

Public Risk Innovation, Solutions, and Management (PRISM) Property Claim Reporting Procedures

1. **Member** is responsible for reporting details of loss including the following items to Robert Frey and Diana Walizada at Alliant Insurance Services, Inc:

Alliant Insurance Services

100 Pine Street, 11th Floor, San Francisco, CA 94111-5101

Phone: (415) 403-1400

Fax: (415) 402-0773

Robert Frey, Claims Manager

Direct Line: (415) 403-1445

Email: rfrey@alliant.com

Diana Walizada, Claims Unit Manager

Direct Line: (415) 403-1453

Email: dwalizada@alliant.com

2. Reporting of Loss should include the following:

- Date of the loss
- Name of member and mailing address
- Contact person(s) (for loss details) including full name, title, phone numbers, etc. and name of the risk manager who is to receive all correspondence and claim payment
- Specific location of property damaged
- Estimated amount of entire loss
- Name of police or fire department that responded and the report number, if any
- Description of the incident that caused the damage (fire, theft, water damage, & circumstances of loss etc.)
- Mortgagee or Loss Payee name, address, and account number
- Any additional information (Remember, it is the PRISM member's loss to prove. Isolate all expenses including employee overtime.)

3. **Alliant** is responsible for:

- Reporting loss to the following:
 - McLarens
 - Mike Pott, PRISM
 - AmWINS Insurance Services
 - RK Harrison Insurance Brokers Limited
 - Member's Risk Manager or Primary Contact
- Monitoring progress of claim to resolution
- Providing expertise and assistance regarding coverage and the settlement process
- Collaborating with member to manage the flow of information needed to prove the loss

- Providing “How to Handle a Large Loss” when applicable

4. **McLarens** is responsible for:

- Assigning adjuster to complete investigation
- Contacting member within 24 hours
- Providing assistance in securing vendors for: debris removal, site security, salvage, engineering and other needed resources
- Informing member and Alliant of claim status every 30-45 days
- Meeting with member, as needed, to establish financial and physical needs of the member and facilitate progress of the claim
- Making recommendations to member at time of claim settlement
- Submitting monthly claim payment and expense report to reinsurers
- Obtaining authorization from insurers to issue proof of loss on their behalf
- Obtaining signed and notarized proof of loss from member
- Making claim payment to member within 30 days of receipt of proof of loss statements
- Reimbursing member for loss adjustment expenses as follows:

SIZE OF CLAIM	METHOD OF REIMBURSEMENT TO MEMBER
Under Deductible	Reimbursement not applicable – member to handle claim without reporting
Deductible to \$100k	Reimbursement at claim closure
Over \$100k	Partial reimbursement may be requested periodically

Settlement payment will be made either by check or wire transfer and will include a detailed statement indicating claims being reimbursed.

McLarens

180 Montgomery Street, Suite 2100, San Francisco, CA 94104-4429

Fax: (415) 392-0213

Emergency number: (415) 924-7022

Chris Stafford

Phone: (415) 228-6407

Email: chris.stafford@mclarens.com

Sandra Doig

1301 Dove Street, Ste 200

Newport Beach, CA 92660

Phone: (949) 757-1413

Email: sandra.doig@mclarens.com

Mike Allen

Phone: (415) 228-6405

Email: Mike.allen@mclarens.com

Emergency number: (415) 499-3445