

Online Claims Reporting and Assignment

Reporting claims for the following products can be done quickly and easily online, 24/7/365, at www.ciuins.com:

- Condominium Association Package
- Homeowners Association Package
- Condo DIC Wrap
- Commercial Umbrella
- Environmental Impairment Liability
- Mold & Sewer Backup
- Cyber Liability
- Legal Defense Gap

Feature

Claims Reporting Step-by-Step Process

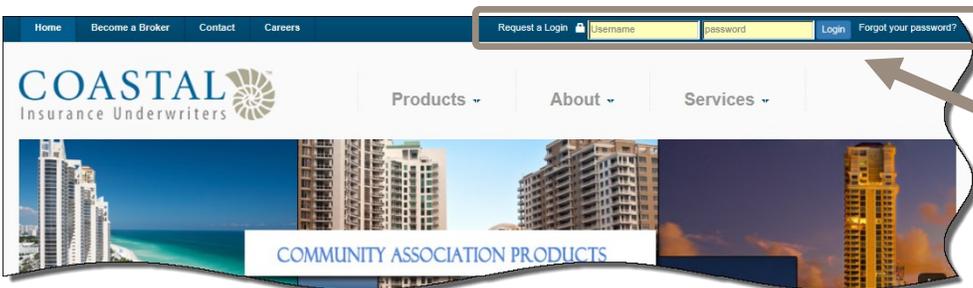
Viewing Claims Assignment on a Previously Filed Claim

See page #

1

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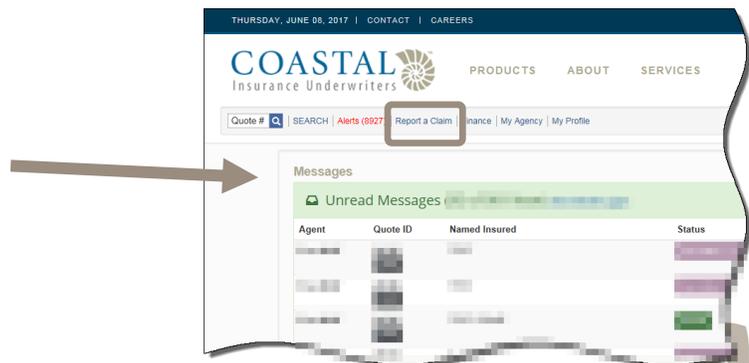
Claims Reporting Step-by-Step Process



Log in to www.ciuins.com using your user id & password. Your user id is your email address. If you have forgotten your password, you can click the **Forgot your password?** link to reset it.

If you do not have a login, click **REQUEST A LOGIN** to find out who your agency administrator is. That person can give you access to our website immediately.

Once logged in, click **Report a Claim** to begin the process.



Quick Reference—

Online Claims Reporting and Assignment



NAVIGATION MENU | CONTACT | CAREERS

COASTAL Insurance Underwriters

Quote # SEARCH Alerts (8927) Report a Claim Finance My Agency My Profile

Report a New Claim

Please provide the Policy Number or the Named Insured for the Claim:

Policy Number: OR Insured Name:

Q Search

Search for the policy either using the policy number or the insured's name.

If you are using the name search, less is better. As with most search functions, enter just one or two main parts of the insured's name to have the best results.

If searching by policy number, you will have the best luck using the policy prefix followed by the first 6 numbers.

From the *Search Results* screen, click the **Report Claim** button that corresponds to the correct policy term.

Report a New Claim

Please provide the Policy Number or the Named Insured for the Claim:

Policy Number: CHUCAP000133 OR Insured Name:

Q Search

Search Results

Insured	Quote #	Policy #	Effective Dates	Action
SAMPLE ASSOCIATION, INC. Cable Assoc Package Erez Wolf (904-493-3100) Created 9/14/2013 9:12:03 AM	20594		8/15/2013 - 8/15/2014	Report Claim
	20648		8/15/2014 - 8/15/2015	Report Claim
	20649		8/15/2015 - 8/15/2016	Report Claim
	20650		8/15/2016 - 8/15/2017	Report Claim
	20651		8/15/2017 - 8/15/2018	Report Claim

Review the policy information to make sure it is correct (e.g. that you have selected the correct policy term).

Enter the *Date of Loss* and click **Next**.

NAVIGATION MENU | CONTACT | CAREERS EREZ WOLF (CYBERCOM INTERNATIONAL CORP)

COASTAL Insurance Underwriters

Quote # SEARCH Alerts (8927) Report a Claim Finance My Agency My Profile

Report a New Claim

Date of Loss Line of Business Agent Info Policyholder Info Loss Info Summary

Policy Number:
Insured Name: SAMPLE ASSOCIATION, INC.
Effective Dates: 8/15/2016 - 8/15/2017
Insurance Company: Aspen Specialty Insurance Company
Agent Name:
Agent Email:
Agency:
Date of Loss:

Previous Next

Click in the *Line of Business* box to show the drop down options (based on the policy chosen).

Choose the correct line of business and then click **Next**.

Report a New Claim

Date of Loss Line of Business Agent Info Policyholder Info Loss Info Summary

Name Insured: SAMPLE ASSOCIATION, INC. Policy Number: Date of Loss: 6/1/2017

Line of Business: SELECT LINE OF BUSINESS FOR CLAIM

Previous Next



Online Claims Reporting and Assignment

Enter the agent's information and then **Next**.

The screenshot shows the 'Report a New Claim' form at the 'Agent Information' step. The breadcrumb trail includes 'Date of Loss', 'Line of Business', 'Agent Info', 'Policyholder Info', 'Loss Info', and 'Summary'. The 'Agent Information' section contains fields for 'First Name', 'Last Name', 'Email', and 'Phone'. A 'Next' button is highlighted with a red box.

Enter the insured's contact information and then **Next**.

The screenshot shows the 'Report a New Claim' form at the 'Policyholder Information' step. The breadcrumb trail includes 'Date of Loss', 'Line of Business', 'Agent Info', 'Policyholder Info', 'Loss Info', and 'Summary'. The 'Policyholder Information' section contains fields for 'Contact First Name', 'Contact Last Name', 'Contact Email', 'Contact Phone', and 'Relationship to Insured'. A 'Next' button is highlighted with a red box.

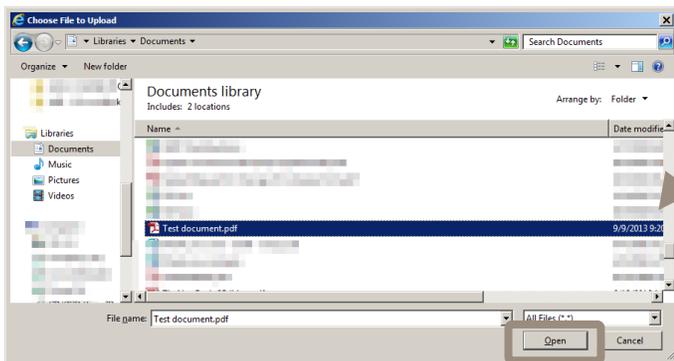
Enter a brief description of the loss (you can copy/paste the description of loss from your Acord Loss Notice if desired). *Please note—this information will pull through to the loss runs.*

The screenshot shows the 'Report a New Claim' form at the 'Loss Info' step. The breadcrumb trail includes 'Date of Loss', 'Line of Business', 'Agent Info', 'Policyholder Info', 'Loss Info', and 'Summary'. The 'Description of Loss' section has a large text area. Below it are buttons for 'Attach Acord File to Claim Report' and 'Attach Other Files to Claim Report'. A 'Submit Claim' button is highlighted with a red box.

At a minimum, you must attach an Acord Loss notice to the claim but you can also attach any other supporting documentation that you may have.

Click **Attach Acord File to Claim Report** to begin.

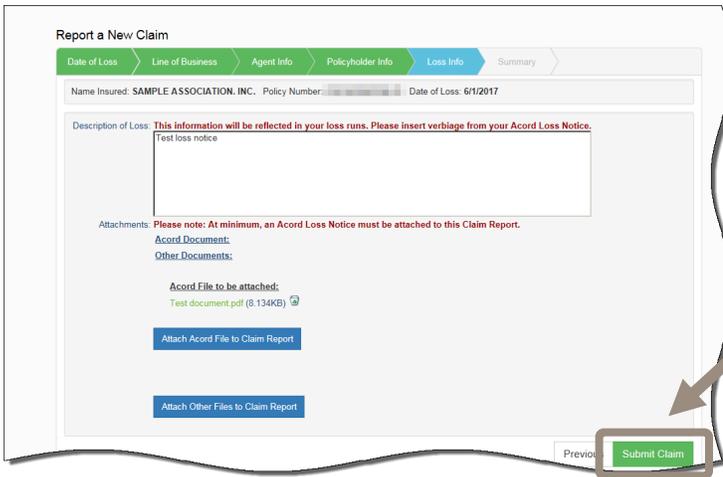
Navigate to where you have the Acord Loss Notice saved on your computer and then click **Open**.



Repeat, if needed, using the **Attach Other Files to Claim Report** button for any supporting documents.



Online Claims Reporting and Assignment



Report a New Claim

Date of Loss Line of Business Agent Info Policyholder Info Loss Info Summary

Name Insured: SAMPLE ASSOCIATION, INC. Policy Number: [REDACTED] Date of Loss: 6/1/2017

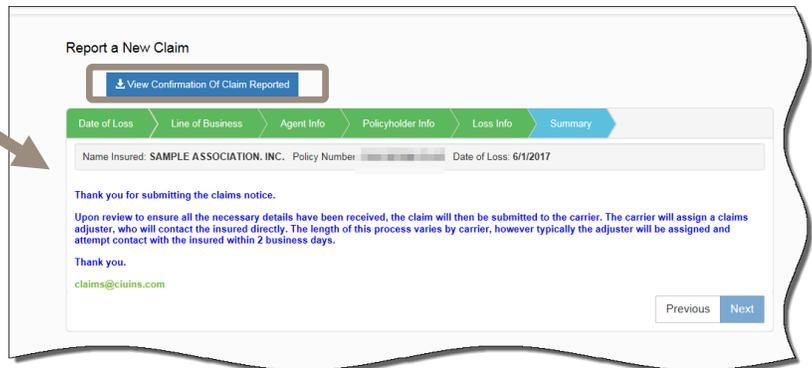
Description of Loss: **This information will be reflected in your loss runs. Please insert verbiage from your Acord Loss Notice.**
Test loss notice

Attachments: **Please note: At minimum, an Acord Loss Notice must be attached to this Claim Report.**
Acord Document:
Other Documents:
Acord File to be attached:
Test document.pdf (8.134KB) 
Attach Acord File to Claim Report
Attach Other Files to Claim Report

Previous Submit Claim

Click **Submit Claim** once all documents have been uploaded.

The claim has now been submitted to Coastal for review. If needed, you can click the **View Confirmation of Claim Reported** button to view a summary of the claim details entered (in a PDF file). However, you will receive an email with the Confirmation of Claim document attached.



Report a New Claim

[View Confirmation Of Claim Reported](#)

Date of Loss Line of Business Agent Info Policyholder Info Loss Info Summary

Name Insured: SAMPLE ASSOCIATION, INC. Policy Number: [REDACTED] Date of Loss: 6/1/2017

Thank you for submitting the claims notice.

Upon review to ensure all the necessary details have been received, the claim will then be submitted to the carrier. The carrier will assign a claims adjuster, who will contact the insured directly. The length of this process varies by carrier, however typically the adjuster will be assigned and attempt contact with the insured within 2 business days.

Thank you.
claims@ciuins.com

Previous Next

The carrier will assign a claims adjuster, who will contact the insured directly. The length of this process varies by carrier, however, typically the adjuster will be assigned and attempt contact with the insured within 2 business days.

We will update the claim online with the carrier's claim assignment information. You will receive an email that the claim has been updated with the applicable assignment information, and there will be a link for you to view. You can update your file with this claims assignment detail.



Online Claims Reporting and Assignment

Viewing Claims Assignment on a Previously Filed Claim

From the *Search* screen, search for the policy using either the insured's name, policy number or claim number.

Quote # [SEARCH] Alerts (8927) Report a Claim Finance My Agency My Profile

Quote / Policy Search

Program: [SELECT PROGRAM] Insured Name: []
Product Type: [] Effective Date between: [] and []
Status: [] Expiration Date between: [] and []
Quote #: [] Create Date between: [] and []
Policy #: [CIUCAF] City Name: [] State: [SELECT STATE]
Claim #: []

Unread Notes: Expires In Next: []
Pending Bind Requests: Missing Req'd Docs:

Search Results

Named Insured	Quote #	Policy #	Effective Date	Status
SAMPLE ASSOCIATION, INC.			08/15/13 - 08/15/14	Iss
Condo Assoc Package - FL			08/15/14 - 08/15/15	Issued
			08/15/15 - 08/15/16	Issued
			08/15/15 - 08/15/16	Endorsement D
			08/15/16 - 08/15/17	Issued
			08/15/17 - 08/15/18	Issued

Click the **Quote #** for any ISSUED policy. Do not access the renewal quote (if shown) as claim information is not available for iterations in quote status.

Click the **Claims/Loss Runs** tab.

Residential Condo Association Program Quote

Quote Details Rate / Quote Application Notes Bind Request **Claims / Loss Runs**

Quote #: [] SAMPLE ASSOCIATION, INC. Issued

Policy #: []

Effective Date(s): 8/15/2016 12:01 AM through 8/15/2017 12:01 AM

Selected Coverage(s): Property, General Liability, Commercial Crime, Directors & Officers Liability / EPLI

Protection Class: 3

Previous Claims: None

Email Notifications: [] Send Email [] Agency Recipient: []

Click **View Details** for the claim you want to review.

Residential Condo Association Program Quote

Quote Details Rate / Quote Application Notes Bind Request Claims / Loss Runs

Quote #: [] Sample Condominium Association, Inc. Issued

Loss History

Loss Date	Line of Business	Carrier Claim #	Carrier	Action
10/20/2010 - 10/20/2011				<input type="button" value="View / Print Loss Run"/>
11/27/2010	General Liability		Companion Special	<input type="button" value="View Details"/>
1/1/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
2/9/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
5/2/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
6/5/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
8/9/2011	Property		Companion Special	<input type="button" value="View Details"/>
8/10/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
8/12/2011	Property		Companion Special	<input type="button" value="View Details"/>
10/20/2011 - 10/20/2012				<input type="button" value="View / Print Loss Run"/>
11/21/2011	General Liability		Companion Special	<input type="button" value="View Details"/>
3/14/2012	General Liability		Companion Special	<input type="button" value="View Details"/>
4/26/2012	General Liability		Companion Special	<input type="button" value="View Details"/>
5/11/2012	General Liability		Companion Special	<input type="button" value="View Details"/>
7/4/2012	Property		Companion Special	<input type="button" value="View Details"/>
7/5/2012	General Liability		Companion Special	<input type="button" value="View Details"/>
8/2/2012	General Liability		Companion Special	<input type="button" value="View Details"/>
	Property		Companion Special	<input type="button" value="View Details"/>

The claim number and adjuster information will be shown.

(Note—it can take 24-48 hours before a newly reported claim is viewable here).

Claim Assignment Information

Date of Loss Line of Business Agent Info Policyholder Info Loss Info Summary

Name Insured: Sample Condominium Association, Inc. Policy Number: FCA0041508-01 Date of Loss: 9/6/2012

Carrier Claim Number: []
Adjuster First Name: []
Adjuster Last Name: []
Adjuster Phone: []
Adjuster Email: []