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

- **Foundation, Alumni or Support/Emeriti & Retiree group experiences an automobile accident**
  - ALL OTHER CAMPUSES
    - POLICY # GL 478-68-26

- **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 478-68-27

**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

**ALL OTHER CAMPUSES**

- POLICY # CA 774-23-44
- UCB CAL ALUMNI ONLY
  - POLICY # CA 774-23-45
  - POLICY # GL 478-68-26
Accident Medical Claim Reporting Road Map as of 1/1/2019
University of California

**TYPE OF INCIDENT**

- **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

- **Accident or Sickness while participating in a UC Education Abroad Program (EAP)**
  - POLICY # N04834823

**REPORT CLAIM TO**

**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

**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**

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

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.

- ACE POLICY # ADD NO4223822
- PHILADELPHIA POLICY # PHPK1783268

**Report Claim To**

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

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

ACE POLICY PERIOD OCTOBER 1, 2018 TO OCTOBER 1, 2019
PHILADELPHIA POLICY PERIOD MARCH 1, 2018 TO MARCH 1, 2019
Accident Medical/TULIP Claim Reporting Road Map as of 1/1/2019
University of California

**TYPE OF INCIDENT**

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

**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

**POLICY# PHPK1771988**

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**

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