

Casualty claims management evaluation and progress form

COMPANY NAME: _____ **COMPLETED BY:** _____

DATE: _____ **DATE COMPLETED:** _____

	YES	NO	PLANNED	TARGET DATE
1. Has corporate policy and procedure been established for casualty claims management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Has corporate policy and procedure been established for the following:				
a. Ice and snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Wet floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Facility inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are employee duties clearly outlined in the event of a claim occurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Has an employee communication meeting been held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Has a claim coordinator been assigned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are the toll-free fax and phone numbers available and the timely notice policy been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Fire Claims email: newclaims@unitedfiregroup.com United Fire Claims phone: 800-343-9131				
7. Has corporate policy and procedure been established for the following:				
a. Accident and incident investigation procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Witness information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Photo documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Has the procedure for prompt removal of hazard, with documentation and follow up, been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Have arrangements been made with a local medical provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Have you communicated with the injured party within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

This form, supplied by United Fire Group, merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.