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| **Insurance Services** | | | | | |
| **General Insurance Service Questions:** | | | **Certificate of Insurance (COI) Request:** | | |
| Topics Include: |  | | ADOM COI Center | | |
| * Insurance Placement | * Coverage Questions | | E adomcertificaterequest@aon.com | | |
| * Special Events | * Certificates of Insurance | | F 847.953.1637 | | |
| * New Services/Operations/Exposures | | | Complete the COI request form\* and email or fax it to the ADOM COI Center.  *\*Note: The COI request form can be found on the ADOM E – library (www.theadom.info)* | | |
|  | | |
| Alfred Gronovius | Lisette de Diego | |
| Senior Vice President | Vice President | | **Auto ID Cards / Motor Vehicle Registration & Driver Reports:** | | |
| P 305.961.6036 | P 305.961.6005 | | Yanel Koenitzer | | |
| C 917.488.1244 | C 305.794.7426 | | P 305.762.1294 | | |
| E alfred.gronovius@aon.com | E lisette.dediego@aon.com | | E ykoenitzer@theadom.org | | |
|  |  | |  | | |
| Adriana Gonzalez |  | | **New Construction Project Approval:** | | |
| Account Executive |  | | David Prada | | |
| P 305.961.6029 |  | | Sr. Director Building & Properties Office | | |
| C 386.341.7601 |  | | P 305.762.1033 | | |
| E adriana.gonzalez1@aon.com |  | | C 305.951.4058 | | |
|  |  | | E dprada@theadom.org | | |
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| **Safety & Loss Prevention Services** | | | | | |
| **General Safety & Loss Prevention Questions:** | | | **Church, School & Parish Questions:** | | |
| Topics Include: |  | | Topics Include: | |  |
| * Hurricane preparedness | * Special events planning | | * Risk Assessment | | * Exposure Controls |
| * Managing volunteers | * Basic fleet exposures | | * OSHA Compliance | | * Special Event Planning |
| * Safety Guidelines | * Traffic Safety K-12 Schools | | * Special Hazard Issues | |  |
| * Considerations for contractors |  | |  | |  |
|  |  | | Bob Prior | | Justin Porter |
| Deborah Weigand |  | | Primary Consultant | | Secondary Consultant |
| Executive Sponsor |  | | C 813.716.0755 | | P 215.255.1766 |
| P 248.936.5217 |  | | E bob.prior@aon.com | | C 484.354.8036 |
| C 312.218.1372 |  | |  | | E justin.porter@aon.com |
| E deborah.weigand@aon.com |  | |  | |  |
| **Catholic Health Services:** | | | **Site Surveys, Assessments & Training:** | | |
| Topics Include: |  | | Services Provided for: | | |
| * Quarterly Metrics Reports | * Exposure Controls | | * University & Seminary (Annual Site Surveys) | | |
| * Safe Patient Movement | * Needle Sticks | | * High Schools (Annual Site Surveys) | | |
| * Employee Perception Surveys | * Healthcare Related Risk Assessments | | * K – 8 Schools with Churches (Every 2 Years Site Surveys) | | |
| * Other Healthcare Related Issues |  | | * Churches without Schools (Every 3 Years Site Surveys) | | |
|  |  | | * Other Ministries, Charities & Housing (Every 3 Years Site Surveys) | | |
| Vicki Missar | Justin Porter | |  | | |
| Primary Consultant | Secondary Consultant | | Erick Cauldwell | | Matthew Norton |
| C 469.867.6196 | P 215.255.1766 | | P 920.431.6332 | | P 203.388.3587 |
| E vicki.missar@aon.com | C 484.354.8036 | | C 920.241.0194 | | C 860.418.7645 |
|  | E justin.porter@aon.com | | E erick.cauldwell@aon.com | | E matthew.norton.jr@aon.com |
| **Claim Consulting**  **(Liability Coverages):** | | **Claim Consulting**  **(Property Coverages):** | | **Building Appraisal Services:** | |
| Questions Concerning: | | Questions Concerning: | | Appraisals for: | |
| * Claim Reporting | | * Claim Reporting | | * All Buildings and Structures | |
| * Issues with Gallagher Bassett | | * Claim Management Process | |  | |
| * Claim Management Process | |  | |  | |
|  | |  | |  | |
| Andrea Vega | | David Luna | | Wilson Everett | |
| P 305.961.6210 | | P 212.479.4134 | | P 770.593.1960 | |
| C 954.830.7160 | | C 201.668.1164 | | C 404.862.9153 | |
| E andrea.vega@aon.com | | E jose.luna@aon.com | | E wilson.everett@aon.com | |

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| **How to Report a Claim** | | | | | | |
| Line of Coverage: | Reporting Instructions: | | | | | |
|  |  | | **Client# 060050** | |  | |
| General Liability | Report Claims to Gallagher Bassett: 1.844.220.5076 | | | | | |
| Auto Liability | Please mail all medical bills and accompanying medical reports to: | | | | | |
| Workers Compensation | Gallagher Bassett Services, Inc. | | | | | |
| Directors and Officers | P.O. Box 23812 | | | | | |
| Miscellaneous Professional Liability | Tucson, AZ 85734 | | | | | |
| Property | *All other correspondence is to be sent directly to the assigned adjuster* | | | | | |
| Healthcare Professional Liability | **Please read this section completely prior to submitting your claim.** | | | | | |
|  |  | | | | | |
|  | Report Claims to Gallagher Bassett: 1-844-220-5076 Client #060050 | | | | | |
|  | Please mail all medical bills and accompanying medical reports to: | | | | | |
|  | Gallagher Bassett Services, Inc. | | | | | |
|  | P.O. Box 23812 | | | | | |
|  | Tucson, AZ 85734 | | | | | |
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|  | However, if you are reporting a claim on behalf of one of the following Entities, you must report it to  **Both Gallagher Bassest & Beazley Healthcare Claims**. | | | | | |
|  |  | * **Catholic Hospice, Inc.** | | | |  |
|  |  | * **Catholic Palliative Care Services, Inc.** | | | |  |
|  |  | * **Villa Maria Health Care Services, Inc. d/b/a Catholic Home Health Services of Miami-Dade County d/b/a Catholic Home Services of Broward, Inc.** | | | |  |
|  |  | * **Catholic Health Services, Inc. d/b/a Catholic Health Services Medical Group** | | | |  |
|  |  | * **Catholic Charities of the Archdiocese of Miami Inc./b/a St Luke’s Recovery Center**   **d/b/a St Luke’s behavioral Health Services** | | | |  |
|  |  | * **St Thomas University Inc.** | | | |  |
|  |  | * **All named employed physicians** | | | |  |
|  |  | | | | | |
|  | **Beazley Healthcare Claims** | | | | | |
|  | To report a claim: 646.943.5900 | | | | | |
|  | Please email all correspondence to: | | | | | |
|  | healthcareclaims@beazley.com | | | | | |
| Student Accident | **Zurich Accident Claims form provided on page: 1 & 2 of Packet** | | | | | |
| (Grades K-12) | *Report and bills must be mailed within 30 days after the first treatment to:* | | | | | |
|  | *Administrative Concepts, Inc. 994 Old Eagle School Road Suite 1005 Wayne, PA 19087-1802* | | | | | |
| Student Accident | **Claims form provided on page: 1 & 2 of Packet** | | | | | |
| (St. Thomas University) | *1. Complete this form within 90 days.* | | | | | |
| * Intercollegiate Sports | *2. Attach Itemized Bills and Primary Carrier Statements* | | | | | |
| * Mandatory Student Accident | 3. Mail to: BMI Benefits, LLC. PO Box 511, Matawan, NJ 07747  or Email: joanc@bobmccloskey.com (P) 800.445.3126 (F) 732.583.9610 | | | | | |
| Crime and Fiduciary Liability | Please contact:  Kremena Vassileva at Aon Risk Solutions  P: 404.264.3179  |  M: 478.491.1099  kremena.vassileva@aon.com | | | | | |
| Kidnap & Ransom | In the event of a crisis or emergency, immediately call the 24-Hour Crisis Center toll-free from U.S./Canada at: 1.866.926.8457 or call collect: 1.817.826.7000 | | | | | |
| Foreign Package Liability | Travel Guard can be reached collect at +01.817.826.7008 or within the U.S. or Canada, call 800.401.2678. (**Policy Number: WS11002574**)  Call Travel Guard, when you are traveling outside the USA and Canada on a trip sponsored by the insured organization and you need help finding or arranging services such as: | | | | | |
|  | * Personal and Pre-Trip Services | | | * Other General Assistance | | |
|  | * Insurance Coordination | | | * Legal Assistance | | |
|  | * Lost Baggage | | | * Evacuation and Repatriation | | |
|  | * Emergency | | | * Emergency Message Center | | |
|  | * Medical Assistance and Travel Medical Emergency Services | | | | | |
|  |  | | | | | |
|  | You can report a Loss by one of the following methods: | | | | | |
|  | * E-mail: WorldRiskClaimsReporting@aig.com | | | | | |
|  | * Fax: 212.881.9002 | | | | | |
|  | * Complete a claim form on-line : www.aig.com/wsclaimsreporting | | | | | |