Quick Introduction

How long have you been with OMAG? 12 Years

Primary role within OMAG? Claims Supervisor and Large Property Loss Adjuster.
Meet the Claims Team:

- David Dalton, Claims Director
- Brad Doublehead, Claims Supervisor
- Leslie Noriega, Sr. Claims Adjuster
- Lexy Russell, Claims Adjuster
- Mandi Ritchie, Claims Adjuster
- Marcee Bayless, Administrative Assistant
Claims: What we do
Types of claims

• Tort Claims
• Auto Claims
• Property Claims
• Worker’s Comp Claims
  ○ Handled by CBR
The Tort Claim Process

• For individuals submitting a claim against the municipality only

• The completed form must be returned back to the MUNICIPALITY, NOT OMAG.

• Required items:
  ✮ Date of loss
  ✮ Date the city received the tort claim
  ✮ Description of incident
  ✮ If a vehicle is mentioned in the incident, a vin number must be supplied

NOTICE OF TORT CLAIM

Please complete BOTH pages of this form. Please print or type the responses, list a Total Amount at the bottom, and sign & date the form.

City, Town or Municipal Trust involved: __________________________

CLAIMANT INFORMATION

NAME: __________________________ SOCIAL SEC. / TAX ID #: __________________________

ADDRESS: __________________________ DATE OF BIRTH: __________________________

EMAIL: __________________________ PHONE NO.: __________________________

GENDER: M / F

If there are multiple claimants, list the additional claimants on the back side of this page

CLAIM INFORMATION

DATE: ____ / ____ / ____ TIME: ( ) a.m. ( ) p.m. DESCRIBE LOCATION: __________________________

INCIDENT (use additional sheets if needed):

DATE / TIME: __________________________ LOCATION: __________________________

INCIDENT (use additional sheets if needed):

DATE / TIME: __________________________ LOCATION: __________________________

INCIDENT (use additional sheets if needed):

DATE / TIME: __________________________ LOCATION: __________________________

DAMAGES / RELIEF REQUESTED

PROPERTY DAMAGE: Is the claim seeking relief for loss or damage to your Property? _____ Yes _____ No

If you checked “yes”, please describe the property and the damage to the property: __________________________

$ __________________________

If you checked “yes”, please state the Relief / Damages requested for loss/damage to property: __________________________

Please complete the applicable sections on the backside of this form.

OTHER DAMAGE: Is the claim seeking relief other than for loss or damage to property? _____ Yes _____ No If you checked “yes”, please describe the type of injury or damage you sustained: __________________________

$ __________________________

If you checked “yes”, please state the Relief / Damages requested other than for loss/damage to property: __________________________

Please complete the applicable sections on the backside of this form.

TOTAL AMOUNT REQUESTED TO FULLY SETTLE THE ABOVE CLAIM(S): __________________________

CLAIMANT SIGNATURE: __________________________ DATE SUBMITTED: __________________________
This is the date the **municipality has received** the claim and is very important to the claim timeline.

**MUNICIPALITY / TRUST’S ATTACHMENT TO NOTICE OF TORT CLAIM**

To be completed by City/Town/Trust staff and submitted to OMAG with the Notice of Tort Claim (or other claim document if the Notice form is not used) filed by the Claimant. Please submit the claim as soon as possible after it is received. If documentation exists but will take time to collect, please submit the claim now – the documentation can be submitted to the OMAG adjuster once it is available.

**Tort Claim Filing Information:**

Tort Claim received by (Name, Job Title, Phone/Email): __________________________________________

Date Tort Claim was filed with the Clerk or Authorized Representative: ___/___/___

Date Tort Claim was received by the Municipality / Trust (if different): ___/___/___
*Do not hold on to Tort Claims*

Send OMAG the completed tort claim with notice date as soon as you receive it so we can maintain a proper timeline. We can always get any supporting documentation at a later point.
The Do’s of liability claims:

1. Do take plenty of pictures/videos
2. Do track complaint logs and response times
3. Do obtain employee statements
4. Do send in the tort claim as soon as you get it
The Don’ts of liability claims:

Do NOT admit liability or give indication the claim will be paid!
The Do’s of First Party Claims:

1. Do take plenty of pictures/videos
Heavy Hail Storm Ahead
The Do’s of First Party Claims:

1. Do take plenty of pictures/videos
2. Prevention of damages
3. Mitigate damages

Don’t wait to report losses
The Auto Claim Process

• For the municipality to submit a claim for an auto/mobile equipment loss

• Required items:
  ★ Date of loss
  ★ The last 4 digits of the vin or serial number
  ★ Description of incident

This form is for damage to City or Town vehicles ONLY. All other General Liability or Auto claims should be reported on the Tort Claim Form.

OMAG AUTO LOSS NOTICE

Today's date: ____________________________

Insured: __________________________________

Date & Time of Incident: ____________________________

Location of Incident: ____________________________

Location of Damaged City Vehicle (place where it can be inspected, if necessary):

CITY VEHICLE INVOLVED IN INCIDENT:

Year Make Model VIN (last 4 digits)

Description of Damages to City Vehicle: ____________________________

Estimated Amount of Damages: (Attach estimates if already obtained)

Name of Contact Person: ____________________________

Phone Number of Contact Person: ____________________________

Describe Incident:

**MUST INCLUDE COPY OF VEHICLE TITLE**

Attach related reports (Police, OHP, City Acc. Reports, etc.)

FAX OR MAIL THIS FORM IMMEDIATELY TO:

OMAG Claims Department
3650 S. Boulevard
Edmond, OK 73013-5581
FAX: (405) 657-1401
PHONE: (405) 657-1400
The Property Claim Process

- For the municipality to submit a claim for a property loss
- Required items:
  - ★ Date of loss
  - ★ The address and named location with damages
  - ★ Description of incident

Date: _______________ Adjuster: _______________________ Policy No.: __________________________
Insured: _______________________________________________________________________________
Date and Time of Loss: ___________________________________________________________________
Location of Damaged Property: _____________________________________________________________
______________________________________________________________________________________
Description of Loss (fire, windstorm, lightning, etc.): _____________________________________________
______________________________________________________________________________________
Description of Damage (use back if necessary): ________________________________________________
______________________________________________________________________________________
Estimated Amount of Loss: ________________________________________________________________
Name of Contact Person: __________________________ Phone No.: ______________________________
Notes: _________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Call Taken By: __________________________________________________________________________

1. Make sure the damaged area is safe for personnel to enter.
2. Take all necessary steps to minimize the loss and ensure safety.
3. Take pictures of the loss before cleanup.
4. If cleanup must proceed before inspection; by OMAG or its assigned agent, due to the threat of further damage or safety of personnel please do not dispose of any damaged items without OMAG’s approval.
5. Keep accurate records of all expenses, purchases, equipment rental, etc.

FAX OR MAIL THIS FORM IMMEDIATELY TO: PHONE: (405) 657-1400
OMAG Claims Department FAX: (405) 657-1401
3650 S. Boulevard
Edmond, OK 73013
Claim Submission

5 ways to submit claims

1. Using your member dashboard via Origami
2. Email the necessary forms to claims@omag.org
3. Upload claims through www.omag.org
4. Calling 405-657-1400 for auto and property claims ONLY
5. Faxing the completed paperwork for any claim to 405-657-1401
Submitting via your Origami Dashboard

Log into your Origami member dashboard and select the appropriate blue box that corresponds to the claim you need to submit.
When submitting any type of claim:

1. Submit your event and be sure to click on finalize claim event at the top right, but this is NOT your final step!

You will need to click on 'report a tort claim,' 'report claim for OWNED vehicle,' or 'report damaged location’s' (depending on the type of claim you entered) in order to get the incident submitted.

This is where you'll enter any claimant information, vehicle information, or property location that is essential for OMAG to complete the claim process.
The incident page will resemble this. Complete the required information and hit ‘complete incident’ when done:

Claimant Info
- Is the Claimant a Company?: Yes
- Company Name:
- Business Contact Name:
- Business Contact Phone:
- Claimant:
- Claimant Type:
- Is Claimant Represented?

Auto Liability
- Loss Event:
- Member:
- City of Altus

City Vehicle Details
- Use this Lookup to search your Vehicle Schedule
- City VIN:
- City Vehicle Year:
- City Vehicle Make:
- City Vehicle Model:
- City Vehicle Description:
- Was the Vehicle listed on your Schedule:
- Is an Auto Physical Damage claim going to be filed to repair the City Vehicle?:
- None Selected.

City Driver Info
- City Driver Name:
- Department Name:
- Police, Public Works, etc.
Once you complete the incident, you’ll see a link at the bottom of the page will take you to the incident:

This is where you’ll be able to upload your tort claim and any other supporting documentation.
Party on wayne! You just submitted your claim!
Sometimes an event requires multiple incidents (like hail damage to autos and/or property)

* You will submit ONE event per storm for autos and ONE event per storm for property.

* If there is more than one auto damaged from an event (ie, hail), then you’ll use the ‘report damage to OWNED vehicle’ for each vehicle damaged. This is the same process for property damage.

* Your incident log should look like this after multiple entries under the same event

<table>
<thead>
<tr>
<th>#</th>
<th>Incident Details</th>
<th>Incident Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>212618-1</td>
<td>City of Altus Hail</td>
<td>Property</td>
</tr>
<tr>
<td>212618-2</td>
<td>City of Altus Hail</td>
<td>Property</td>
</tr>
</tbody>
</table>
What to do after damages to a municipality owned property are discovered:

01. Take as many pictures as you can

02. Mitigate damages if necessary

03. Keep any and all receipts pertaining to damages
What to do for glass breakage claims:

Take pictures and keep all receipts if you plan to get the damage fixed before OMAG sends a check.
OMAG sent you a denial recommendation letter, now what?

Dear Member:

OMAG has completed its investigation regarding the above referenced claim. It is OMAG’s recommendation that this claim be denied because OMAG finds no liability on the City/Town’s part regarding this incident. The City/Town is not required nor obligated to take any formal action on this Claim. However, if the City/Town opts to do so, please let us know.

Thank you,
How to look at your property schedule:

- The Loc# and Bldg #, address and building name helps us find your property to verify coverage.

This is where you can easily see your deductible. For property, this will only be applied once per event.

<table>
<thead>
<tr>
<th>LOC#</th>
<th>ADDRESS</th>
<th>BUILDING NAME</th>
<th>FBRC</th>
<th>SF</th>
<th>Vacent</th>
<th>YR</th>
<th>CONSTR TYPE</th>
<th>Deductible</th>
<th>BLDG VALUE</th>
<th>CONTENTS VALUE</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>004</td>
<td>005</td>
<td>Dog Park</td>
<td>No</td>
<td>2018</td>
<td>Prop in Open</td>
<td>$5,000</td>
<td>$95,442</td>
<td></td>
<td>$163.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>004</td>
<td>006</td>
<td>Dog Park</td>
<td>No</td>
<td>2023</td>
<td>Fence Steel</td>
<td>$5,000</td>
<td>$15,000</td>
<td></td>
<td>$32.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>001</td>
<td>1701 Allworth Street</td>
<td>No</td>
<td>800</td>
<td>1985</td>
<td>Framed 1070</td>
<td>$5,000</td>
<td>$130,600</td>
<td>$17,500</td>
<td>$591.00</td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>002</td>
<td>1.403</td>
<td>No</td>
<td>1990</td>
<td>NC 1070</td>
<td>$5,000</td>
<td>$72,100</td>
<td></td>
<td>$144.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>003</td>
<td>1.972</td>
<td>No</td>
<td>1960</td>
<td>NC 1070</td>
<td>$5,000</td>
<td>$212,600</td>
<td></td>
<td>$424.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005</td>
<td>004</td>
<td>1.800</td>
<td>No</td>
<td>2023</td>
<td>NC 1070</td>
<td>$5,000</td>
<td>$75,000</td>
<td></td>
<td>$128.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>006</td>
<td>001</td>
<td>2.139</td>
<td>No</td>
<td>2010</td>
<td>NC 1070</td>
<td>$5,000</td>
<td>$184,900</td>
<td></td>
<td>$306.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to look at your auto schedule:

The vin# is how we locate the vehicle on your schedule.

<table>
<thead>
<tr>
<th>Veh #</th>
<th>Dept</th>
<th>Make, Model, Desc</th>
<th>Class Code</th>
<th>AL-No Ded</th>
<th>AL-Prem</th>
<th>Comp Ded</th>
<th>Comp Prem</th>
<th>SP Ded</th>
<th>SP-Prem</th>
<th>Coll Ded</th>
<th>Coll Prem</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0003</td>
<td>2012</td>
<td>Dodge Ram 3500 Fire</td>
<td>300F</td>
<td>$136</td>
<td>$58</td>
<td>$500</td>
<td>$500</td>
<td>$248</td>
<td>$52</td>
<td></td>
<td></td>
<td>$246</td>
</tr>
<tr>
<td>0004</td>
<td>1995</td>
<td>Gmc Topkick Truck</td>
<td>300F</td>
<td>$136</td>
<td>$58</td>
<td>$500</td>
<td>$500</td>
<td>$183</td>
<td>$24</td>
<td></td>
<td></td>
<td>$183</td>
</tr>
<tr>
<td>0005</td>
<td>2016</td>
<td>Ford Explorer</td>
<td>1000</td>
<td>$89</td>
<td>$108</td>
<td>$500</td>
<td>$500</td>
<td>$302</td>
<td>$108</td>
<td></td>
<td></td>
<td>$302</td>
</tr>
<tr>
<td>0006</td>
<td>1994</td>
<td>Hme Inc Hend Fire Truck</td>
<td>300F</td>
<td>$136</td>
<td>$58</td>
<td>$500</td>
<td>$500</td>
<td>$264</td>
<td>$52</td>
<td></td>
<td></td>
<td>$264</td>
</tr>
<tr>
<td>0007</td>
<td>2007</td>
<td>Ford F3d Fire Truck</td>
<td>1000</td>
<td>$124</td>
<td>$47</td>
<td>$500</td>
<td>$500</td>
<td>$214</td>
<td>$43</td>
<td></td>
<td></td>
<td>$214</td>
</tr>
<tr>
<td>0014</td>
<td>2019</td>
<td>Chevrolet Silverado 1500</td>
<td>3GCNWAEH8KG2577205</td>
<td>$89</td>
<td>$162</td>
<td>$500</td>
<td>$500</td>
<td>$417</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0015</td>
<td>2021</td>
<td>Dodge Durango</td>
<td>1C4SDJFT7MC642305</td>
<td>$89</td>
<td>$266</td>
<td>$500</td>
<td>$500</td>
<td>$622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0016</td>
<td>2021</td>
<td>Dodge Charger</td>
<td>2C3CDXKGMH636928</td>
<td>$107</td>
<td>$57</td>
<td>$500</td>
<td>$500</td>
<td>$260</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0017</td>
<td>2015</td>
<td>Ford Explorer</td>
<td>1FM5K8ARXFG868204</td>
<td>$89</td>
<td>$105</td>
<td>$500</td>
<td>$500</td>
<td>$302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is where you can easily see your deductible. For autos, this will be applied to each vehicle. There is no deductible for auto liability claims.

Your premiums for this vehicle.
As always, you can contact us with any questions you have.

405-657-1400
claims@omag.org
www.omag.org
3650 S. Boulevard
Edmond, Oklahoma 73013
Question Time!
THANK YOU for joining us today!