

U.S. ROTARY CLUB AND DISTRICT LIABILITY INSURANCE PROGRAM

Incident Handling Guidelines

When an incident occurs, an *Incident Report* must be completed by the insured U.S. club/district and sent to Rotary International Risk Management immediately to allow for a proper investigation. The reporting of an incident may or may not lead to an actual compensable claim.

CCMSI, Inc., the third-party claims administrator contracted to handle general liability claims on behalf of PPH National Insurance Co, will handle the incident investigation, evaluation of liability, and coordination of defense (if necessary) for an incident. PPH funds the \$250,000 self-insured retention under the general liability policy issued by Westchester Surplus Lines Insurance Company.

- 1. Incident Reporting Requirements.** Complete an *Incident Report*, as soon as practicable, with as much detail as possible, but do not delay reporting due to lack of information. The *Incident Report Form* can be found on the **U.S. Rotary Insurance Portal** and should be submitted to PPH National Insurance Co. at claims@rotary.org or by fax to (847) 556-2147.
- 2. Do Not Make Payments or Promise Coverage.** Do not pay any legal or medical costs, assume any obligation or offer/agree to any settlement. Your coverage under the insurance policy may be jeopardized if you voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without the insurance company's consent.
- 3. Do Not Admit Liability.**
- 4. Do not** try to handle the claim without the assistance of the insurance company.
- 5. Full Cooperation Required in Investigation of Incident.** Your full cooperation is required to gather the necessary information needed for a thorough investigation, including details of incident, location of incident, description of injuries and names, addresses and phone numbers of involved parties and witnesses.
- 6. Documents Pertaining to Incident.** All documents pertaining to the incident, including contracts, certificates of insurance, demands, notices, summons, or other legal papers, must be forwarded to claims@rotary.org.
- 7. Contact with Claimant or Claimant's Attorney.** Any contact (including calls and/or emails) made by claimant or their attorney should be directed to the claims adjuster assigned by CCMSI to investigate the matter.

U.S. Rotary Club & District Liability Insurance Program Incident Report

Complete and return to: PPH National Insurance Co. c/o Rotary International Risk Management Email: claims@rotary.org or fax to (847) 556-2147			
Rotary Club/District Information			
Club/District Name		Club/District Number	
Club/District State			
Name of Club/District point of contact (POC)		POC Phone #	
		POC Email	
Claimant (Injured person/entity)			
Name		Phone Number	
		Email Address	
Occupation		Gender & Age	
Address			
Has the claimant contacted your Club/District?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the claimant a Rotarian or Rotaractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, is the claimant a Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the injured person taken to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name of the hospital.
Has a police report been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please forward a copy to PPH National.
Incident Details			
Date & Time of Incident		Incident Location (include venue & address)	
Description of incident			
Description of injury/property damage			
Name of Event			
Is the event organized solely by the Club/District?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what entity(ies) organized event?
Witness Information			
Witness Name		Phone #	
		Email Address	
Witness Name		Phone #	
		Email Address	
Are you aware of any surveillance camera(s) that may have recorded the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please provide contact info for the individual or entity that you believe has control of the surveillance camera(s), or a copy of the surveillance video if you have access to the camera(s).
Contracts / Certificates / Other Documents			
Did the Club/District enter into any contracts/agreements for the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please forward a copy to PPH National.
Did the Club/District issue or collect any certificates of insurance or additional insured endorsements for the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Club/District have any other documents relating to the incident (i.e. photos, articles, witness statements)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Club/District have any other liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		