

Reciprocal News

Helping to Manage Your Risk

The MEARIE Group's Reciprocal Newsletter

A publication designed for the benefit of Ontario's Electricity Industry.

Have Feedback?

Please let us know what you think about this publication. Email us with your comments at gdurie@mearie.ca

Claim Reporting Requirements

Do you know how to report a claim/incident to MEARIE? Did you know your MEARIE policies have specific claim/incident reporting requirements? Prompt claim/incident reporting can allow for investigation by an adjuster and potential savings to you.

All contracts of insurance, including those offered by MEARIE, are subject to terms and conditions that must be met to ensure the coverage is not jeopardized. With respect to the reporting of claims, due to reinsurance and, Insurance Act requirements and the need to appraise and assess liability, motor vehicle and property claims, compliance with these conditions is of increasing importance.

MEARIE Comprehensive Liability Policy:

The policy requires MEARIE be notified of an Occurrence as soon as practicable after notice of a claim has been received or knowledge has been gained (reference Section 8.4 of the policy).

To report a claim or incident simply complete the 2009 MEARIE General Liability Claim Reporting Form [sample attached] available on the MEARIE Members' website. The completed form and supporting documents can then be submitted to both MEARIE and J. R. Henwood & Associates as outlined on the bottom of the claim form.



Claim Reporting Requirements (Continued from page 1)

MEARIE Vehicle Policy

In Ontario, all automobile insurance plans are regulated under the Ontario Insurance Act that stipulates all claims must be reported within seven (7) days of the incident.

To report a claim for damages to your vehicle or any accident involving another vehicle, person or other property, complete the 2009 Vehicle Accident Reporting Form [sample attached] available on the MEARIE Members' website, sign and submit by email, FAX or hard copy to the MEARIE Director of Claims as outlined on the bottom of the form.

Please note, should a MEARIE Vehicle Program claim require appraisals or detailed investigation/adjustment the matter will be referred to the contracted Program Adjusters at The Dominion of Canada.

MEARIE Property Policy

The Statutory Requirements of the Property program Policy specify in the event of loss or damage to insured property, notice must be given "forthwith" to the insurer. That way, restoration of damaged property can be quickly attended to and resolution of the claim can be rapidly achieved.

To report a claim or incident, complete the 2009 MEARIE Property Program Notice of Loss [sample attached] available on the MEARIE Members' website, sign and submit by email, FAX or hard copy to the MEARIE Director of Claims as outlined on the bottom of the form.

Please note the independent adjusting firm of Crawford & Company will, under contract, be responsible for adjusting all MEARIE Property Program claims.

When in Doubt

If you are not sure if something that has taken place is in fact a claim please complete a form and let MEARIE know. By reporting claims or possible claims promptly and by using the correct reporting form you will be contributing to streamlining and speeding up the adjusting and settlement process. Anytime you have questions about reporting or settlement of claims contact the MEARIE Director Claims Al Friesen by email afriesen@mearie.ca, by telephone (905) 265-5315 or (800) 668-9979 by FAX (905) 265-5304 or Gary Durie by email gdurie@mearie.ca, by telephone (905) 265-5355 or (800) 668-9979

For emergency claims reporting after hours, weekends or holidays contact Al Friesen's cell at (647) 223-9243.

The MEARIE Group's Reciprocal News is an electronic publication intended for subscribers of The MEARIE Group's Property and Casualty Insurance programs. It is published on a periodic basis and is intended for information purposes only. For further information, visit www.mearie.ca or contact Gary Durie, Risk Analyst, Underwriting and Risk Services at gdurie@mearie.ca.

The MEARIE Group, 1100 - 3700 Steeles Ave West, Vaughan, ON, L4L 8K8 T:905-265-5300 or 1-800-668-9979
F: 905-265-5301, Email: mearie@mearie.ca web site: www.mearie.ca,



INSURANCE,
RISK MANAGEMENT &
FINANCIAL SOLUTIONS

2009 MEARIE General Liability Claim Reporting Form

Adjuster Use Only		
Claim #	Code	Initial Reserve

TYPE OF OPERATION

- | | | | |
|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> WATER | <input type="checkbox"/> GENERATION | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> INCIDENT ONLY | <input type="checkbox"/> SERVICE | <input type="checkbox"/> CONSTRUCTION |

(Please check one by placing an X in the box)

Date Claim Submitted:	
------------------------------	--

(Please enter all dates mm/dd/yyyy)

SUBSCRIBER INFORMATION

Subscriber Name _____

Operating Company Name _____

Prepare by: _____

Title: _____

email _____

Telephone #: _____

Date prepared: _____

(Please enter all dates mm/dd/yyyy)

COMPANY CONTACT – Regarding Incident details

Name: _____

Title: _____

Telephone #: _____

email: _____

Company File #: _____

CLAIM & CLAIMANT INFORMATION

Claimant Name: _____	Date of Incident _____
Address: _____	Time of Incident _____
City _____	Location of Incident _____
Province, Postal Code _____	Date Claim Received _____
Telephone # H - _____ B - _____	Date Acknowledged _____

Type of Claim (check all that apply by placing an X in the box)

- | | |
|--|--|
| <input type="checkbox"/> BI – Bodily Injury | <input type="checkbox"/> PI - Personal Injury |
| <input type="checkbox"/> PD – Property Damage | <input type="checkbox"/> ENV – Environmental |
| <input type="checkbox"/> DO – Directors Officers | <input type="checkbox"/> EO – Errors Omissions |
| <input type="checkbox"/> OH - Occupational Health Safety | <input type="checkbox"/> LEG – Legal Expense |
| <input type="checkbox"/> OTH – Other (describe) | |

Cause of Damage (check all that apply by placing an X in the box)

- | | |
|--|--|
| <input type="checkbox"/> BA – Benefits Administration | <input type="checkbox"/> CC – Conductor Clearance |
| <input type="checkbox"/> DE – Disconnect Error | <input type="checkbox"/> DO – Directors & Officers |
| <input type="checkbox"/> EC – Environmental Clean up | <input type="checkbox"/> DX – Digging Excavating or Construction |
| <input type="checkbox"/> EF – Equipment Failure | |
| <input type="checkbox"/> EI – Environmental Impairment | <input type="checkbox"/> EP – Employment Practices |
| <input type="checkbox"/> EO – Errors & Omissions | <input type="checkbox"/> EW – Extreme Weather |
| <input type="checkbox"/> FI – Fire | <input type="checkbox"/> FO – Falling Object |
| <input type="checkbox"/> HV – High Voltage | <input type="checkbox"/> LV – Low Voltage |
| <input type="checkbox"/> MR – Meter Reading | <input type="checkbox"/> PI – Power Interruption |
| <input type="checkbox"/> PL – Professional Liability | <input type="checkbox"/> TT – Tree Trimming |
| <input type="checkbox"/> WD – Water Damage/Escape | <input type="checkbox"/> WH – Water Heater |
| <input type="checkbox"/> WP – Water Pressure Variation | <input type="checkbox"/> WQ – Water Quality |
| <input type="checkbox"/> MS – Miscellaneous (describe) | |

Details of Damages Sought

Description of Item	Claimed \$ Amount	Estimated \$ Value
Total	\$	\$

Incident Description: - Please attach copies of relevant reports and other documentation:

Instructions for completing the 2009 MEARIE General Liability Claim Reporting Form

You will notice that some of the information on the form has changed. MEARIE is working to better understand and gather information about your claims to help in the settlement.

Type of Operation: Indicate the type of operations related to your company's activities that resulted in this incident or notice of claim.

Date Claim Submitted: Date that this form was completed and sent to MEARIE.

Subscriber Information: This provides information about your company.

Subscriber Name: This is the Name Insured that appears on the Declarations Page under Item 1 of your MEARIE Liability policy.

Operating Company Name: This is the name of the actual company [Company/Affiliate/Subsidiary/Additional Named Insured] that was responsible for the activity that resulted in incident or notice of claim.

Prepared by: Name of the individual who prepared this report. Include Title, email, Telephone # and date this form was completed.

Company Contact: This provides information on who is responsible for claims handling at your company and who MEARIE should deal with regarding this claim and any further questions. Include their Name, Title, Telephone #, email and your Company File # for this report.

Claim & Claimant Information: Provide details about who is making the claim or report against your company. Provide details including Name, Address, Telephone #, Date and Time of Incident, Location of incident, Date your received notification of claim/incidents, Date you acknowledged receipt to claimant.

Type of Claim: This refers to what is being claimed for not what caused the claim. Please select the box that you feel to be most appropriate.

Cause of Damage: Select the most appropriate "Cause Code" or "Codes" to describe the cause of the claim. In most cases there will only be one cause.

Incident Description: Provide a brief description of what happened and what the results were. Attach any supplemental information, invoices, pictures etc. that have been provided to support the claim.

Details of Damages Sought: provide an itemized statement of the damages and money being requested. If necessary attached any detailed invoices, statements, receipts, bills etc.



2009 Vehicle Accident Reporting Form

MEARIE Vehicle Insurance Program
Tel: 1-800-668-9979
Fax: (905) 265-5304

Note: Please forward a completed copy of this form, by mail, electronic email or fax, to Al Friesen Director Claims at: MEARIE Vehicle Insurance Program, 3700 Steeles Avenue West, Suite 1100, Vaughan, Ontario, L3L 8K8
Tel: (905) 265-5315, Fax: (905) 265-5304, email: afriesen@mearie.ca

POLICY HOLDER INFORMATION

LDC Name: Telephone#: () FAX # ()
PLEASE PRINT
Address: Contact Name:
Contact e-mail:

Date of Accident/Occurrence: MEARIE Policy: V2009

VEHICLE	REGISTERED OWNER:	ADDRESS:			
	ACTUAL OWNER:	ADDRESS:			
	MAKE OF VEHICLE:	YEAR:	MODEL:	SERIAL (17 characters):	LICENCE NO. & PROVINCE:
	MILEAGE:	DESCRIBE DAMAGE:			ESTIMATE OF DAMAGE:
DRIVER	NAME OF DRIVER	AGE:	#YEARS OF DRIVING EXPERIENCE:		
	ADDRESS	BUSINESS ADDRESS:			
	RESIDENCE PHONE () -	BUSINESS PHONE: () -			
	DRIVER'S LICENCE NO:	PREVIOUS ACCIDENTS OR CONVICTIONS:			
	TIME OF ACCIDENT/OCCURENCE:	<input type="checkbox"/> DAYLIGHT	<input type="checkbox"/> DUSK	LOCATION OF ACCIDENT:	
		<input type="checkbox"/> DARK			
	PURPOSE OF TRIP AT TIME OF ACCIDENT	WEATHER CONDITIONS:	ROAD CONDITIONS:		
	YOUR SPEED:	DIRECTION:	OTHER'S SPEED:	DIRECTION:	
	POLICE INVESTIGATION BY:	OCCURRENCE #:	CHARGES:		

OTHER VEHICLE	Other Vehicle #1		Other Vehicle #2	
	NAME:	PHONE: () -	NAME:	PHONE: () -
	ADDRESS:		ADDRESS:	
	YEAR AND MAKE OF VEHICLE:	LICENCE NO.:	YEAR AND MAKE OF VEHICLE:	LICENCE NO.:
	NAME OF INSURER	POLICY NO.:	NAME OF INSURER:	POLICY NO.:
	DESCRIPTION OF DAMAGE:		DESCRIPTION OF DAMAGE:	
	WHERE CAN VEHICLE BE INSPECTED?		WHERE CAN VEHICLE BE INSPECTED?	
	NAME OF DRIVER:	PHONE: () -	NAME OF DRIVER:	PHONE: () -
	ADDRESS:		ADDRESS:	

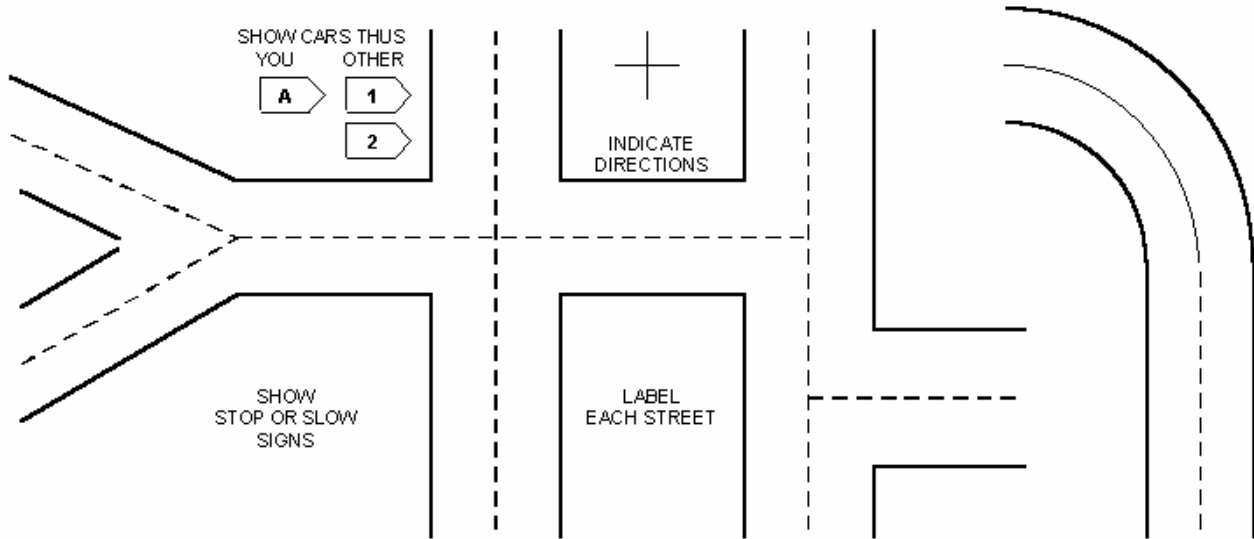
PERSONS INJURED	NAME	AGE	CONTACT INFO (ADDRESS, PHONE#)	INJURY	VEHICLE	Position in Vehicle	Reference Position

WITNESSES	NAME:	NAME:	NAME:
	ADDRESS:	ADDRESS:	ADDRESS:
PHONE: () -	PHONE: () -	PHONE: () -	
IN WHICH VEHICLE? <input type="checkbox"/> YOUR VEHICLE <input type="checkbox"/> OTHER VEHICLE #1 <input type="checkbox"/> OTHER VEHICLE #2 <input type="checkbox"/> OTHER	IN WHICH VEHICLE? <input type="checkbox"/> YOUR VEHICLE <input type="checkbox"/> OTHER VEHICLE #1 <input type="checkbox"/> OTHER VEHICLE #2 <input type="checkbox"/> OTHER	IN WHICH VEHICLE? <input type="checkbox"/> YOUR VEHICLE <input type="checkbox"/> OTHER VEHICLE #1 <input type="checkbox"/> OTHER VEHICLE #2 <input type="checkbox"/> OTHER	

NON-AUTO PROPERTY DAMAGE	NAME OF OWNER OR CONTACT	PHONE #: () - () - () -	FAX #: () -
	ADDRESS OF DAMAGE		e-mail
	DESCRIBE WHAT IS DAMAGED AND EXTENT:		

DESCRIPTION OF ACCIDENT

(Illustrate position of cars at the time of collision. Show skid marks.)
(If any street is more than two-lane or is one way only, please indicate)



ACCIDENT DESCRIPTION:

ACKNOWLEDGEMENT

Date Form Completed (mm/dd/yyyy):

Form Prepared By:

Appropriate Signing Authority (if other than person preparing form):



INSURANCE,
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2009 MEARIE Property Program Notice of Loss

Date Notice Submitted: _____

Policy #: P2009 1

SUBSCRIBER INFORMATION

Subscriber Name _____
 Operating Company Name _____
 Prepare by: _____
 Title: _____
 email _____
 Telephone #: _____
 Date prepared: _____
 (Please enter all dates mm/dd/yyyy)

COMPANY CONTACT – Regarding Incident details

Name: _____
 Title: _____
 Telephone #: _____
 Email: _____
 Company File #: _____

CLAIM & CLAIMANT INFORMATION

Loss Location Name: _____
 Loss Location Address: _____
 City _____
 Province, Postal Code _____

Date of Incident _____
 Time of Incident _____

Submitted by: _____

Date: _____

Brief Description of Loss:

Please forward a signed copy to MEARIE Director of Claims
 The MEARIE Group 3700 Steeles Ave. W., Suite 1100, Vaughan, ON, L4L 8K8
 Tel: (905) 265-5300 or (800) 668-9979 or FAX (905) 265-5304 or email: afriesen@mearie.ca