

CLAIMS REPORTING

NAMED INSURED: Alliance Management Company, LLC

**BB&T-Insurance
Services
Claims Central**

**Telephone: 500-990-4228
Fax: 336-931-6250
Email: InsClaims@bbandt.com**

BB&T

**Insurance Services
2600 Eastpoint Parkway
P.O. Box 436869
Louisville, KY 40253
502-489-5900**

Report all claims to the BB&T Claims Department with the exception of Worker's Compensation claims, which should be reported directly to the carrier.

INSURANCE COMPANY	LINE OF COVERAGE	POLICY #	POLICY PERIOD	DIRECT CLAIMS #
Travelers Insurance Co	Commercial Package Property	P6308D373432 CLIENT CODE # 64PATOKCAP	11-29-13/14	800-238-6225
Travelers Insurance Co	Commercial Automobile	BA8D373432	11-29-13/14	800-238-6225
Liberty Mutual	Workers' Compensation	WC5Z91468184017		800-362-0000
Travelers Insurance Co	Commercial Umbrells	CUP8D373432	11-29-13/14	800-238-6225
Travelers Insurance Co	Crime	106055899	02-07-14/15	bfclaims@travelers.com FAX: 888-460-6622
Chubb Insurance Group	Directors & Offices	82085107	06-01-14/15	800-252-4670

See TYPICAL QUESTIONS ASKED WHEN REPORTING A CLAIM on reverse side

Revised 11.30.17

TYPICAL QUESTIONS ASKED WHEN REPORTING A CLAIM



Insurance Services
 2600 Eastpoint Parkway
 P. O. Box 436869
 Louisville, KY 40255
 502-489-5900

Employee Only
 Use After Receiving Approval From Ops

For Guest Incidents

Workers Comp	Automobile	General Liability	Property
Policy # Your company name/address Your company telephone # Date of Accident Time of Injury <u>Claimant information:</u> Social Security # Last/First/Middle Name Sex Date of Birth Street Address City/State/Zip Code County Telephone # Accident Description Accident Location Witnesses Last Day Worked Injury Description Average weekly gross wages Average hours per day/per week worked Average days per week worked Full pay last day worked Salary continued Hourly wage rate	Policy # Your company name/address Your company telephone # Date/Time of Accident Accident Description Accident Location Witnesses Police Report Violations or citations Vehicle Year/Make/Model Vehicle ID # Vehicle Plate #/Tag state Driver's Name/Address/Phone Driver's License #/State Describe Damage/Point of Impact Estimated amount of damage Injury Description <u>Injured/Property Damage</u> Last/First/Middle Name Street Address City/State/Zip Code Telephone # Age Describe Property Damage/Vehicles Injury Description Estimated amount of Damage	Policy # Your company name/address Your company telephone # Date/Time of Occurrence Description of Occurrence Location of Occurrence Witnesses Property Damage/Injury Police Report <u>Injured/Property Damage</u> Last/First/Middle Name Sex Age Street Address City/State/Zip Code Telephone # Describe Injury/Property Damage Estimated amount of Damage	Policy # Your company name/address Your company telephone # Date/Time of Loss Loss Description Loss Location Witnesses Describe damage Estimated amount of damage