



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
MONTGOMERY COUNTY, MD.

DIRECTIVE

Number: 03-06
Date: 03/25/2003

TO: All MCFRS Personnel

FROM: Chief Roger W. Strock
Chief David S. Dwyer

SUBJECT: Reporting Insurance Claims

Insurance for the MCFRS is provided through commercial insurance. The MCFRS insurance broker is Willis of Maryland, and the insurance carrier is VFIS. In order to provide a more efficient and effective means for MCFRS personnel to submit insurance claims, this directive establishes a process to complete the appropriate paperwork or to make proper notifications for filing insurance claims. In addition, a procedure to ensure that appropriate DFRS/LFRD personnel receive timely notification of the insurance company's claim acknowledgement is also included.

Reporting Vehicle Collisions/Losses

All collisions involving MCFRS vehicles are to be promptly reported to VFIS via fax or e-mail using the Vehicle Collision/Loss Notification Report, which is attachment A of this directive. The information on this report is to be completed and submitted within 24 hours after the collision. The Vehicle Collision/Loss Notification Report will also be used to report vehicle losses from fires, vandalism, etc.. The Vehicle Collision/Loss Notification Report is available electronically to those who have access to Microsoft Outlook via the Enterprise server or through Outlook Web Access (OWA) by clicking "public folders" icon, clicking the "all public folders" icon, and selecting "FRS".

Reporting Portable Equipment Losses

All claims for the loss of portable equipment, including personal effects, are to be reported to VFIS via fax or e-mail using the Portable Equipment Loss Notification Report, which is attachment B of this directive. Do not delay sending this report pending replacement or repair of the equipment. The Portable Equipment Loss Notification Report is available electronically to those who have access to Microsoft Outlook via the Enterprise server or through Outlook Web Access (OWA) by clicking "public folders" icon, clicking the "all public folders" icon, and selecting "FRS".

Reporting Losses for all Other Types of Claims

To report losses for all other types of claims-- including management liability, general liability, pollution, and accident and sickness coverage—the Willis claims center will be notified by calling 1-877-645-2645, 24 hours a day, 7 days a week.

The following information should be available when calling the claims center:

- Department name, address, phone number
- MCFRS Contact name and phone number
- Location of the incident
- Did the incident involve bodily injury and/or property damage?
- Were the police notified?
- Description of the event
- Estimate of damages

The Willis claims center will take the information and forward it to VFIS to be processed.

Claim Acknowledgement

The VFIS Claims department will assign a claim number to all incoming claims and fax or e-mail an acknowledgement to the MCFRS Claims Coordinator, who will promptly forward a copy of the acknowledgement to the appropriate DFRS and/or LFRD representative. This acknowledgement will generally be forwarded within 3 business days after the claim is filed with the insurance carrier. **VFIS has been instructed to return claims to the originator that have not been submitted in accordance with this Directive.**

Should you have any questions regarding this directive please contact Neil Shorb at 240-777-2420.

Attachment(s): MCFRS Portable Equipment Loss Notification Report
MCFRS Vehicle Collision Notification Report

Montgomery County Fire & Rescue Service Portable Equipment Loss Notification Report

Report to be sent to VFIS via fax at 1.800.551.3724 or via e-mail to "claims @ vfis.com".
Do not delay sending report pending replacement or repair of the equipment.

MCFRS INFORMATION

Responding MCFRS Entity:		Station #:
MCFRS Contact Person:	Phone:	Police Dept Report Number:
Date & Time of Loss:	Location of Loss (include city/state):	
Description of Loss or Damage:		
Identify make, model, and serial# of the damaged or lost equipment.:	County Owned <input type="checkbox"/>	Department Owned <input type="checkbox"/>
If damaged, has equipment been inspected by a qualified repairer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, furnish the name, phone# of repairer:		

PERSONAL EFFECTS CLAIM (Complete the above except for the equipment & ID)

Name of employee/ volunteer:	
Home Address:	Home Phone#:
Describe the lost or damaged personal item (brand, model, physical description):	

TO BE COMPLETED BY LFRD CHIEF/ INSURANCE CONTACT OR DFRS DISTRICT CHIEF

Was the above person a member of your organization at the time of the above-described incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the duty described in Description of Loss above an authorized duty of your organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answers to the above two questions are yes, please have the member furnish a written estimate or bill for repairs. If the item is not repairable, provide a written estimate or bill for the cost to replace the item with an item of like, kind, and quality.	
If the loss was a result of a theft, please have the member furnish a copy of the police report.	
<i>I certify that the above information concerning this claim report is true.</i>	
Signature or MCFRS ID# if submitting via email	Printed Name
	Date
Contact Telephone Number:	

Montgomery County Fire & Rescue Service Vehicle Collision Notification Report

Report to be sent to VFIS via fax at 1.800.551.3724 or via e-mail to "claims @vfis.com".
Do not hold pending completion of the Collision Investigation Report.

MCFRS Information

Responding Dept. or Entity:			Station #:		
MCFRS Contact Person:		Phone:		Police Dept Report Number:	
Date & Time of Incident:		Total # of Vehicles Involved:		Total MCFRS Units:	
Location of Collision/Loss (include city/state):			Weather Conditions:		Road Conditions:
Collision/Loss Description:					
If collision/loss occurred at intersection was it controlled by: <input type="checkbox"/> Light <input type="checkbox"/> Yield Sign <input type="checkbox"/> Stop Sign <input type="checkbox"/> 4-Way Stop <input type="checkbox"/> Other-Explain				If controlled by a light, what color was the light for the MCFRS vehicle?	
If red, did MCFRS vehicle stop before entering the intersection? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were emergency lights and sirens being used? <input type="checkbox"/> Yes <input type="checkbox"/> No					
VEH #1	MCFRS Vehicle, Year, Make & Model	Vehicle Stock #	VIN #		EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Driver:		Age:	DFRS <input type="checkbox"/> LFRD <input type="checkbox"/>	Daytime Phone:	
Describe Damage/Loss:					
Damage Estimate:		Where can vehicle be seen?			

Damage to Vehicle/Property of Others & Other MCFRS Vehicles

VEH #2	Other MCFRS Vehicle <input type="checkbox"/>	Other's Vehicle/Property <input type="checkbox"/>	
Owners Name or Responsible Dept. or Entity:		Address:	Phone #
Driver name (if other than owner):		Address:	Phone #
Damaged Property (if auto make, year and plate):		Property Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Policy # of Insurance Co.:
Describe Damage:		Damage Estimate:	Where can vehicle be seen?

Additional Vehicles? Copy and complete additional forms as required.

Injuries or Deaths? Yes No **Passengers or Witnesses? Yes No**

Date:	Reported by:	Reported to:	
Signature or MCFRS ID# If Reporting By Email:		Print Name:	Phone #: