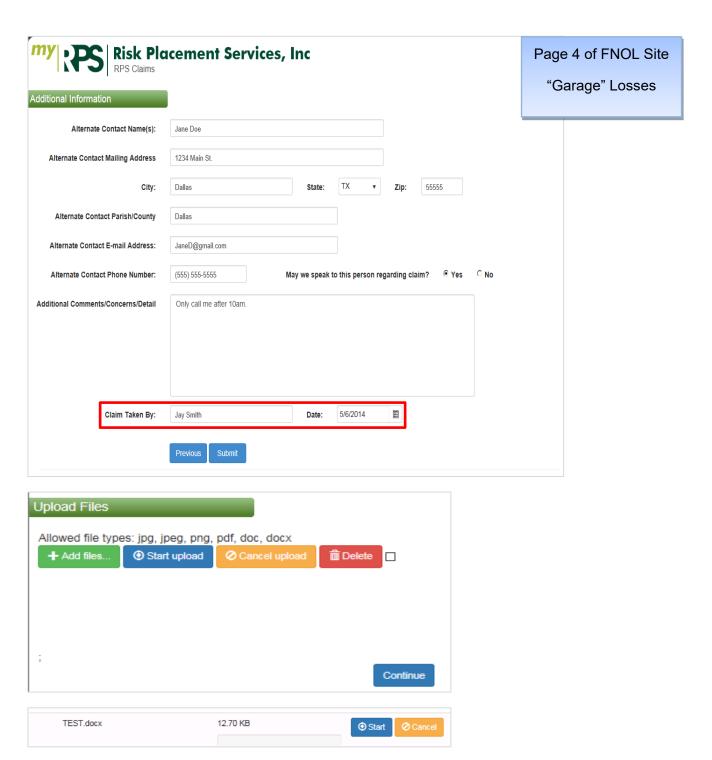
Entering Garage Losses





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**".



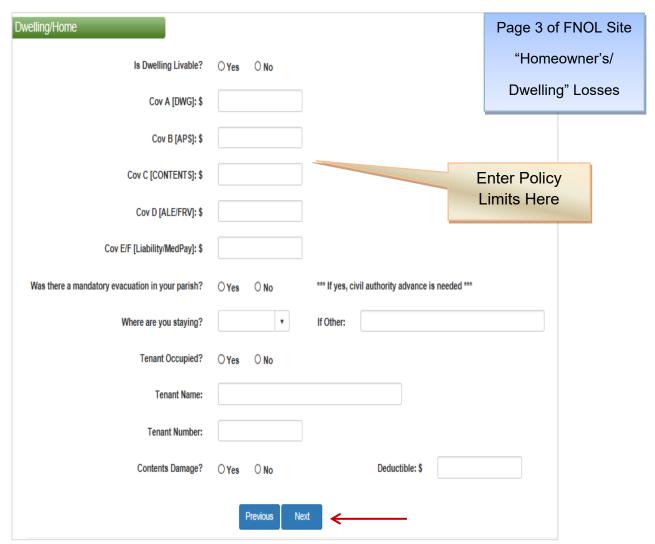


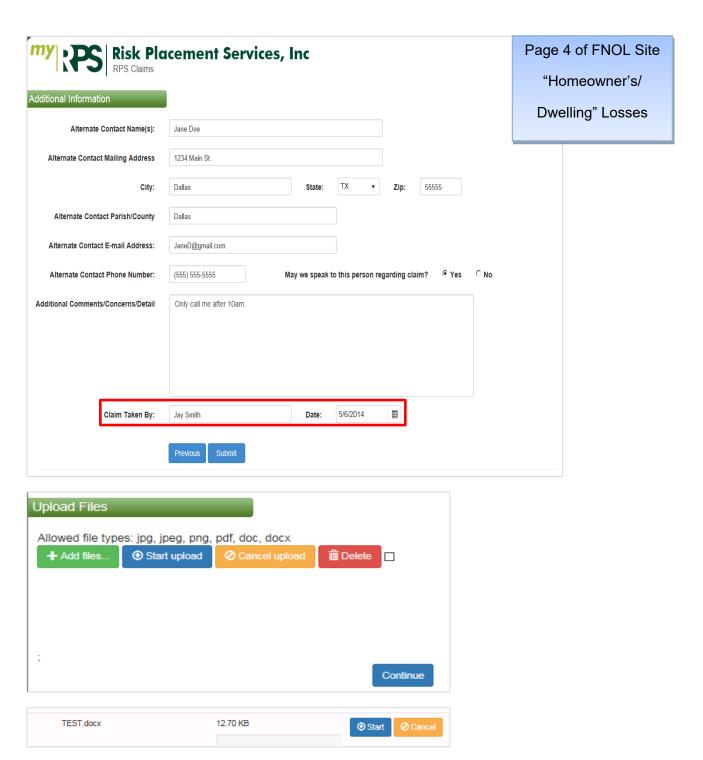
Entering Homeowner's/Dwelling (Residential) Losses

* Type of Coverage:

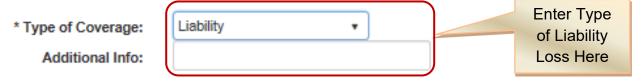


On this page, you will need to select whether or not the Dwelling is Livable or Not Livable, along with entering the policy limits for the Dwelling Coverages. You will complete the tenant's contact information, if applicable. Please be sure to enter all information and then click "Next".

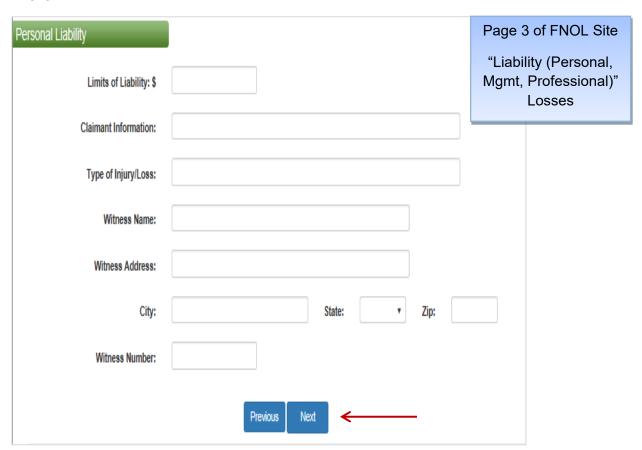


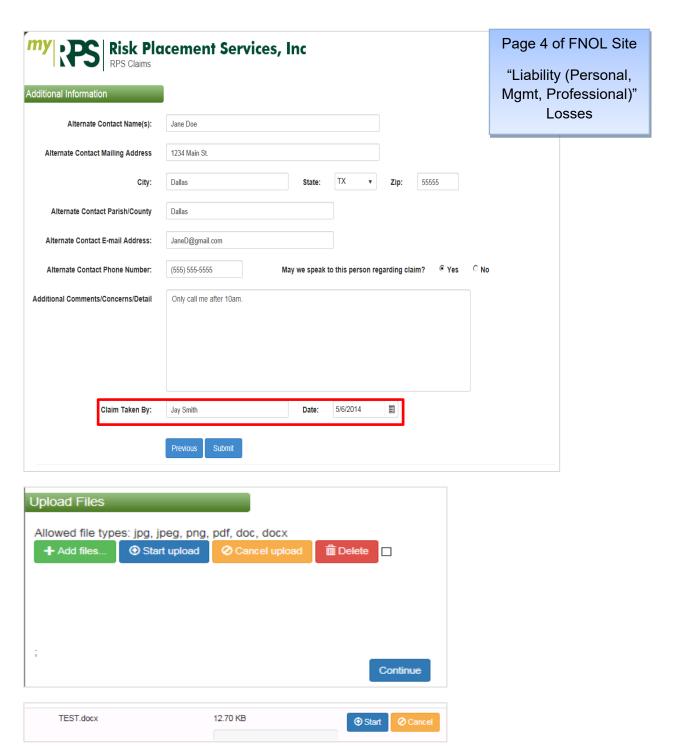


Entering Liability (Personal, Mgmt, Professional) Losses



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".

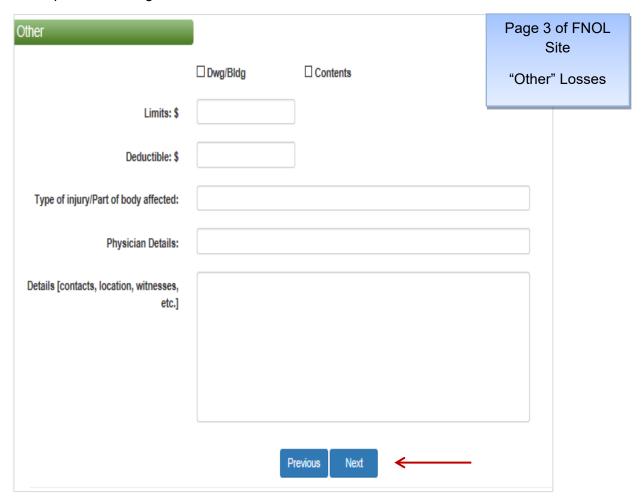


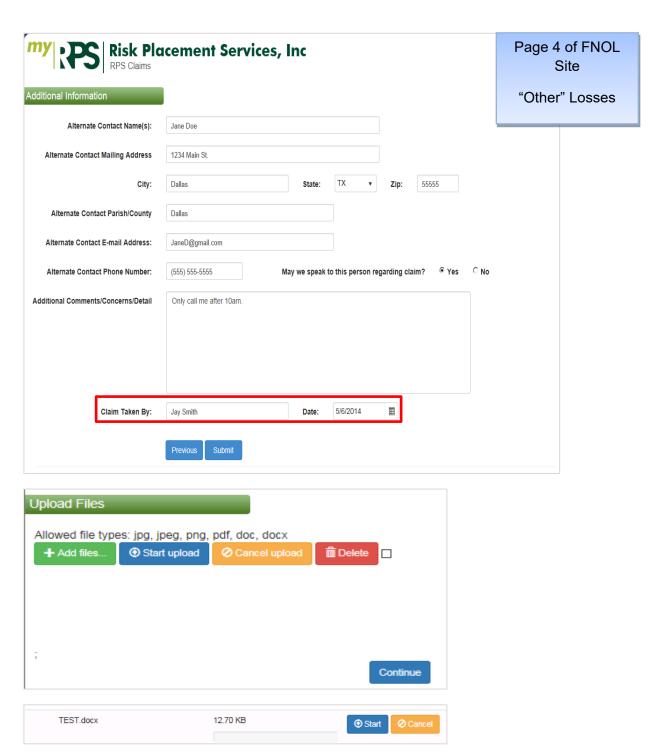


Entering Other Losses



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".



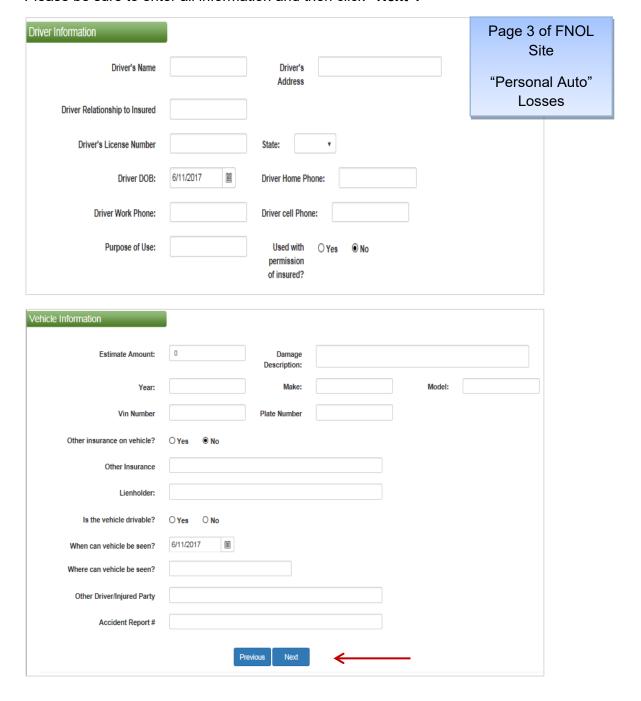


Entering Personal Auto Losses

* Type of Coverage:



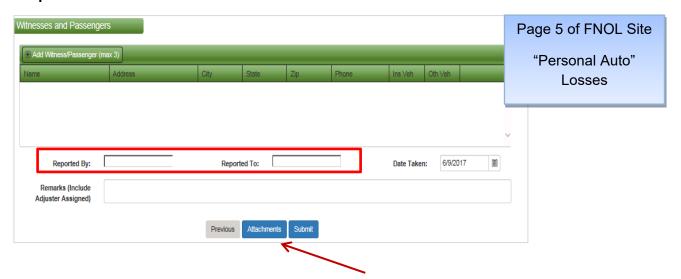
On this page, you will enter the Driver's information and the Vehicle information involved in the loss. Please be sure to enter all information and then click "**Next**".



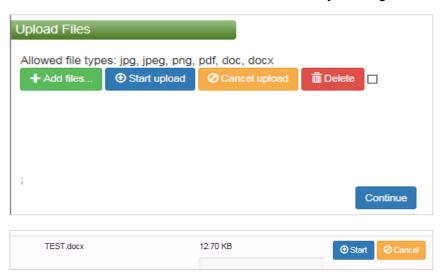
On this page, you will enter the Other Vehicle information and Other Driver information pertaining to the loss, along with any Injured Individuals. Please be sure to enter all information and then click "Next".

Other Property Damag Other Veh/Prop Ins? Vehicle? Make Year			Model Plate #		"Perso	of FNOL Site onal Auto" osses
Company or Agency Name Owner's Name		Owner's	Policy # Address			
Home Phone Property Description						
Other Driver Information						
Other Driver Name	Other Driver Address					
Other Driver Home Phone		Other Driver Work Phone				
Estimate Amount	A *					
Damage Description		Where Damage is Seen?				
Injured Individuals						
Add Injured (max 3)						
Name	Address	Phone Age Po	ed Ins Veh Oth Veh	Extent of Injury		

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.



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



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".

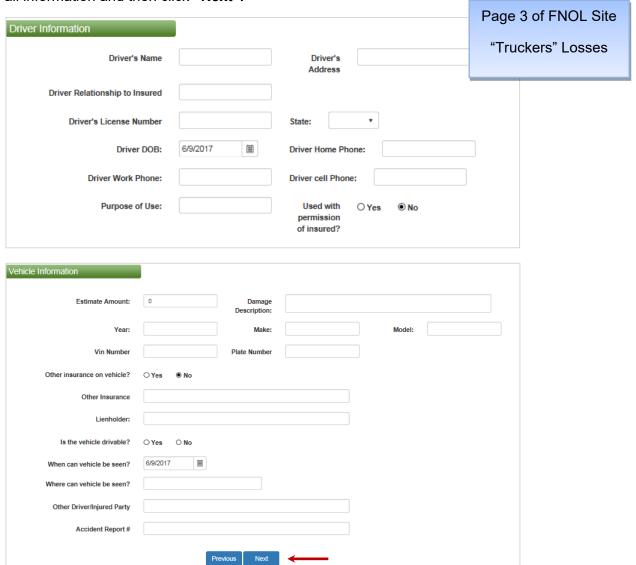


Entering Truckers Losses

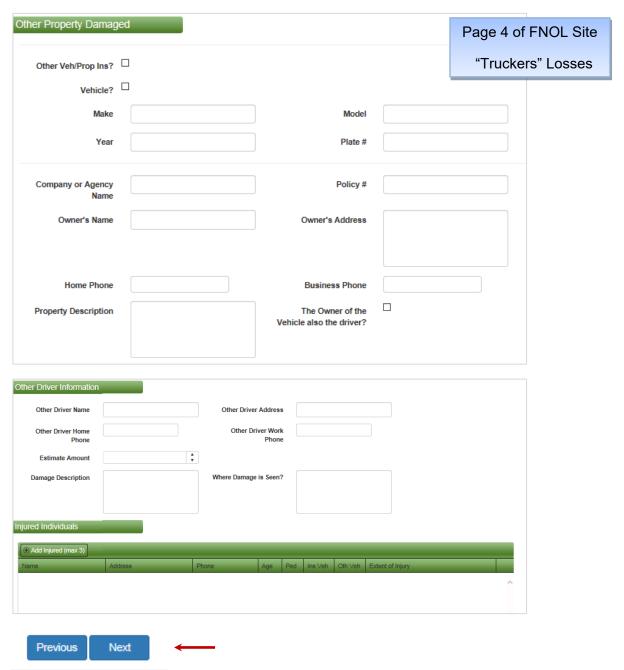
* Type of Coverage:



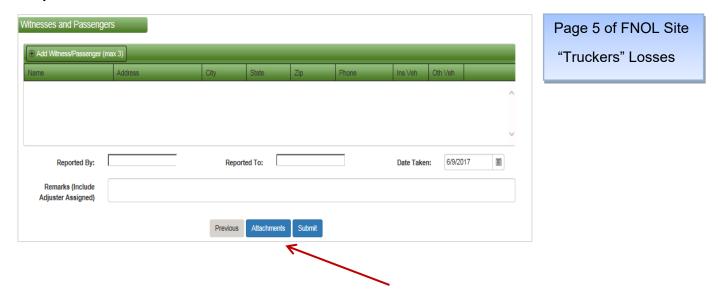
On this page, you will need to enter the Driver Information & Vehicle Information. Please be sure to enter all information and then click "**Next**".



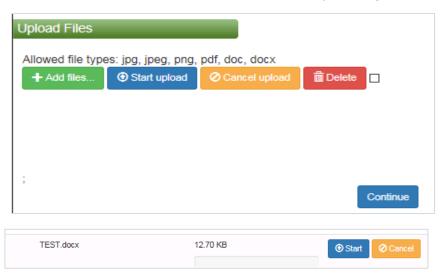
On this page, you will enter any additional Vehicle, Driver or Injured Individuals information. If no other information to enter, skip this page and click "**Next**".



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.



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

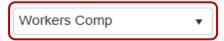


The above box will appear and you will select "Add Files" and then search for the file on your computer. Then you will need to select "Start" and then "Continue".



Entering Workers Comp Losses

* Type of Coverage:



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**".

