

Important

This form contains the information necessary to investigate potential property claims. Please provide as much detail as possible and forward the completed form to Gallagher Bassett Services. Upon receipt, Gallagher Bassett Services will coordinate handling and claim adjustment.

CLAIM PROCEDURES

Incidents should be immediately reported to:

Gallagher Bassett Services, Inc.

PHONE: 1-844-THE-ELKS

FAX: 1-833-885-1965

ELKSREPORT@tnwinc.com

*If you have a Property loss and **NEED IMMEDIATE/EMERGENCY RESTORATION SERVICES**, below is the direct phone # for ***First Onsite***, which is the Elks preferred restoration services partner.

1-800-622-6433

Any claim made by an employee injured on the job should be reported to the Lodge's Workers Compensation insurance company, not Gallagher Bassett Services. Any other claim made by an employee for alleged wrongdoing should be reported to the Lodge's Directors and Officers insurance carrier.

All Lodge officers/managers and State Associations now have access to the *Gallagher Bassett Accident Report Form* at www.elks.org/resources/accident/. This form can be printed and saved or submitted directly to Gallagher Bassett Services via e-mail with the "Submit to Gallagher Bassett" button located at the bottom of the fillable form (*a sample form is also available on the next page*).



Immediately after an incident, fill out this form and send to:
GALLAGHER BASSETT SERVICES, INC.
 (See Claim Procedures on previous page for Complete Instructions)



PROPERTY CLAIM FORM

(Please fill in all spaces — This form is to be completed by Lodge Management)

CLIENT: B.P.O. ELKS

LODGE #:	LODGE NAME:	LODGE ADDRESS:		
CITY:	STATE:	ZIP CODE:	PHONE:	

LOSS INFORMATION

KIND OF LOSS: FIRE LIGHTNING FLOOD WATER DAMAGE THEFT HAIL PRODUCT
 STRUCTURAL VEHICLE OTHER

IF OTHER, PLEASE EXPLAIN:

DETAILED DESCRIPTION OF LOSS (What Happened?)

DATE OF LOSS:	TIME OF LOSS:	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	ESTIMATED AMOUNT OF DAMAGE: \$
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DETAILS OF LOSS/DAMAGE:

WERE AUTHORITIES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE AUTHORITY CONTACT/PHONE:	
WAS DAMAGE CAUSED BY AN INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE INDIVIDUAL CONTACT/PHONE:	

LODGE OFFICER OR MANAGER WHO COMPLETED FORM

NAME:	TITLE:
DAYTIME PHONE:	WHEN TO CONTACT: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
DATE OF REPORT:	E-MAIL:
	SIGNATURE:
