

EquipGuard®

CLAIM REPORTING INSTRUCTIONS

For the fastest possible service, please report all EquipGuard Program claims as follows:

ALL CLAIMS UNDER THE EQUIPGUARD PROGRAM (WITH THE EXCEPTION OF WORKERS COMPENSATION) ARE HANDLED BY YORK CLAIMS SERVICE.

The YORK Claims Intake Center is ready to accept new losses and provides four ways for you to submit new loss reports:

1. **Email:** Equipguard@yorkrsg.com
2. **Fax:** (973) 404-9034
3. **Telephone:** (866) 391-9675 (YORK)
4. **Mail:** YORK Claims Service, Inc.
99 Cherry Hill Road, Suite 102
Parsippany, New Jersey 07054

Important!

- To expedite the handling of your newly reported loss, please be sure to include your YORK Client Code with each new loss report.
- The YORK Client Code for the program is 3304.
- Notices that do not require action (“incident reports”) should be clearly marked “REPORT ONLY”.

The YORK Claims Intake Center will review all claims notices upon receipt and assign to the YORK handling branch office. A claim acknowledgement will then be transmitted to the designated individual advising of the YORK claim number and the adjuster assigned to the claim.

ACE: WORK COMP CLAIM REPORTING PROCEDURES

When work injuries do occur, report them to ACE within 24 hours. You can do so by calling 866-840-1ACE any time, day or night, and their representatives have language support for employers who prefer to make the claim report in a language other than English. The typical call to report a claim takes 15 minutes or less.

You may also report a new injury by completing and faxing the state employers' first report of injury to 888-302-4267, but ACE prefers a telephone call so that they can assist you with information about physicians in their medical networks. Using medical networks to the fullest extent allowed by state law is a key way to control workers compensation claim costs.

AMTRUST: WORK COMP CLAIM REPORTING PROCEDURES

Claim reporting centers operate 7 days a week. In the event a work injury occurs, call, fax or email the claim report to AmTrust.

1. **Telephone:** 866-272-9267
2. **Fax:** 877-669-9140
3. **Email:** AmTrustClaims@qrm-inc.com

When contacting AmTrust, please have the following information available:

- Name of employer as it appears on the policy
- Policy Number
- Injured employee's:
 - Name
 - Address
 - Phone Number
 - Social Security Number
 - Date of Hire
 - Date of Birth
 - Date, time and place of incident
 - Description of the incident
- Nature of the injury
- Name and phone number for the initial medical provider (unknown)
- Wage information