

Claims Reporting



REPORT CLAIMS ONLINE:

<https://myberkley.cwgins.com/>
or
www.cwgins.com/report-a-claim



EMAIL:

cwgclaims@cwgin.com



PHONE:

1-866-232-6724

LOSS REPORTING FORMS:

[Auto Acord form](#)

[Property Acord form](#)

[General Liability Acord form](#)

[WC FROI Acord form](#)

Workers' Compensation medical bills should be forwarded to the following address:

Fax: 1-800-365-4878

Mail: Berkley - CWG
PO Box 14816
Lexington, KY 40512

All other correspondence:

Email: cwgclaims@cwgin.com
(with the claim number in the subject line)

Fax: 1-800-365-4878

Mail: Continental Western Group
PO Box 1594
Des Moines, IA 50306



To report Auto Glass Claims, you can submit an online claim to [Safelite](#) or call 1-866-232-6724.

Information required to report your claim:

Insurance Information

- Business name
- Business address
- Name of insurance company
- Auto insurance policy number
- Date of loss

Contact Information

- First name
- Last name
- Phone number
- Alternate phone number
- Email

Vehicle Information

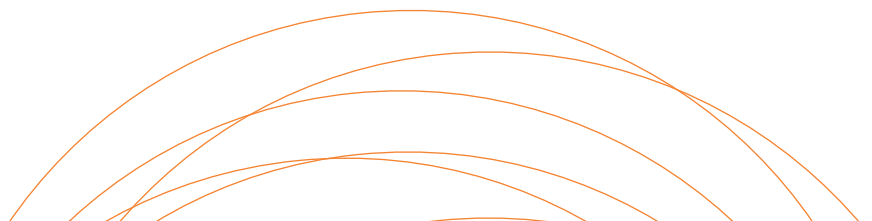
- Year
- Make
- Model
- Body style

Shop Information

- Shop name
- Shop phone number

Which piece of glass is damaged?

- Front windshield
- Driver side front window
- Passenger side front window
- Vent window
- Rear windshield
- Passenger side rear window
- Other





Information required to report your claim:

Policy Number

Main Contact for Insured

- Name
- Phone number(s)
- Email

Loss Information

- Date and time of loss
- Location of loss
- Description of loss
- Police/Fire Department information
 - Case number, if available

Insured Vehicle Information

- Year, Make, Model, VIN
- Is the vehicle Owned? Leased? Borrowed?
 - If the vehicle is leased or borrowed, provide owner information
- Damage description
- Is the vehicle drivable?

Insured Driver Information

- Name
- Phone number(s)
- Email
- Address
- Date of birth
- Driver's license number

Injured Persons

- Name
- Phone number(s)
- Email
- Date of birth, if known
- Details of injury
- Initial treatment, if known (ambulance, life-flight, etc.)

Claimant Vehicle Information, if known

- Owner
 - Name
 - Phone number(s)
 - Email
 - Address, if available
- Year, Make, Model, VIN
- License state, if available
- Damage description
- Driver information, if known
 - Name
 - Phone number(s)
 - Email
 - Address
 - Date of birth
 - Driver's license number, issue state

Other Property Damage Information, if known

- Owner name
- Phone number(s)
- Email
- Address
- Location of damaged property

Witness Information, if known

- Name
- Phone number(s)
- Email
- Address



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After Reporting Your Claim:

- We will reach out to you and to the claimant to discuss your claim
- We will request the following:
 - Estimates of damages and/or medical records/bills
 - Copies of official reports, such as police or fire
 - Copies of any video footage of the occurrence

In the Event of an Accident:

- Activate emergency/hazard signals on your vehicle to prevent further damage/injury
- Check for injuries and seek medical attention, if required
 - Document if medical treatment was provided at the scene
 - Document if any party was transported by ambulance
- Call for police assistance and request an accident report be completed
 - Record the name of the responding police agency and the case number

Complete the Police Accident Report to Record:

- Names, addresses, phone numbers and email of all occupants in all vehicles involved in the accident
- Names, addresses, phone numbers and email of any witnesses

Photograph the Accident Scene if it is Safe to do so, Including:

- Damages sustained by any vehicles or property
- Debris from vehicles or damaged property
- Skid marks from any vehicles involved
- Surrounding scene of the accident: buildings, signs, landmarks, etc.
- Weather conditions at the time of the accident

Do Not:

- Leave the scene of an accident until all parties have exchanged information and/or authorities have permitted you to leave
- Admit fault for the accident
- Continue to drive the vehicle unless it is safe to operate
- Discuss the accident with parties other than law enforcement, your employer, your insurance agent, or CWG claims adjuster
- Repair or dispose of a vehicle without authorization of your claims adjuster



Information required to report your claim:

Policy Number

Main Contact for Insured

- Name
- Phone number(s)
- Email

Loss Information

- Date and time of loss
- Location of loss
- Description of loss
- Police/Fire Department information
 - Case number, if available

Property Damage Information, if known

- Owner name
- Phone number(s)
- Email
- Address
- Location of damaged property

Bodily Injury Information, if known

- Name
- Phone number(s)
- Email
- Date of birth
- Initial treatment, if known (ambulance, life-flight, etc.)

Witness Information, if known

- Name
- Phone number(s)
- Email
- Address

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Type of Loss

- Cyber/Data Breach
- Fire
- Lightning
- Theft
- Vandalism
- Water
- Wind/Hail
- Other

Potential Loss Value

- Is the business closed due to the loss?
- Were there up-front costs to mitigate potential damages, such as water removal, lock replacement, glass repair, etc.?

After Reporting Your Claim:

- We will reach out to you and to the claimant to discuss your claim
- We will request the following:
 - Estimates of damages and/or financial records
 - Copies of official reports, such as police or fire
 - Copies of any video footage of the occurrence



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Information required to report your claim:

Policy Number

Main Contact for Insured

- Name
- Phone number(s)
- Email

Supervisor/Manager Contact

- Name
- Phone number(s)
- Email

Accident Information

- Date and time of injury
- Physical address or location where the accident/injury occurred
 - Address, City, State, ZIP
- Date injury was reported to employer
- Employee work location
 - Address, City, State, ZIP

Injured Employee Information

- First and last name
- Address
- Phone number(s)
- Email
- Date of birth
- SSN (format must be xxx-xx-xxxx)
- Gender
- Employee date of hire
- Employee job title (occupation)
- Job status (full-time, part-time, seasonal)

Body Part

- Head
- Neck
- Upper extremities
- Trunk
- Lower extremities
- Multiple body parts

Optional Employee Information

- Average hours worked/week (must be entered as a whole number)
- Number of days worked/week (must be entered as a whole number)
- Average weekly wage/hourly rate
- Last date paid
- Has the employee returned to work?
 - Yes or No
 - If yes, date employee returned to work

Primary Injury Type

- Specific injury - an injury that is brought about by a specific event or incident
- Occupational disease - any chronic ailment that develops in a worker as a result of that person's work or occupational activity
- Multiple injuries - having injured more than one part of your body during the same workplace accident
- Cumulative injury - results from repeated exposure

Cause of Injury

- Burn or scald - heat or cold exposures
- Caught in, under, or between objects
- Cut, puncture, scrape
- Fall, slip, or trip injury
- Motor vehicle
- Rubbed or abraded injury
- Strain
- Striking against or stepping on
- Struck or injured by object
- Miscellaneous causes

Medical Treatment

- No treatment provided
- Minor by employer/in-house treatment
- Minor by hospital or clinic
- Emergency room
- Hospitalized less than 24 hours
- Future major medical/lost time anticipated



What to expect after your claim is reported:

Medical Fast Track Claims:

- If the claim is minor with no compensability concerns, you will receive an email with the claims adjuster's contact information and no further communication. Files will be held open for receipt and processing of related bills

All Other Medical and Lost-Time Claims:

- You will receive an email with the claims adjuster's contact information
- The employee will receive a claim packet with the claims adjuster's contact information along with Medical Authorization and Medical Provider list forms which will need to be completed and returned
- The claims adjuster will contact you and the employee to discuss the claim details and next steps

Common Requests During a Claims Investigation:

- Were there any witnesses to the injury?
- Was the incident captured on video? If so, we may ask for a copy of the video
- Medical billing and records related to the injury
- Does the employee have pre-existing conditions that would be related to this injury?
- Does the employer have concerns about the claim or the employee?
- Wage information for lost-time claims
- Are modified work duties available, as needed?

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