CLAIM REPORTING PROCEDURE

Below are several options for reporting claims to Catholic Mutual.

1) Use the toll free number 1-800-228-6108 and ask for Kylie Karnish at ext. 2448 or Yvonne Medina at ext. 2441

2) Use email to report losses at reportaclaim@catholicmutual.org

3) Fax the claim loss notice to Catholic Mutual at 402-551-2943

4) Use Catholic Mutual’s website at www.catholicmutual.org

Once on the Home page click on Member login. The user ID is 0035c01 and the password is service. You will be directed to another page then click on Report a Claim. You will choose from the claim forms listed there (property, liability, accident for non-employees).

Fill out as much information as you can on the loss notice and print it for your records. When done, click on Submit and your form will go directly to Catholic Mutual.

If the claim is severe and needs attention immediately, please call the toll free number above. That will ensure that Catholic Mutual can address the situation immediately and assign an independent adjuster without delay.

If your claim occurs after hours, please be assured that adjusters are available. The phone is monitored after close of business and on the weekends 24/7 coverage. You only need to call 1-800-228-6108 and follow the after hours prompts.
REPORT OF PROPERTY DAMAGE

Member Name ____________________________________________

Parish/School _____________________________________________

Address _________________________________________________
City__________________________ State_____ Zip__________
Phone Number ____________Parish Email____________________

Person Reporting _________________________________________
Date Form Completed _______________________________________
Date of Incident __________________________________________
Location of Damage _________________________________________
Were Photographs Taken? __________________________________
(Please take photos for damage in excess of $5,000)

Describe Incident________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Give Police Report Number __________________________________
(If vandalism or theft, police must be notified.)

Describe Building and/or Contents Damage ____________________
________________________________________________________
________________________________________________________
________________________________________________________
Accident Report
(For Non-Employees)

Member Name ____________________________________________

Parish/School ____________________________________________

Address _________________________________________________

City __________________________ State __________ Zip ________

Phone Number __________________________ Parish Email ______

Person Reporting __________________________________________

Date Form Completed ______________________________________

Date of Accident ______________ Time of Accident __________________

Where Accident Occurred __________________________________

Were Photographs Taken? ____________________________________

Describe Accident __________________________________________

________________________________________________________________

Party Involved – Name __________________________ Student? _________

If Student, Parent Name(s) _________________________________________

Address ______________________________________________________

City __________________________ State ______ Zip __________________

Phone Number __________________ Work Number __________________

Date of Birth __________________________ Social Security # _________

Injury/Damage ______________________________________________

Transported by Ambulance? ______________________________________

Witnesses (Please include address and phone number) ______________________

________________________________________________________________

Comments _________________________________________________

________________________________________________________________

________________________________________________________________