

OMAG

CLAIMS 10 1

Presented by
Brad Doublehead, Claims Supervisor



HELLO
MY NAME IS

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



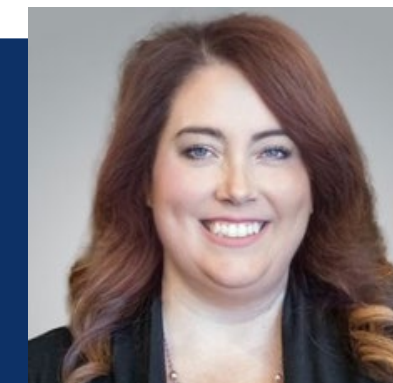
Leslie Noriega
Sr. Claims Adjuster



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



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.

NOTICE OF TORT CLAIM

City, Town or Municipal Trust involved: _____

CLAIMANT INFORMATION

NAME: _____ SOCIAL SEC. / TAX ID #: _____
ADDRESS: _____ PHONE NO.: _____ DATE OF BIRTH: _____
EMAIL: _____ 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. LOCATION: _____

DESCRIBE INCIDENT (use additional sheets if needed): _____

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): _____			

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 <u>other than</u> 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: _____

*The Notice Date!

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

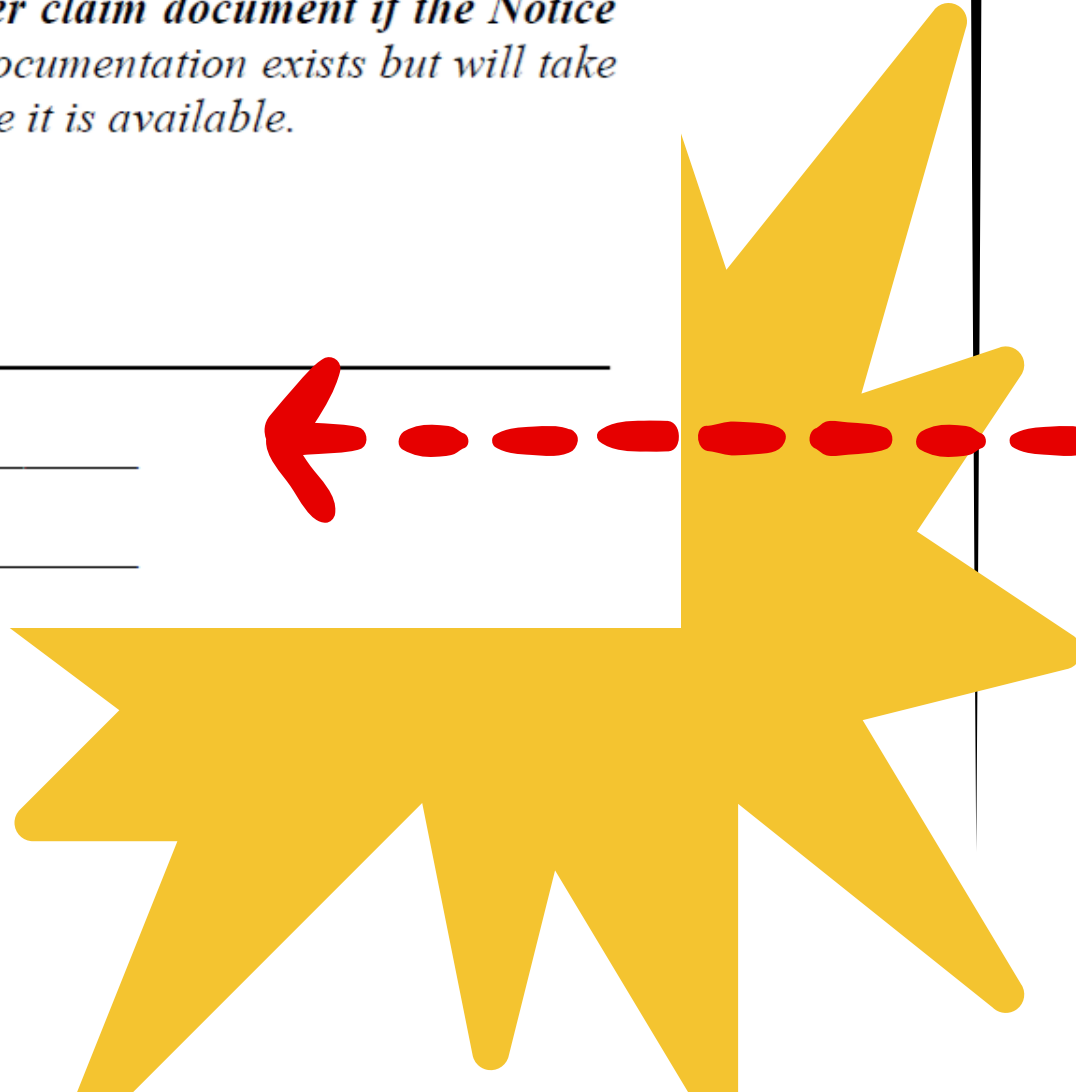
To be completed by City/Town/Trust staff and submitted to OMAG with the Notice of Tort Claim (or other claim document if the Notice form is not used) filed by the Claimant. Please submit the claim as soon as possible after it is received. If documentation exists but will take time to collect, please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

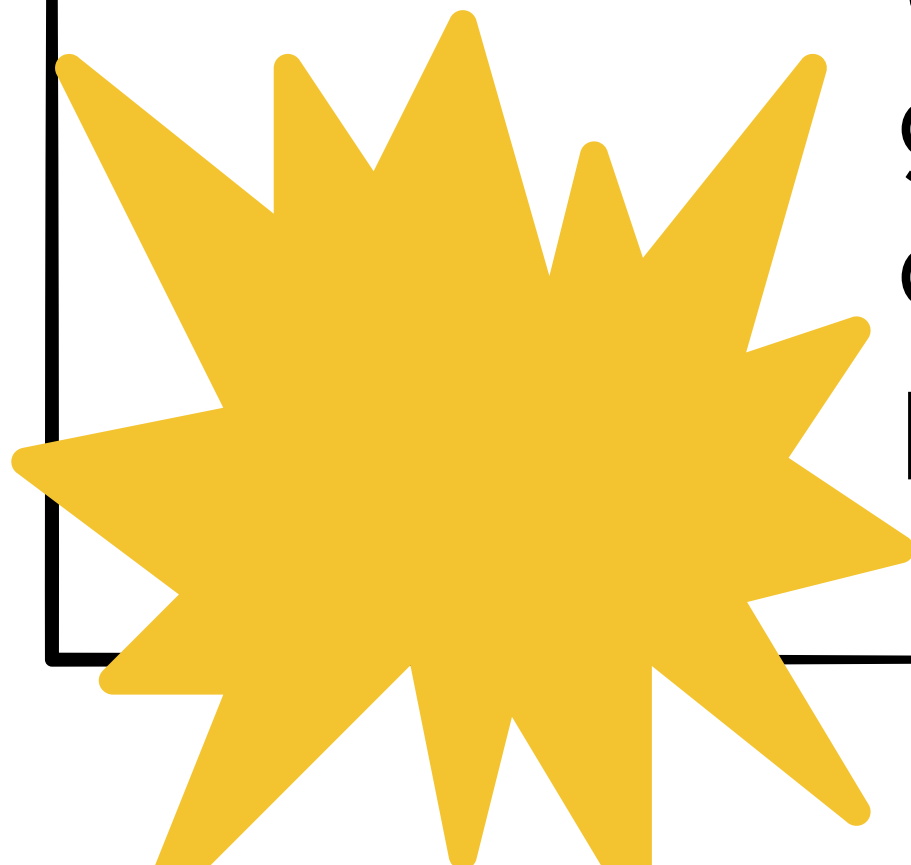
Date Tort Claim was received by the Municipality / Trust (if different): ___/___/___



* 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

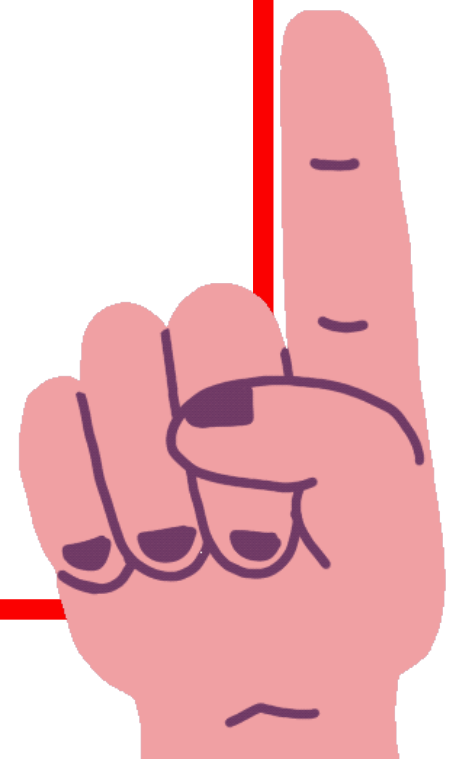
Do send in the tort claim as soon as you get it



The Don'ts of liability claims:



Do NOT admit liability
or give indication the
claim will be paid!



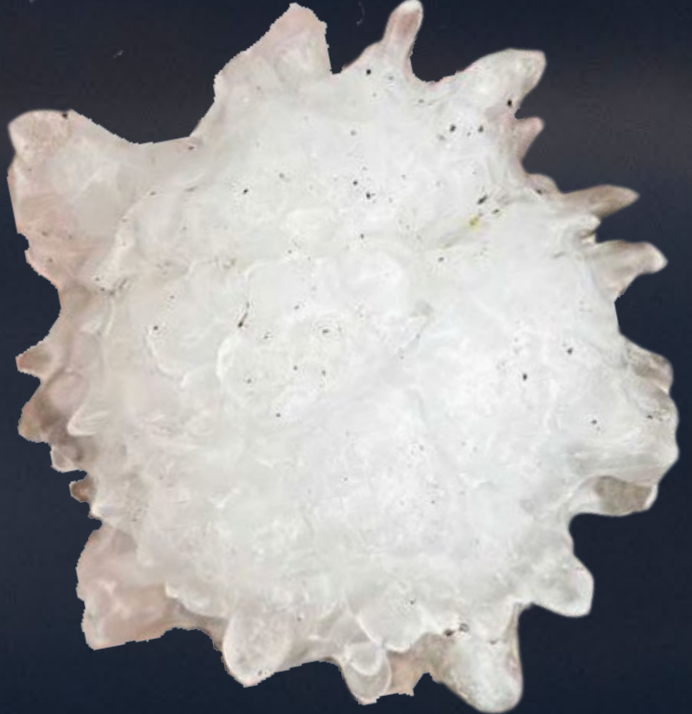
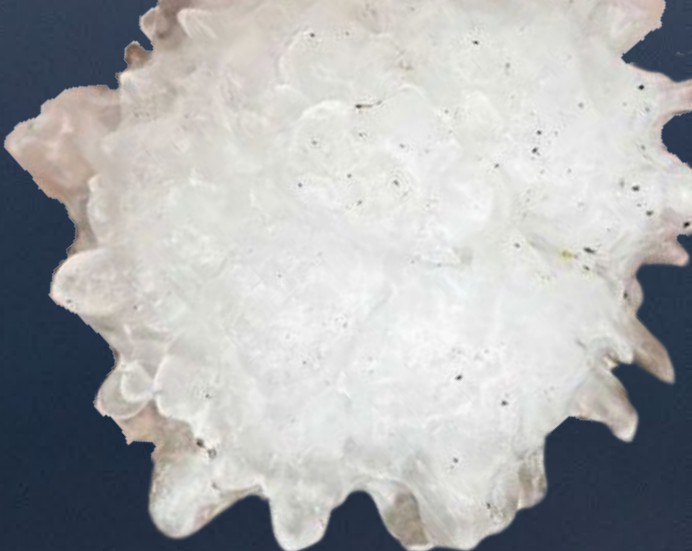
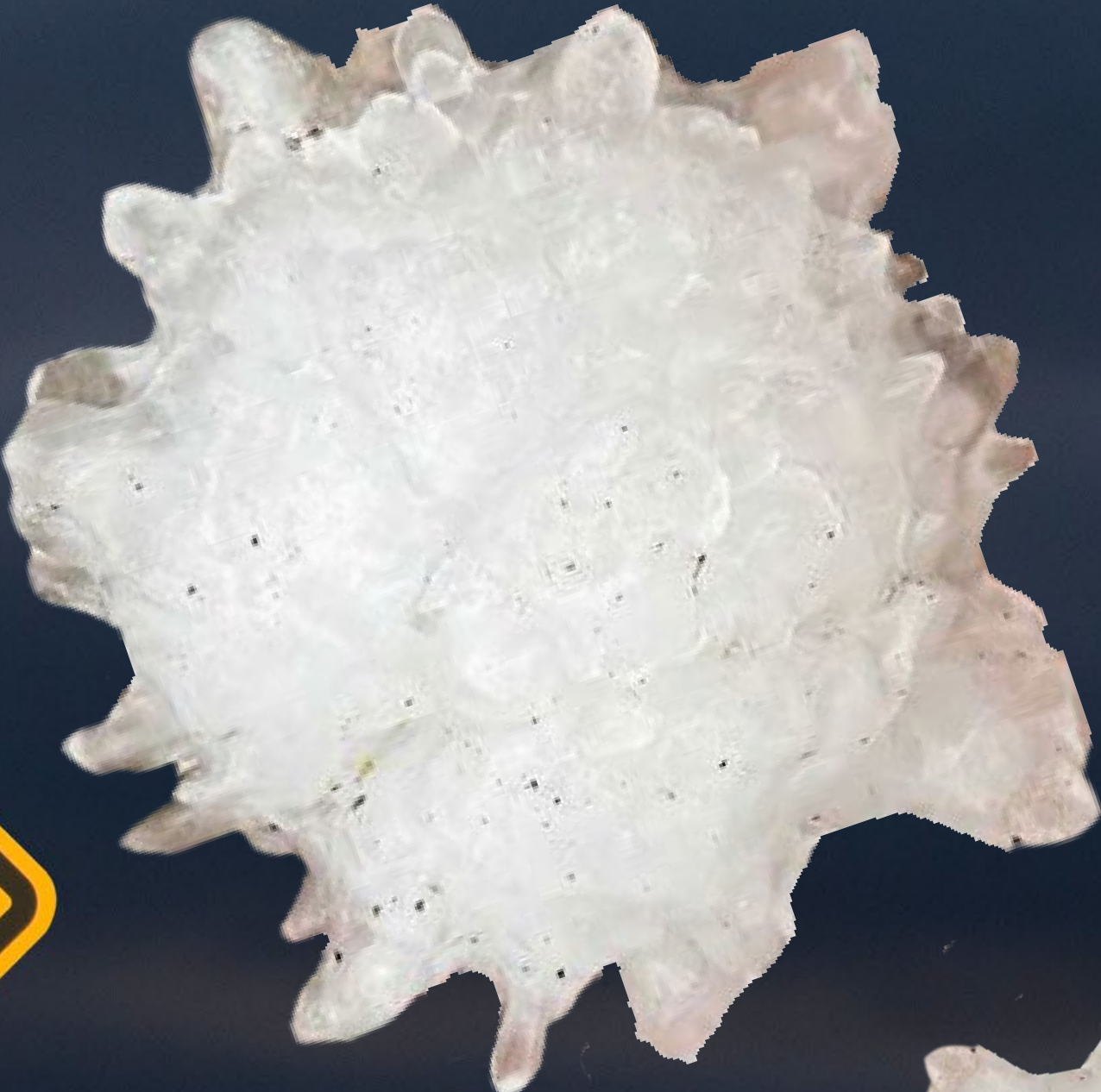


The Do's of First Party Claims:

- 1 Do take plenty of pictures/videos



**Heavy
Hail Storm
Ahead**



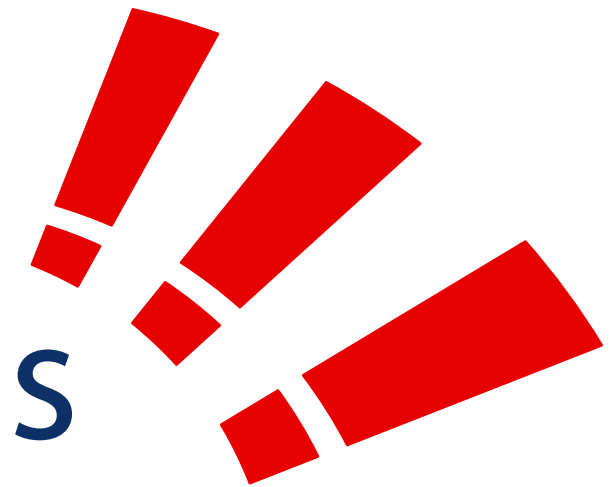


The Do's of First Party Claims:

- 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 insure 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

Tort Claim from Auto Accident

Tort Claim (Other)

Report Damages to City Property

Report Damages to Auto or Equipment

Submit Tort Claim to OMAG:

Auto Liability: This is a **Tort Claim** for bodily injury or property damage, involving a City automobile.

General Liability: This is a **Tort Claim** for bodily injury, personal injury or property damage. (ex., damage from mowers/equipment, pothole, sewer overflow, use of force, employment discrimination, etc.).

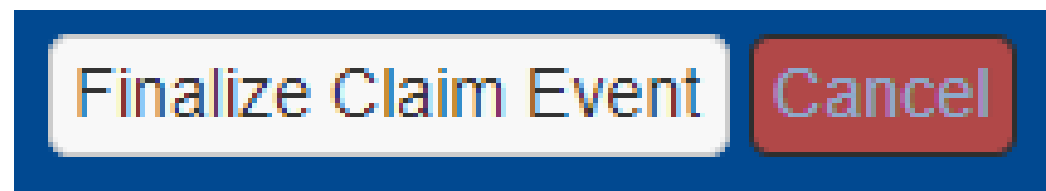
Submit Claim to OMAG for:

Property: Damages to your scheduled buildings, outdoor properties, etc.

Auto or Equipment Damage: Report Physical Damage to CITY OWNED Automobiles or Scheduled Miscellaneous or Mobile Equipment.

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.



****IMPORTANT**** You will need to enable/allow pop-ups for this next step to work. If

Report a Tort Claim

A Tort Claim is for Auto Liability Claims stating that a Municipal Owned/Schedule received Bodily Injury as a result of this Incident, an additional Tort Claim will



****IMPORTANT**** You will need to enable/allow pop-ups for this next step to work. If

Report Damaged Location(s)

Note: If multiple Locations need reported, use this button can be used multiple times for Equipment.



****IMPORTANT**** You will need to enable/allow pop-ups for this next step to work. If

Report Claim for OWNED Auto

PHYSICAL DAMAGE to a Municipal Owned and Scheduled Auto.

-OR-

PHYSICAL DAMAGE to Equipment. Whether Damaged, Lost or Stolen.

Note: You can use the Report buttons multiple times.

The incident page will resemble this. Complete the required information and hit 'complete incident' when done:



Complete Incident



Please fill out the form below to the best of your knowledge. Any fields labeled with a red asterisk (*) are required and must have something in the field.

Claimant Info

Is the Claimant a Company? *

Company Name: *

Business Contact Name:

Business Contact Phone: ext
Enter digits for 'US' or type + for international numbers.

Claimant:

Claimant Type:

Is Claimant Represented?

Claimant Vehicle Info

Clmt Vehicle Year:

Clmt Vehicle Make:

Clmt Vehicle Model:

Clmt VIN:

Auto Liability

Loss Event:

Member:

City Vehicle Details

[Use this Lookup to search your Vehicle Schedule](#)

City VIN

City Vehicle Year:

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?

City Driver Info

City Driver Name:

Department Name:

Once you complete the incident, you'll see a link at the bottom of the page will take you to the incident:

Recent Incidents in Event

All Incidents



#	Incident Details	Incident Type	Location	Loss Date	Emp Report Date
212617-1	Wayne's World Test	Auto Liability	0000000424 - Generic Location for City of Altus	04/19/2023	

This is where you'll be able to upload your tort claim and any other supporting documentation

Incidents > Wayne's World (212617-1) ☆

Claimant Info
Claimant: Wayne's World

Auto Liability Claim Info
Member: City of Altus
Loss Event: 212617
[Click on the Event Number to return to the Event Screen for this Incident.](#)

City Vehicle and Driver Info
City VIN: 8826
City Vehicle Year: 1992
City Vehicle Description: International 4700 Dump Truck
Is an Auto Physical Damage claim going to be filed to repair the City Vehicle?

Info from Event Details
Loss Date: 04/19/2023
Report Date: 09/20/2023
Notice Date ⓘ: 09/20/2023
Loss Description: Test

Accident Location Details
Accident Street1: 3650 S BOULEVARD
Accident City: Yukon
Accident State: Oklahoma
Accident Postal: 73099

All Notes
No notes. [Click here](#) to add one.

Files
No files. [Click here](#) or drop files to add.





**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



Recent Incidents in Event

#	Incident Details	Incident Type
212618-1	City of Altus Hail	Property
212618-2	City of Altus Hail	Property

What to do after damages to a municipality owned property are discovered:

01

Take as many pictures as you can

02

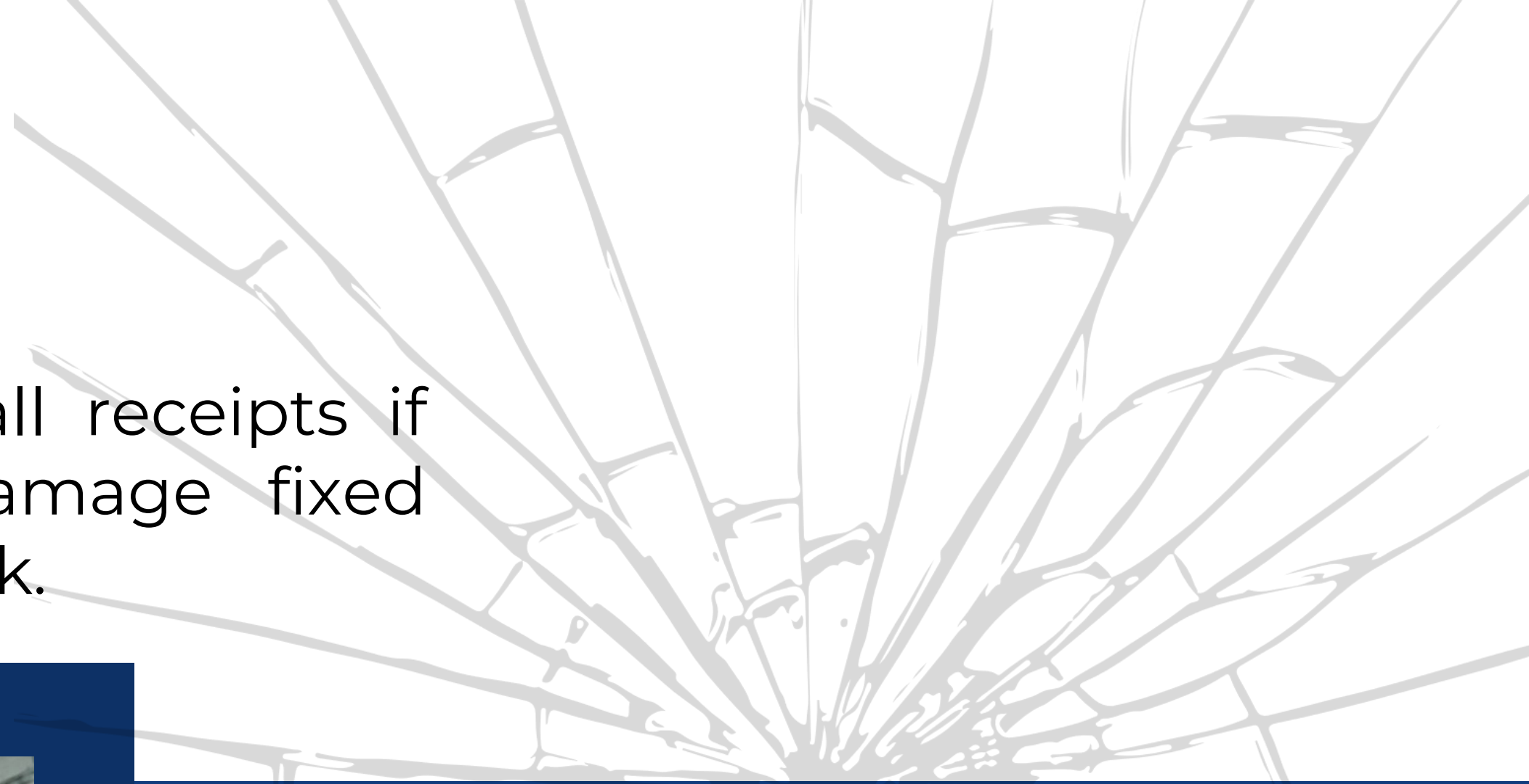
Mitigate damages if necessary

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?

OMAG

3650 S. Boulevard • Edmond, OK 73013 • omag.org
405.657.1400 • 800.234.9461 • FAX 405.657.1401

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:

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

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

LOC# BLDG #	ADDRESS	BUILDING NAME	FBRC	SF	Vacant	YR BLT	CONST TYPE	Deductible	BLDG VALUE	CONTENTS VALUE	PREMIUM
004 005	1701 Wintersmith Drive	Dog Park Including pavilions/Fence/ Fountains	No			2018	Prop in Open	\$5,000	\$95,442	\$	\$163.00
004 006			No			2023	Fence Steel	\$5,000	\$15,000	\$	\$32.00
005 001			No	800		1985	Framed 1070	\$5,000	\$130,600	\$17,500	\$591.00
005 002			No	1,403		1990	NC 1070	\$5,000	\$72,100	\$20,000	\$144.00
005 003			No	1,972		1960	NC 1070	\$5,000	\$212,600	\$60,000	\$424.00
005 004			No	1,800		2023	NC 1070	\$5,000	\$75,000	\$5,000	\$128.00
006 001			No	2,139		2010	NC 1070	\$5,000	\$184,900	\$5,000	\$306.00

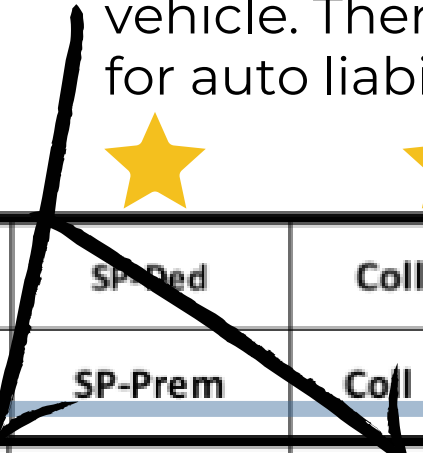
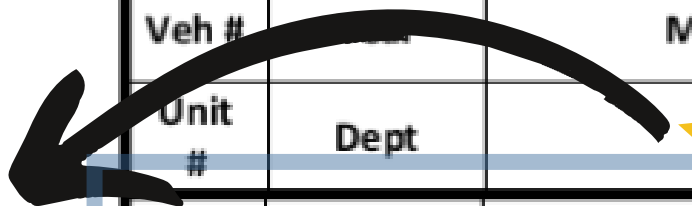
How to look at your auto schedule:

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.

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

Your premiums for this vehicle.

Veh #	Year	Make, Model, Desc	Class Code	AL-No Ded	Comp Ded	SP Ded	Coll Ded	Annual Premium
Unit #	Dept	VIN #	Class Code	AL-Prem	Comp Prem	SP-Prem	Coll Prem	
0003	2012	Dodge Ram 3500 Fire			\$500		\$500	\$246
	Fire	157732	3000F	\$136	\$58		\$52	
0004	1995	Gmc Topkick Truck			\$500		\$500	\$183
	Fire	524128	3000F	\$136	\$24		\$23	
0005	2016	Ford Explorer			\$500		\$500	\$302
	Police	B81164	1000	\$89	\$105		\$108	
0006	1994	Hme Inc Hend Fire Truck			\$500		\$500	\$246
	Fire	Z17764	3000F	\$136	\$58		\$52	
0007	2007	Ford F3d Fire Truck			\$500		\$500	\$214
	Fire	B16114	1000F	\$124	\$47		\$43	
0014	2019	Chevrolet Silverado 1500			\$500		\$500	\$417
	Public	3GCNWAEH8KG257205	1000	\$89	\$162		\$166	
0015	2021	Dodge Durango			\$500		\$500	\$622
	Police	1C4SDJFT7MC642305	1000	\$89	\$266		\$267	
0016	2021	Dodge Charger			\$500		\$500	\$260
	Police	2C3CDXKG0MH636928	8000	\$107	\$57		\$96	
0017	2015	Ford Explorer			\$500		\$500	\$302
		1FM5K8ARXFG68204	1000	\$89	\$105		\$108	



OMAG

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!

