Re: 800 # Claims Reporting

Welcome to Early Notice, our 800 number reporting service for centralized reporting of your claims regardless of accident state.

Enclosed is a copy of our Early Notice “Reporting Procedures Guide”. This guide will assist you prior to reporting your claims.

The 800 # reporting service and managed care program is currently available to you. Please call me if you have any questions regarding this service or the enclosed material.

If you wish to access the IntelliRisk First Notice of Loss (FNL) system to report claims online via the internet, please click on the following link https://aigcsfnl.aig.com and click on Enroll Now. Please have your policy number, effective date and insured (parent company) name available when registering.

Sincerely,

Beth Dotson

Beth Dotson

Enclosure
In claim management, delays often result in higher costs. Prompt notification of a claim helps to ensure that appropriate investigative, legal, and/or medical expertise is applied early in the case when it can have the greatest impact on the outcome.

AIG Domestic Claims, Inc. (AIGDC) provides a toll-free claim reporting service to centralize the reporting of all workers' compensation, general liability, auto liability and property claims. This service, called AIG Early Notice, offers a fast, easy and accurate telephone mechanism to report your claims. By reducing the time it takes to report an injury or accident, our claim representatives can promptly begin working on your case and immediately start to control claim costs.

Regardless of where an accident or injury occurs, AIG Early Notice enables you to report all of your claims through one central telephone number. All of the information necessary to file a claim will be obtained and electronically forwarded to one of AIGDC's operations centers for file creation and assignment to the appropriate claim representative. The accuracy of AIG Early Notice reporting is especially important when certain workers' compensation forms must be submitted to state regulatory boards.

Medical Management Assistance

Effectively managing medical care and expediting an employee's return to work are essential to reducing workers' compensation costs. To achieve that goal, AIGDC closely manages and monitors the medical care provided to our customers' employees. Where permitted by law, AIGDC has formed alliances with major managed care organizations throughout the United States to provide high quality medical care while helping companies reduce medical expenses and control indemnity costs.

Our managed care strategy focuses on the areas that most impact our customers' ultimate costs — controlling expenses and helping injured employees return to work as soon as possible. AIGDC provides its managed care services through select managed care organizations with networks of physicians, hospitals, medical professionals and health care facilities. In those states where we have such managed care alliances, the employer will be promptly contacted by the appropriate managed care organization after the claim is reported to AIG Early Notice.
When You Call AIG Early Notice

When reporting a claim to AIG Early Notice, you will be asked a series of questions by the customer service representative which are specific to state laws regarding accident or injury claim reporting. The questions on the opposite page represent a sampling of what you can expect when reporting an accident or injury. Please have the answers to these questions in front of you before calling AIG Early Notice. This will significantly decrease the amount of time spent on the call. Applicable questions depend on the lines of coverage.

Claim Reporting Procedures

1) An administrator that you designate at your reporting location calls AIG Early Notice to report the injury or accident.

2) The AIG Early Notice customer service representative accesses the account profile and verifies information contained in the program’s database relating to your location (as it was established during the account setup process).
   a) For workers’ compensation claims, the customer service representative verifies the state in which the injury occurred and obtains relevant claim information as required by the state-specific Workers’ Compensation Bureau.
   b) For automobile liability, general liability and property claims, the customer service representative verifies the type of claim and obtains information necessary to complete an ACORD form.

3) After completing the questions, the customer service representative assigns a reference number. The claim is reported to one of AIGDC’s operations centers within 24 hours. A copy is then sent to the insured.
### WORKERS' COMPENSATION

<table>
<thead>
<tr>
<th>Claim or notification of occurrence</th>
<th>Date employee last received full pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of loss</td>
<td>Has employee received any pay after the injury?</td>
</tr>
<tr>
<td>Time of loss</td>
<td>How many work days has the employee missed?</td>
</tr>
<tr>
<td>Company name or policy number</td>
<td>How is employee paid (hourly, salary or variable)? If hourly, employee's wage/hour, hours worked/day and days worked/week</td>
</tr>
<tr>
<td>Policyholder's name &amp; address</td>
<td>Employee's annual salary</td>
</tr>
<tr>
<td>Business name, address &amp; telephone number</td>
<td>Date employee was notified of injury</td>
</tr>
<tr>
<td>Nature of business</td>
<td>Activity employee was engaged in when the injury occurred</td>
</tr>
<tr>
<td>Did the incident occur on the employer's premises?</td>
<td>Description of the injury</td>
</tr>
<tr>
<td>Name, address &amp; telephone number of the loss location</td>
<td>Were any materials in use that affected the injury?</td>
</tr>
<tr>
<td>Employee's name, address &amp; telephone number</td>
<td>Was safety equipment provided? If “yes,” was it being used?</td>
</tr>
<tr>
<td>Employee's Social Security Number</td>
<td>Is safety equipment required for this particular job/activity?</td>
</tr>
<tr>
<td>Gender</td>
<td>Was medical attention authorized? If “yes,” what date?</td>
</tr>
<tr>
<td>Marital status</td>
<td>Was medical attention provided?</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Hospital name, type (clinic, doctor’s office, etc.), address &amp; telephone number</td>
</tr>
<tr>
<td>Number of dependents</td>
<td>Was initial treatment provided? If “yes,” by whom (co-worker, supervisor, doctor, etc.)?</td>
</tr>
<tr>
<td>Title</td>
<td>Did employee choose the physician?</td>
</tr>
<tr>
<td>Department</td>
<td>Physician’s name, address &amp; telephone number</td>
</tr>
<tr>
<td>Employment status (full/part-time)</td>
<td>(If applicable) Name, relationship, address &amp; telephone number of employee's next of kin</td>
</tr>
<tr>
<td>Employee’s supervisor name &amp; telephone number</td>
<td>Was there a witness? If “yes,” name, address &amp; telephone number</td>
</tr>
<tr>
<td>Employee’s date and state of hire</td>
<td>Date disability began</td>
</tr>
<tr>
<td>Time employee began work on the date of injury</td>
<td>Did employee miss any time from work? If “yes,” last day employee worked</td>
</tr>
</tbody>
</table>

### GENERAL LIABILITY

<table>
<thead>
<tr>
<th>Claim or notification of occurrence</th>
<th>Was there an estimate performed? If “yes,” name &amp; telephone number of the estimator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of loss</td>
<td>Were any authorities involved? If “yes,” name &amp; report number</td>
</tr>
<tr>
<td>Time of loss</td>
<td>Was any other property damaged? If “yes,” describe property &amp; the type of damage inflicted</td>
</tr>
<tr>
<td>Company name or policy number</td>
<td>Name, company name, address, telephone number, insurance company and policy number of the property owner</td>
</tr>
<tr>
<td>Policyholder's name &amp; address</td>
<td>Was there a witness? If “yes,” name, address &amp; telephone number</td>
</tr>
<tr>
<td>Risk location name, address &amp; telephone number</td>
<td>Type of loss (property damage, medical/professional/product liability, etc.)</td>
</tr>
<tr>
<td>Cause of loss (vehicle, fire, water, etc.)</td>
<td>Description of loss</td>
</tr>
<tr>
<td>Date disability began</td>
<td>Date of hire</td>
</tr>
</tbody>
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(AIG Domestic Claims, Inc. logo)
AIGDC Quick Reference Guide: Claim Mailing Addresses

States: Alabama, Georgia, Maine, Massachusetts, Mississippi, New Hampshire, North Carolina, Rhode Island, South Carolina and Vermont

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1821
Alpharetta, GA 30023

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1822
Alpharetta, GA 30023

States: Connecticut and New York

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1830
Alpharetta, GA 30023

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1822
Alpharetta, GA 30023

States: Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1836
Alpharetta, GA 30023

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1822
Alpharetta, GA 30023

State: Florida

Mailing address for all claim documents for the state of Florida:
AIG Domestic Claims, Inc.
P.O. Box 1833
Alpharetta, GA 30023

Mailing address for all medical bills for the state of Florida:
AIG Domestic Claims, Inc.
P.O. Box 1822
Alpharetta, GA 30023

States: Indiana, Kentucky, Ohio, Tennessee and Virginia

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1832
Alpharetta, GA 30023

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1822
Alpharetta, GA 30023

States: Michigan, Minnesota, South Dakota and Wisconsin

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1830
Alpharetta, GA 30023

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 1829
Alpharetta, GA 30023

Eastern Zone Operations Center Toll-Free Number: 866-642-5246


Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 25071
Shawnee Mission, KS 66225

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 25072
Shawnee Mission, KS 66225

State: California

Mailing address for all claim documents for the state of California:
AIG Domestic Claims, Inc.
P.O. Box 25977
Shawnee Mission, KS 66225

Mailing address for all medical bills for the state of California:
AIG Domestic Claims, Inc.
P.O. Box 25978
Shawnee Mission, KS 66225

State: Nevada

Mailing address for all claim documents and medical bills for the state of Nevada:
AIG Domestic Claims, Inc.
P.O. Box 26149
Las Vegas, NV 89126

States: Oklahoma and Texas

Mailing address for all claim documents for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 25974
Shawnee Mission, KS 66225

Mailing address for all medical bills for the states listed above:
AIG Domestic Claims, Inc.
P.O. Box 25975
Shawnee Mission, KS 66225

Western Zone Operations Center Toll-Free Number: 877-892-5246