



HOW TO FILE A CLAIM

19800 Oatfield Road
Gladstone, OR 97027-2546
Telephone: 503-850-3500
Fax: 503-654-5657
www.OregonConference.org

GENERAL LIABILITY

CLAIM INFORMATION

IMMEDIATE AND TIMELY REPORTING IS CRITICAL

DOCUMENTATION NEEDED: *(TO ACCOMPANY COMPLETED CLAIM FORM)*

- If an attorney is involved, provide name and address.
- Have papers been served? If so, when? Attach a copy.
- Copies of medical bills, if any.

ADDITIONAL DOCUMENTATION NEEDED FOR MEDICAL PROFESSIONAL LIABILITY SITUATIONS:

- Medical Records
- Incident Report
- Any statements by medical personnel.

PROCEDURE:

Please send above information to Oregon Conference Risk Management. ARM may assign an adjuster in complex situations, it is important for you to cooperate with them. If there are any problems, let us know immediately.

INFORMATION SHOULD BE SENT BY MAIL, EMAIL OR FAX:

Oregon Conference of Seventh-day Adventist

Attn: Risk Management

19800 Oatfield Road
Gladstone, OR 97027

Wendy Kessler, Administrative Assistant, Risk Management

OFFICE: (503) 850-3553 - FAX: (503) 850-3453

EMAIL: wendy.kessler@oc.npuc.org

Or

Simona Cardwell, Director, Risk Management

OFFICE: (503) 850-3522 - FAX: (503) 850-3422

EMAIL: simona.cardwell@oc.npuc.org



NORTH AMERICAN DIVISION GENERAL LIABILITY STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: (301) 680-6870 | **FAX:** (301) 680-6878
EMAIL: claims@adventistrisk.org

CONFERENCE:

▷ **ABOUT THE INSURED:**

CHURCH / SCHOOL / OTHER NAME:

CONTACT PERSON NAME:

TELEPHONE | BUSINESS:

RESIDENTIAL:

EMAIL ADDRESS:

CHURCH / SCHOOL / OTHER ADDRESS:

CITY:

STATE:

ZIP CODE:

▷ **ABOUT THE LOSS:** *DATE & TIME OF LOSS*

MONTH	DAY	YEAR	TIME
			AM PM

DESCRIPTION OF ACCIDENT:

▷ **ABOUT THE LOCATION OF INCIDENT:**

NAME OF OWNER OF PREMISES:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE | BUSINESS:

RESIDENTIAL:

RELATIONSHIP TO INSURED:

▷ **ABOUT THE INJURED PERSON OR DAMAGED PROPERTY:**

NAME:

DATE OF BIRTH:
(MM/DD/YYYY)

SOCIAL SECURITY #:

MALE FEMALE

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE | BUSINESS:

RESIDENTIAL:

EMAIL ADDRESS:

DESCRIPTION INJURY OR DAMAGE: *(EXAMPLE: FRACTURED ARM, SPRAINED BACK, BROKEN WINDOW, ETC.)*

DESCRIBE PROPERTY: *(TYPE, MODEL, ETC.)*

ESTIMATED AMOUNT OF REPAIR:

EMPLOYER'S NAME:

RELATIONSHIP TO INSURED / ENTITY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE | BUSINESS:

RESIDENTIAL:

▷ **WITNESS:**

FIRST NAME:

M.I.

LAST NAME:

TELEPHONE | BUSINESS:

RESIDENTIAL:

ADDRESS:

CITY:

STATE:

ZIP CODE:

▷ **COMMENTS:**

▷ REPORTED BY:	TITLE:	PHONE#
REPORTED TO:	TITLE:	DATE (MM/DD/YYYY):
▷ SIGNATURE OF INSURED:		DATE (MM/DD/YYYY):