

Great American has launched a new Worker's Compensation claim reporting tool, the First Notice of Loss Application for non-California claims only, written through PacWest.

Benefits associated with using the application to report claims are:

- Instantly establishes a claim in the Great American claim system
- Claim number provided upon submission
- Instant escalation for catastrophic losses
- Gathers critical claim information
- Removes need for duplicate submission of data
- Allows for incident only reporting

To use the app, you will first need to register on the Great American Insured Portal <https://insuredportal.gaig.com/>

After clicking on the link:

1. Click the Request Access link
2. Complete the Policyholder Registration form
3. Confirm the Insured Portal system generated "Identity Verification" email

Once registered, you may access the app at: <https://reportwcclaim.gaig.com>

This reporting method permanently replaces on-line claim reporting through the Network, and is preferred over reporting losses by phone.

Finally, attached please find a helpful FAQ list to guide you through the reporting process and our updated claim filing card for Workers Compensation claims OUTSIDE CALIFORNIA ONLY.

Need to file a Workers' Compensation claim?

We make the process easy and stress free.

At Great American, we understand that filing a claim can be stressful. That's why we give you multiple ways to report your claim.

Before reporting your claim, please have ready:

- Your policy number
- Complete and accurate information regarding the claim.



Report Online

To use the app, you will first need to register on the Great American Insured Portal

<https://insuredportal.gaig.com>

- 1. Click the Request Access link**
- 2. Complete the Policyholder Registration form**
- 3. Confirm the Insured Portal system generated "Identity Verification" email**

Preregistration Required



Call our reporting center
877-836-1555



We support employers' return to work plans, and make every effort to assist you with yours. Please report a claim as soon as you are aware of it. We are available 24 hours a day, seven days a week!

Thank you for choosing Great American Insurance Group!

Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. Policies are underwritten by Great American Insurance Company, Great American Assurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, Great American Security Insurance Company and Great American Spirit Insurance Company, authorized insurers in all 50 states and DC. The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2020 Great American Insurance Company. All rights reserved. 4642-ALT-1 (5/20)



Accident Information:

- Loss date and time of injury
- Date injury/occurrence reported to employer
- Time the accident was reported
- Who was the claim reported to?
- Supervisor name
- City, state, county where accident occurred
- Employer/Insured name, phone number
- What was employee doing at the time of the accident?
- Last date employee worked
- First full work day lost as a result of this injury
- Did the employee receive wage continuation (pay while off work due to injury)?
- Has employee returned to work?
- Date returned
- Was there a witness to the accident?
- Name, address and phone number of witness(es)

Employee Information:

- Name, physical home address, county, and home phone
- Date of birth, Social Security number, gender, marital status
- Regular occupation
- Department where employee regularly works
- State in which the employee was hired
- Name, address, phone number of contact person

Medical Provider Information:

- Name of clinic/doctor's office where employee was treated
- Name of treating physician, address, phone
- Name, address and phone number of hospital where employee was treated following injury

After you report a claim, the Claim Reporting Center:

- Assigns your claim to an Alternative Markets Claim professional who will contact you and your employee to acknowledge the claim and initiate the process.
- Provides you with a copy of the First Report of Injury.
- Sends this report directly to the state either by mail or electronic submission, based on your state's requirements.



Alternative Markets
Claim Reporting Center:

877-836-1555

CALL PREPARATION GUIDE FOR WORKERS' COMPENSATION CLAIMS

Gathering complete and accurate information is the first step toward a fair and timely resolution of any claim.

When you contact the Alternative Markets **Claim Reporting Center** to report a claim, you will be asked a series of questions needed to complete the First Report of Injury. The items listed on the reverse side will assist with your preparation.

Once the data is collected by the **Claim Reporting Center**:

- Your claim will be assigned to an Alternative Markets Claim professional who will contact you to acknowledge the claim and initiate the process.
- You and your employee will receive an acknowledgment letter with the claim number and information needed to contact us directly.
- The **Claim Reporting Center** provides you with a copy of the First Report of Injury.
- This report will be sent directly to the state either by mail or electronic submission, based on your state's requirements.

We support employers' return to work plans, and make every effort to assist you with yours. Please report a claim as soon as you are aware of it to 877-836-1555.

We are here 24/7!



Alternative Markets



Alternative Markets
Claim Reporting Center:

877-836-1555

CALL PREPARATION GUIDE FOR WORKERS' COMPENSATION CLAIMS

POLICY NUMBER: _____

ACCIDENT INFORMATION:

- Loss date and time of injury
- Date injury/occurrence reported to employer
- Time the accident was reported
- Who was the claim reported to?
- Supervisor name
- City, state, county where accident occurred
- Employer/Insured name, phone number
- What was employee doing at the time of the accident?
- Last date employee worked
- First full work day lost as a result of this injury
- Did the employee receive wage continuation (pay while off work due to injury)?
- Has employee returned to work?
- Date returned
- Was there a witness to the accident?
- Name, address and phone number of witness(es)

EMPLOYEE INFORMATION:

- Name, physical home address, county, and home phone
- Date of birth, social security number, gender, marital status
- Regular occupation
- Department where employee regularly works
- State in which the employee was hired
- Name, address, phone number of contact person

MEDICAL PROVIDER INFORMATION:

- Name of clinic/doctor's office where employee treated
- Name of treating physician, address, phone
- Name, address and phone number of hospital where employee was treated following injury

First Notice of Loss Application

Welcome to the FNOL (First Notice of Loss) Application for online reporting of your workers' compensation claims! All fields marked with an "*" are required fields. We ask that you complete the report, providing as much detail and information as possible. This information assists with review of the claim and aids in state reporting requirements. This document provides additional information about our FNOL App, located within the Insured Portal (<https://insuredportal.gaig.com>).

*Getting Started Tab

- 1. Do I need a Date of Injury to initiate a claim?** Yes, you do need a date of injury and a time, once entered, a field will populate the policies available within that coverage period that you have permissions to.
- 2. Who do I contact if my desired policy, location or DBA is not displayed?** If a policy number, specific location or a DBA is not displayed on the FNOL App, please provide those details to your Regional Manager or email FNOLApp.Support@gaig.com.
- 3. What does "Manual Entry" mean in the Policy & "Insured Location" fields?** Once you input your date of injury, along with the time, the policy (or policies) within that coverage period will display. If the policy number you are reporting for is not listed, you can select "Manual Entry" to input the policy number & proceed. Under "Insured Location", there is type-ahead or a drop down of the locations associated with the policy. If your location is not listed, you can select "Manual Entry" & proceed with inputting the "Insured Location" details.
- 4. Whose FEIN is displayed?** The FEIN associated with the named insured will display. If you select a DBA, that additional named insured & their associated FEIN will display on the First Report of Injury.
- 5. How do I update my "Prepared By" information (i.e. name, phone, email)?** If your information displayed is incorrect, please log into the Insured Portal (<https://insuredportal.gaig.com>) and click on your username in the upper right hand corner to open an "Update Profile" window.
- 6. What does "Primary Contact" mean?** If you are the claims reporter, but not the primary contact to discuss the claim, you can input the primary contact information in this field.

First Notice of Loss Application

*Injured Worker Details Tab

1. Why is the “Employment Class Code” a required field? The employment class codes populate from your policy and is required to set up a claim. *If you feel the displayed class codes do not represent the injured worker, please contact your Regional Manager or send an email to FNOLApp.Support@gaig.com.

*Accident Details Tab

1. Why is “Report Only” a required field? If the injured worker is not losing time from work, has not sought medical treatment and does not plan to seek medical treatment, this is considered a Report Only claim. Report Only claims are automatically set up in our system for notification purposes only and are not assigned to an adjuster.

2. What if my CLEE Code is not displayed in the drop-down box? If your CLEE code is not populated in the drop-down box, manually enter it in the CLEE Code field & notify your Regional Manager, in order for it to be added to your policy.

*Medical Providers Tab

1. How many medical provider listings will populate in the drop-down box? The drop-down box will display up to 100 medical providers reported under that policy number. To search for a previously entered provider, you may use the drop-down or the type-ahead feature in the “Medical Provider” field.

2. What information goes in the “Notes” field? You may input notes detailing information from the treatment, such as a diagnosis, work status, referral information, etc.

*Additional Information Tab

1. How can I obtain a copy of every injury report filed on my policy? If you would like to be set up as an automatic recipient of every report filed, please send an email to FNOLApp.Support@GAIG.com.

2. What is an Escalated Claim? Please review the criteria by clicking the grey “i”. Claims marked as “Escalated” will result in an escalated email being sent to our management team. We ask that only claims meeting the criteria be marked as “Escalated”.

3. What is the purpose for “Additional Notes” field? If you have information or details you would like us to know, such as questionable validity to the claim, prior injuries, concurrent employment, etc., you may place that information in this field.

First Notice of Loss Application

General Questions

1. How long does it take to receive the claim submission email? Claim submissions are emailed within 5 minutes of submitting your claim. If you do not receive an email, please notify FNOLApp.Support@gaig.com.

2. Why did I not receive a claim number with my submission email? In order to generate an immediate claim number, you must select a valid policy number from the “Policy” drop down (no manual entry), choose an “Insured Location” from the drop down (no manual entry) and select an “Employment Class Code.” All three of these items are required to receive an immediate claim number. If you selected “manual entry” for either “Policy” or “Insured Location”, we will review for manual set up of your claim in order to generate a claim number.

3. How do I cancel a claim submission while in progress & what happens if I cancel? If you choose to cancel a claim during the submission process, you can click on the “X” within the categories bar, which will highlight “Cancel Claim”.

4. What does “Claims Pending Submission” mean? If you begin a claim, but do not complete or submit the claim, it will show up on your Dashboard page, as a claim in progress. You are then able to “Resume” completion or if you need to delete the claim, you can click the red trash can.

5. Who do I contact to register additional users for online claims reporting? To register additional users, please contact Alternative Markets Account Services at alternativemarketsaccounts@gaig.com

If you did not see an answer to your question, please email FNOLApp.Support@gaig.com for additional assistance.