

Dennis Damm, Claims Supervisor, CMG, 1-800-228-6108 ext. 2416 or Fax 402-551-2943

## CLAIM REPORTING PROCEDURE

Below are several options for reporting claims to Catholic Mutual.

- 1) Use the toll free number 1-800-228-6108 and ask for Kylie Karnish at ext. 2448 or Yvonne Medina at ext. 2441
- 2) Use email to report losses at [reportclaim@catholicmutual.org](mailto:reportclaim@catholicmutual.org)
- 3) Fax the claim loss notice to Catholic Mutual at 402-551-2943
- 4) Use Catholic Mutual's website at [www.catholicmutual.org](http://www.catholicmutual.org)

Once on the Home page click on Member login. The user ID is **0035col** and the password is **service**. You will be directed to another page then click on Report a Claim. You will choose from the claim forms listed there (property, liability, accident for non-employees).

Fill out as much information as you can on the loss notice and print it for your records. When done, click on Submit and your form will go directly to Catholic Mutual.

If the claim is severe and needs attention immediately, please call the toll free number above. That will ensure that Catholic Mutual can address the situation immediately and assign an independent adjuster without delay.

If your claim occurs after hours, please be assured that adjusters are available. The phone is monitored after close of business and on the weekends 24/7 coverage. You only need to call 1-800-228-6108 and follow the after hours prompts.

**REPORT OF PROPERTY DAMAGE**

Member Name \_\_\_\_\_

Parish/School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Parish Email \_\_\_\_\_

Person Reporting \_\_\_\_\_

Date Form Completed \_\_\_\_\_

Date of Incident \_\_\_\_\_

Location of Damage \_\_\_\_\_

Were Photographs Taken? \_\_\_\_\_

(Please take photos for damage in excess of \$5,000)

Describe Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give Police Report Number \_\_\_\_\_

(If vandalism or theft, police must be notified.)

Describe Building and/or Contents Damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Accident Report

(For Non-Employees)

Member Name \_\_\_\_\_

Parish/School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Parish Email \_\_\_\_\_

Person Reporting \_\_\_\_\_

Date Form Completed \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

Where Accident Occurred \_\_\_\_\_

Were Photographs Taken? \_\_\_\_\_

Describe Accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Party Involved – Name \_\_\_\_\_ Student? \_\_\_\_\_

If Student, Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Injury/Damage \_\_\_\_\_

Transported by Ambulance? \_\_\_\_\_

Witnesses (Please include address and phone number) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_