

# FAS/CAA Claim Reporting Road Map as of 1/1/2019

## University of California

### TYPE OF INCIDENT

Foundation, Alumni or Support/Emeriti & Retiree group receives a claim from a third party for bodily injury or property damage or damage to premises rented to you

ALL OTHER CAMPUSES  
POLICY # GL 478-68-24

UCB CAL ALUMNI ONLY  
POLICY # GL 478-68-26

Foundation, Alumni or Support/Emeriti & Retiree group experiences an automobile accident

ALL OTHER CAMPUSES  
POLICY # CA 774-23-44

UCB CAL ALUMNI ONLY  
POLICY # CA 774-23-45

Foundation, Alumni or Support/Emeriti & Retiree group receives a claim for bodily injury or property damage resulting from serving alcoholic beverages

ALL OTHER CAMPUSES  
POLICY # GL 478-68-26

UCB CAL ALUMNI ONLY  
POLICY # GL 478-68-27

### REPORT CLAIM TO

877.399.6442  
westernpcnewloss@aig.com

Laura McHugh  
AIG Claims Engagement  
Office: 925.901.2351 | Cell:  
925.683.9090 Lara.mchugh@aig.com

# Accident Medical Claim Reporting Road Map as of 1/1/2019

University of California

## TYPE OF INCIDENT

## REPORT CLAIM TO

Accident, Injury or Sickness while traveling outside the US on business for UC

POLICY # N04223822

Student has an accident while engaging in a Sponsored Activity (including NCAA, Dance, Cheer, OAP, IPO, etc.)

POLICY # N04223822

ACE American Insurance Company  
PO Box 5124  
Scranton, PA 18505-0556  
1-800-336-0627

Need Medical Assistance While Traveling: UnitedHealthcare Global  
1-410-453-6330 or 1-800-527-0218  
(toll free in the U.S. & Canada)  
assistance@uhcglobal.com

Accident or Sickness while participating in a UC Education Abroad Program (EAP)

POLICY # N04834823

Administrative Concepts, Inc.  
994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087

# RSO/Rec Sports Claim Reporting Road Map as of 1/1/2019

## University of California

### TYPE OF INCIDENT

### REPORT CLAIM TO

A Recognized/Registered Student Organization receives a claim from a third party for bodily injury or property damage or damage to premises rented to you for an event on or off campus. Also covers automobile accident while housing autos for an event on campus (i.e. valet)

**ON CAMPUS**  
ACE POLICY # ADD NO4223822  
PHILADELPHIA POLICY # PHPK1771984

**OFF CAMPUS**  
ACE POLICY # ADD NO4223822  
PHILADELPHIA POLICY # PHPK1771994

ACE POLICY # ADD NO4223822  
PHILADELPHIA POLICY # PHPK1783268

A UC Recreation Department Recognized Sports Club receives a claim from a third party for bodily injury or property damage or damage to premises rented to you

1: ACE American Insurance Company  
PO Box 5124  
Scranton, PA 18505-0556  
1-800-336-0627

AND

2: Philadelphia Insurance Co.  
Attn: Claim Department  
One Bala Cynwyd, PA 19004-0950  
800.765.9749  
claimsreport@phlyins.com

1: ACE American Insurance Company  
PO Box 5124  
Scranton, PA 18505-0556  
1-800-336-0627

AND

2: Philadelphia Insurance Co.  
Attn: Claim Department  
One Bala Cynwyd, PA 19004-0950  
800.765.9749  
claimsreport@phlyins.com

# Accident Medical/TULIP Claim Reporting Road Map as of 1/1/2019

## University of California

### TYPE OF INCIDENT

A Sports Team traveling abroad receive a claim for bodily injury or physical damage, personal or advertising injury, medical payments for injury while practicing, instructing or participating in any physical exercises, games, sports or athletic contests

POLICY# PFHD37258465

### REPORT CLAIM TO

**NEW CLAIM REPORTING:**  
ACE USA – US International  
P.O. Box 25149  
Lehigh Valley, PA 18002-5149  
E-mail: USI-  
FirstNoticeofLoss@acegroup.com

**EMERGENCY CLAIM REPORTING:**  
Toll Free in the U.S. 1 (866) 809-0396  
Fax: 1 (866) 635-5687

A Third Party Tenant User (someone renting a UC facility) has purchased TULIP coverage under CampusConnexions and has experienced a loss

POLICY# PHPK1771988

Philadelphia Insurance Co.  
Attn: Claim Department  
One Bala Cynwyd, PA 19004-0950  
800.765.9749  
claimsreport@phlyins.com

# Claim Reporting Road Map as of 1/1/2019

## Information to Include

- When reporting a claim, please provide as much detail as possible. This should include, but not be limited to:
  - Insured Name (The Regents of the University of California plus student organization/club/employee name)
  - Contact Name (student organization/club)
  - Policy Number
  - Claimant Name and Contact Information
  - Date of Loss
  - Location of Loss
  - Cause of Loss
  - Policy or Reference Number
  - Initial Steps Taken to Mitigate the Loss
  - Type(s) and Description of Damage
  - Estimated Amount of Loss