Old Republic Commercial Risk



RadiusR

RMIS Solution

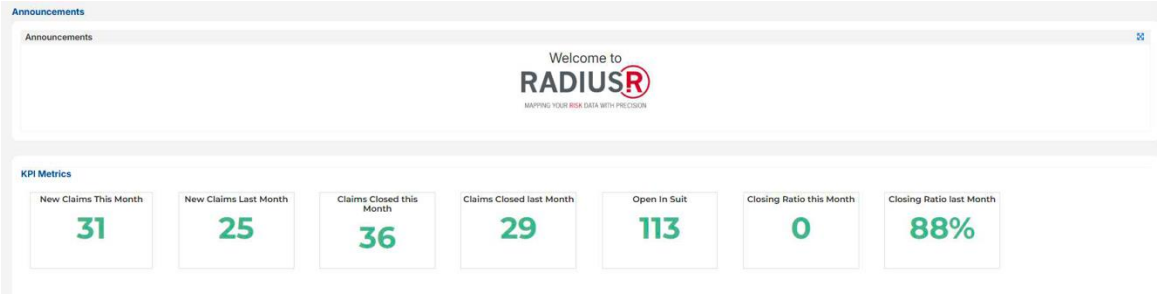
User Guide

OLD REPUBLIC

Data Classification: Public

Dashboard

- The Client Level dashboard will provide a brief overview of your program with Old Republic Commercial Risk and links to specific claims.



Announcements

There is an area for announcements at the top of the screen where we will notify you of system enhancements, scheduled maintenance, or upcoming events and webinars.

KPI Metrics

This section contains statistics on new claims reported, closed claims, claims in suit, and closing ratio.

My Tasks, Recent Claim, and Watch List

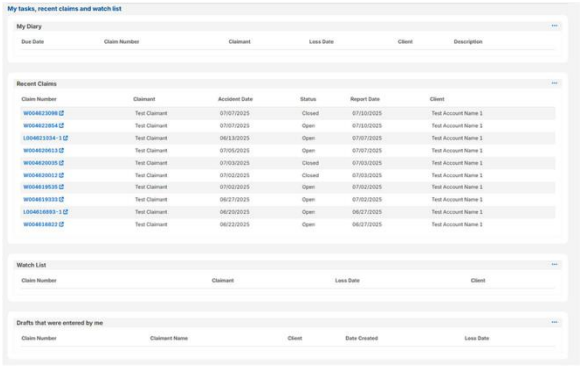
Click the claim number link in any section to view the claim details.

My Diary – Lists your tasks/diary items

Recent Claims – Lists the 10 most recently filed claims

Watch List – Claims you have flagged as favorites

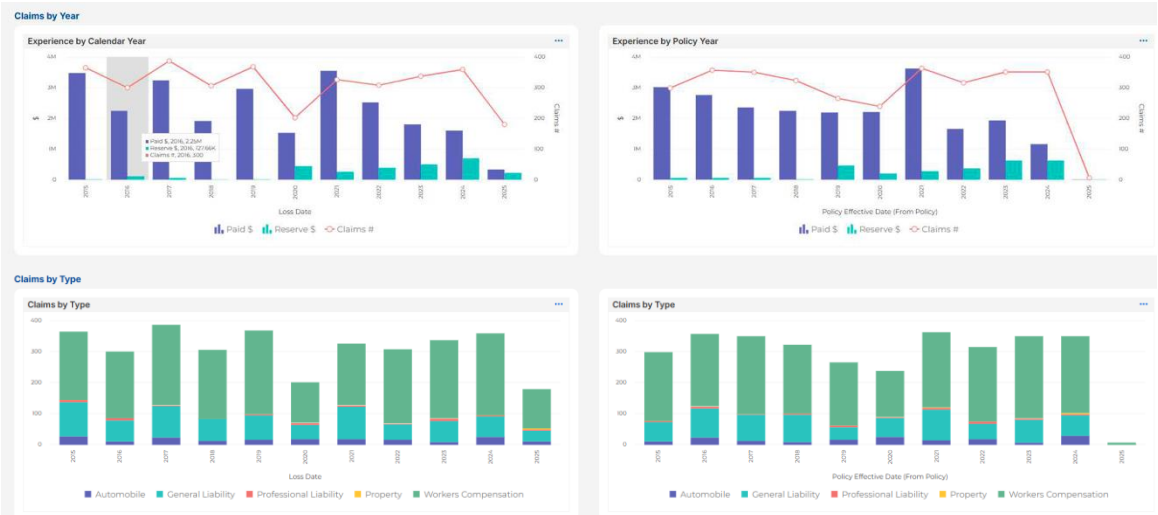
Drafts that were entered by me – Lists draft claims that you have not yet submitted



Dashboard

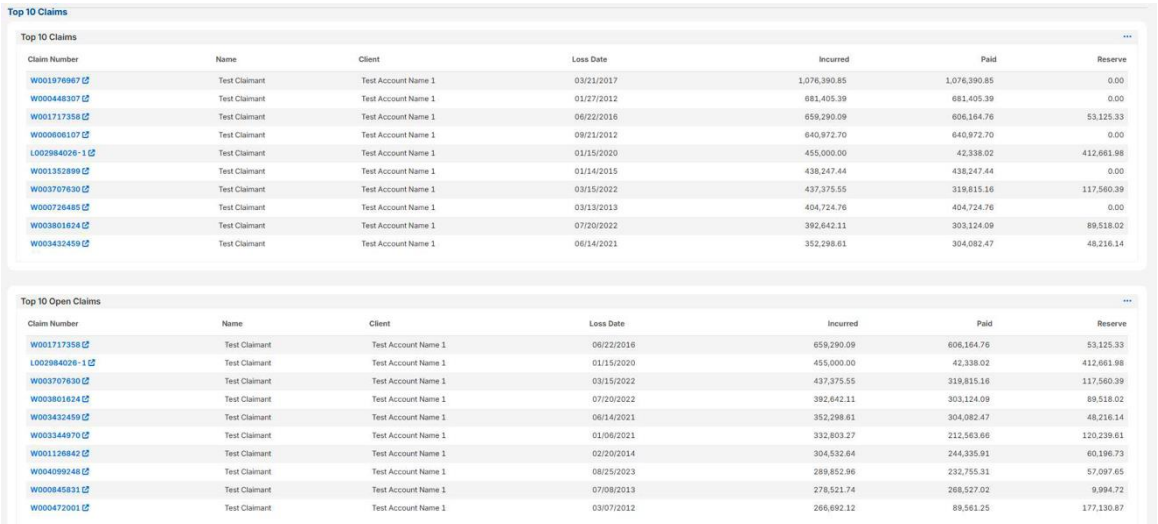
Claims by Year

Shows claim experience for the last 10 years. Hover over information in the graph for more detail.



Top 10 Claims

Lists the top 10 claims and top 10 open claims based on total incurred. Click on the claim number to view the claim details.



Top 10 Claims

Claim Number	Name	Client	Loss Date	Incurred	Paid	Reserve
W001976967	Test Claimant	Test Account Name 1	03/21/2017	1,076,390.85	1,076,390.85	0.00
W000448307	Test Claimant	Test Account Name 1	01/27/2012	681,405.39	681,405.39	0.00
W001717358	Test Claimant	Test Account Name 1	06/22/2016	659,290.09	606,164.76	53,125.33
W000606107	Test Claimant	Test Account Name 1	09/21/2012	640,972.70	640,972.70	0.00
L002984026-1	Test Claimant	Test Account Name 1	01/15/2020	455,000.00	42,338.02	412,661.98
W001352899	Test Claimant	Test Account Name 1	01/14/2015	438,247.44	438,247.44	0.00
W003707630	Test Claimant	Test Account Name 1	03/15/2022	437,375.55	319,815.16	117,560.39
W000726485	Test Claimant	Test Account Name 1	03/13/2013	404,724.76	404,724.76	0.00
W003801624	Test Claimant	Test Account Name 1	07/20/2022	392,642.11	303,124.09	89,518.02
W003432459	Test Claimant	Test Account Name 1	06/14/2021	352,298.61	304,082.47	48,216.14

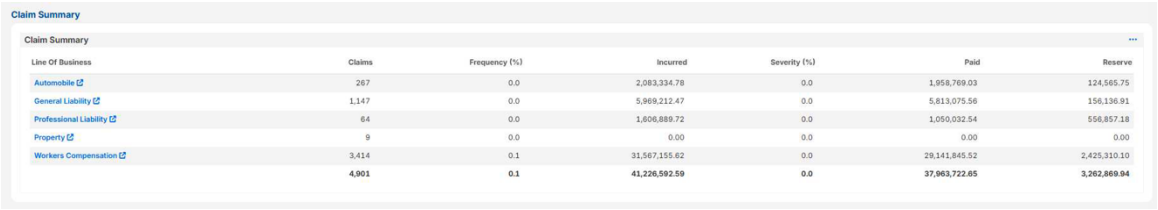
Top 10 Open Claims

Claim Number	Name	Client	Loss Date	Incurred	Paid	Reserve
W001717358	Test Claimant	Test Account Name 1	06/22/2016	659,290.09	606,164.76	53,125.33
L002984026-1	Test Claimant	Test Account Name 1	01/15/2020	455,000.00	42,338.02	412,661.98
W003707630	Test Claimant	Test Account Name 1	03/15/2022	437,375.55	319,815.16	117,560.39
W003801624	Test Claimant	Test Account Name 1	07/20/2022	392,642.11	303,124.09	89,518.02
W003432459	Test Claimant	Test Account Name 1	06/14/2021	352,298.61	304,082.47	48,216.14
W003344970	Test Claimant	Test Account Name 1	01/06/2021	332,803.27	212,563.66	120,239.61
W001126842	Test Claimant	Test Account Name 1	02/20/2014	304,532.64	244,335.91	60,196.73
W004099248	Test Claimant	Test Account Name 1	08/25/2023	289,852.96	232,755.31	57,097.65
W000845831	Test Claimant	Test Account Name 1	07/08/2013	278,521.74	268,527.02	9,994.72
W000472001	Test Claimant	Test Account Name 1	03/07/2012	266,692.12	89,561.25	177,130.87

Dashboard

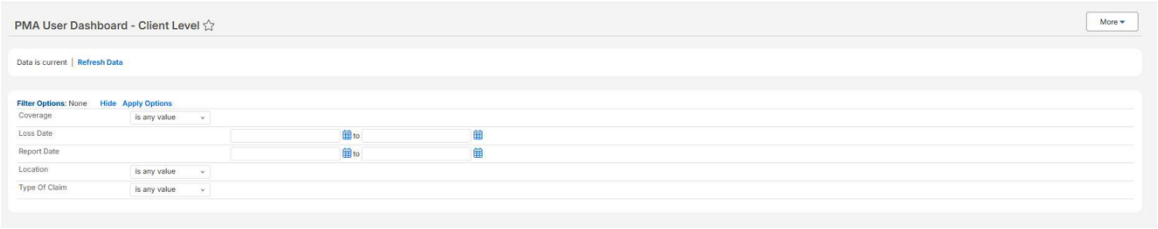
Claim Summary

Provides a quick overview of your program. Click on the line of business link to navigate to a list of claims for that line of business.



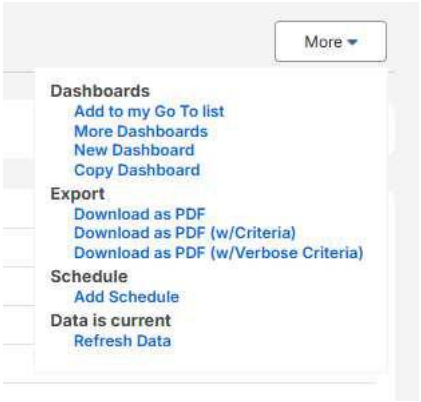
Filter Options

The filter options appear at the top of the screen. To apply filters to the dashboard, enter the desired parameters and click Apply Options. Click the Refresh Data link to clear the filters.



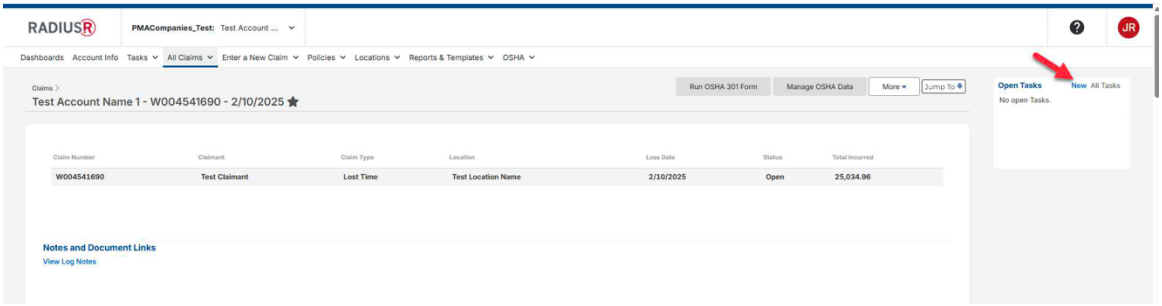
More

Click the More button for additional options including scheduling the dashboard for automated delivery via email. Detailed instructions for creating a schedule are available in the Reports section of this guide.

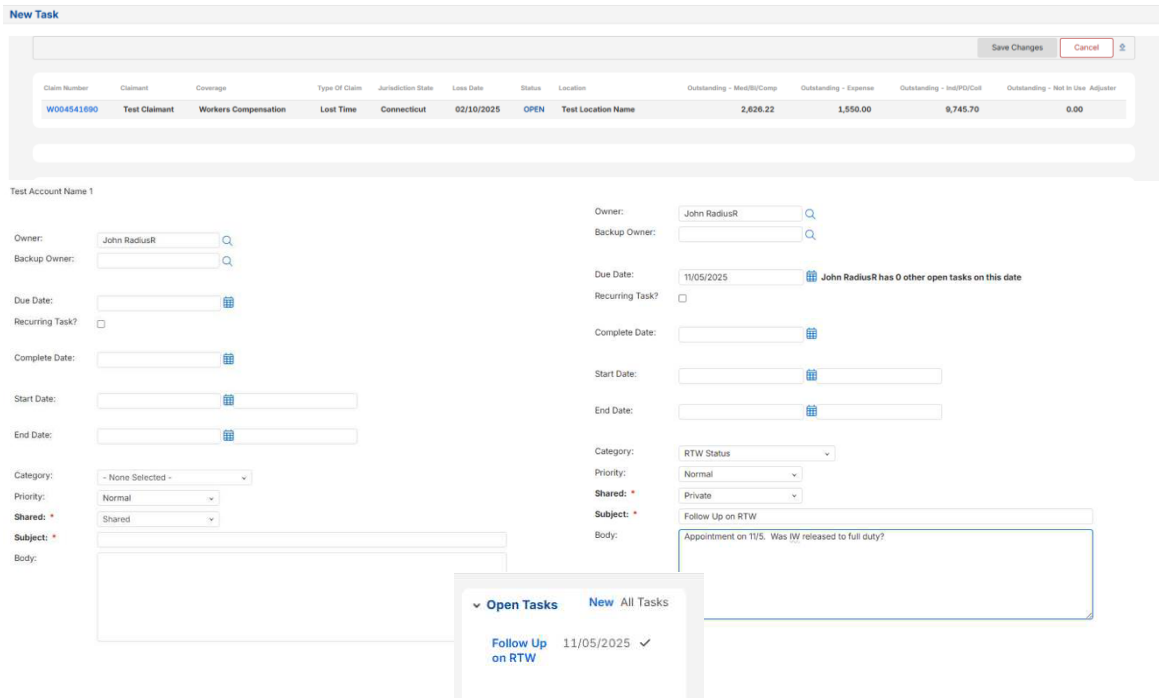


Tasks

Tasks are follow-up items or diaries that can be created on any claim. To create a task within a claim, click on New in the Open Tasks section in the upper right corner of the claim screen. The owner/backup owner will receive an email reminder on the day the task is due.

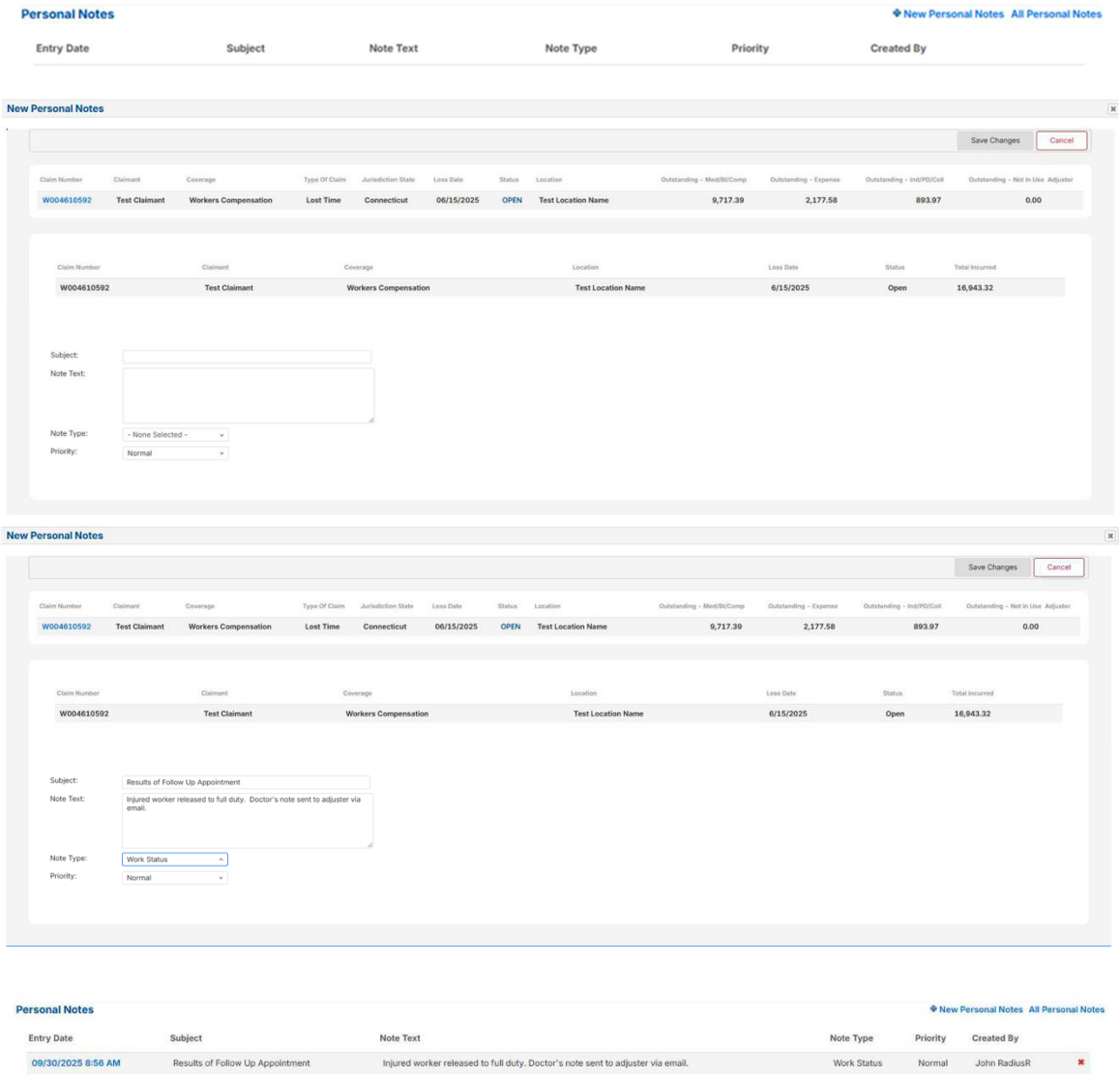


The New Task screen will display. Your name will default as the Owner of the task. If you would like, you can change the Owner to another member of your team who has access to the claim. You can also set a Backup Owner in the event you are not available on the date you scheduled the reminder. Please note, you can only set Tasks for a member of your team who has access to the claim. You cannot set a Task for the adjuster. Click Save Changes when you have finished setting the Task. The Task will now appear in the Open Tasks section of the claim and on any Task/Diary list within RadiusR.



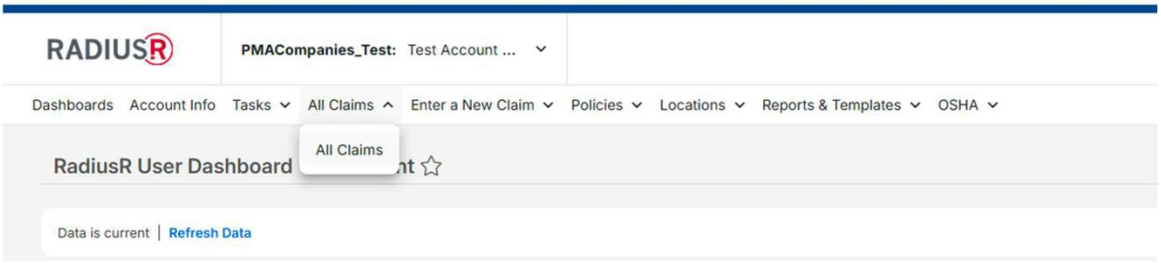
Personal Notes

You can add documentation for yourself on any claim by entering a Personal Note. This note is only for you and does not become part of the official claim file. Click +New Personal Note. Enter the information for the Personal Note and click Save Changes. The note will now appear in the Personal Notes section of the claim screen.

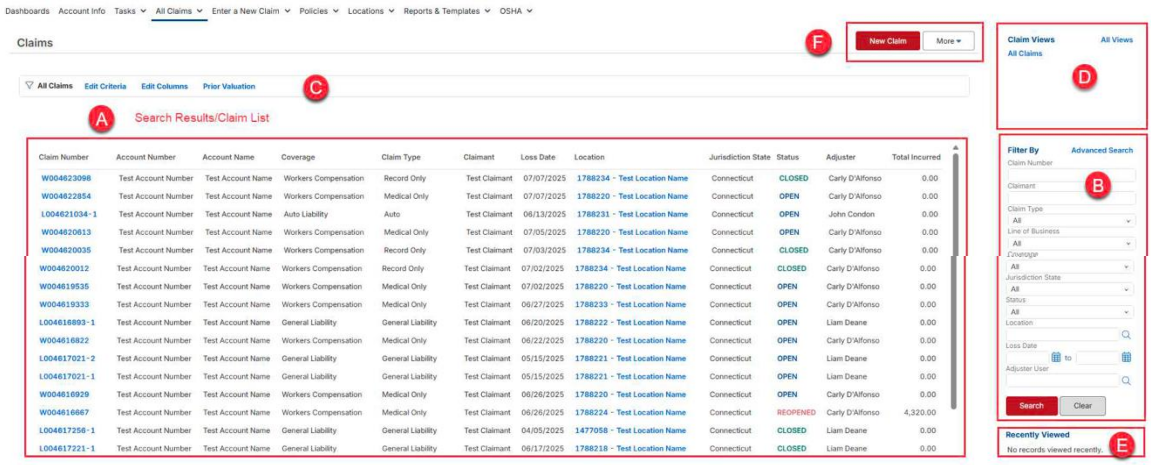


Claim Search

Hover over the **All Claims** menu item and then click **All Claims** to see a list of available claims.



The claim search screen is composed of six sections.



Section A – Claim List

All claims that meet your search criteria will be listed here. To resort the list, click on any column heading to sort in ascending order. Click a second time to sort in descending order. To view the details of any claim, click on the blue claim number. If you click on a blue location, you will see a list of all claims for that location.

Section B – Filter By

To look up a claim by claim number or for a quick one-time claim search, enter your search criteria in the Filter By section and click Search. Your Claim will now display claims meeting your search criteria. Click Advanced Search to apply filters to additional fields.

Section C – List criteria and columns

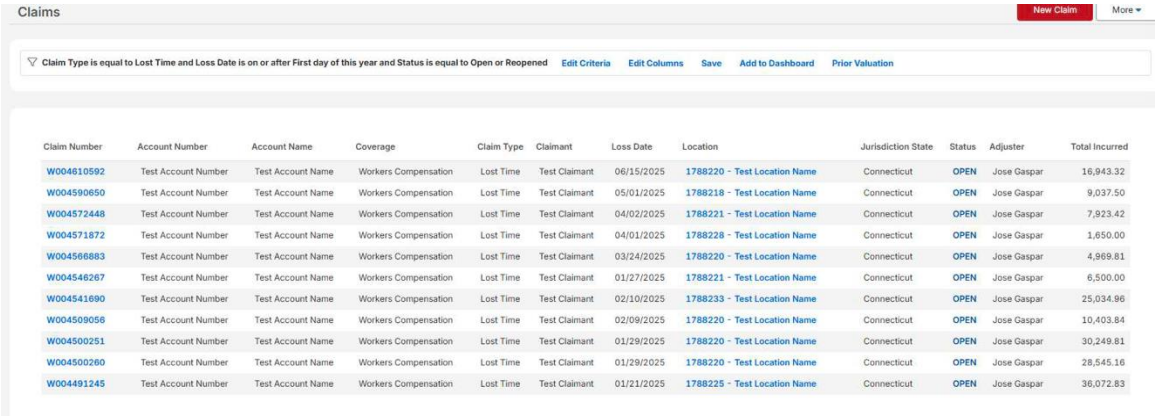
If you know you will be searching using the same criteria on a regular basis you can create a repeatable Claim View. To do this, click Edit criteria then select the fields desired and apply the filters you would like to use. You can apply more than one filter at a time.

Claim Search

For example, if you want a list of open Lost Time claims that occurred in the current year, you can enter the criteria in the Advanced Search box as detailed below. Once you have entered all the criteria desired, click the Apply Filter button.



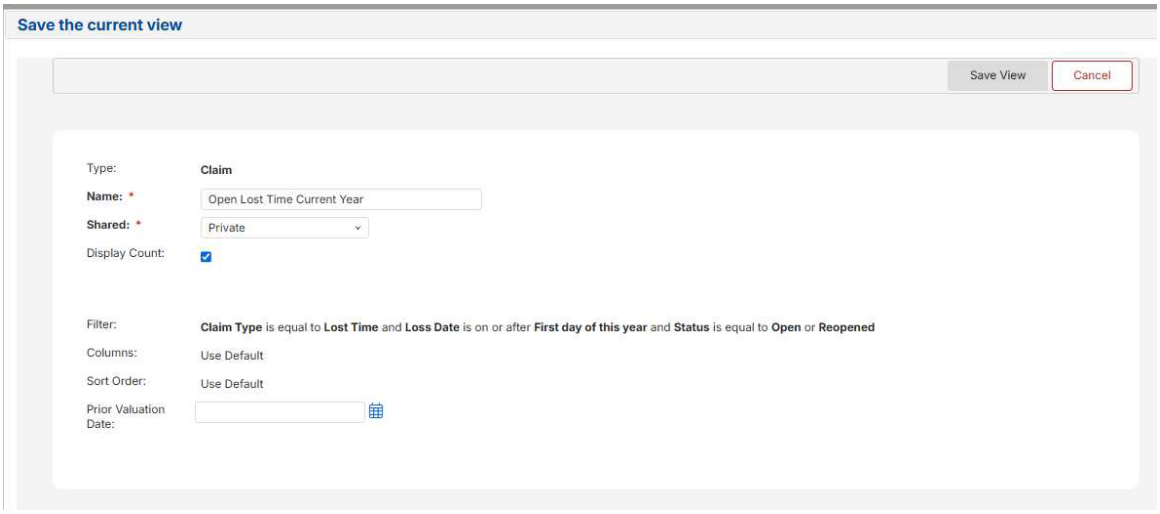
You will see that your claim list now contains only claims meeting your filter criteria.



Claim Number	Account Number	Account Name	Coverage	Claim Type	Claimant	Loss Date	Location	Jurisdiction State	Status	Adjuster	Total Incurred
W004610592	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	06/15/2025	1788220 - Test Location Name	Connecticut	OPEN	Jose Gaspar	16,943.32
W004590650	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	05/01/2025	1788218 - Test Location Name	Connecticut	OPEN	Jose Gaspar	9,037.50
W004572448	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	04/02/2025	1788221 - Test Location Name	Connecticut	OPEN	Jose Gaspar	7,923.42
W004571872	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	04/01/2025	1788228 - Test Location Name	Connecticut	OPEN	Jose Gaspar	1,650.00
W004566883	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	03/24/2025	1788220 - Test Location Name	Connecticut	OPEN	Jose Gaspar	4,969.81
W004546267	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	01/27/2025	1788221 - Test Location Name	Connecticut	OPEN	Jose Gaspar	6,500.00
W004541690	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	02/10/2025	1788233 - Test Location Name	Connecticut	OPEN	Jose Gaspar	25,034.96
W004509056	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	02/09/2025	1788220 - Test Location Name	Connecticut	OPEN	Jose Gaspar	10,403.84
W004500251	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	01/29/2025	1788220 - Test Location Name	Connecticut	OPEN	Jose Gaspar	30,249.81
W004500260	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	01/29/2025	1788220 - Test Location Name	Connecticut	OPEN	Jose Gaspar	28,545.16
W004491245	Test Account Number	Test Account Name	Workers Compensation	Lost Time	Test Claimant	01/21/2025	1788225 - Test Location Name	Connecticut	OPEN	Jose Gaspar	36,072.83

Claim Search

To save this claim view for future use, click Save. The Save the current view screen will appear. Name your view and click Save View.



You will now see your saved view listed in the Claim Views section.



Section D – Claim Views

To instantly apply filters from a saved view, click the name of the saved Claim View from the list.

Section E – Recently Viewed

This section will display the claims you viewed most recently. Click on any claim in the list to view it again.

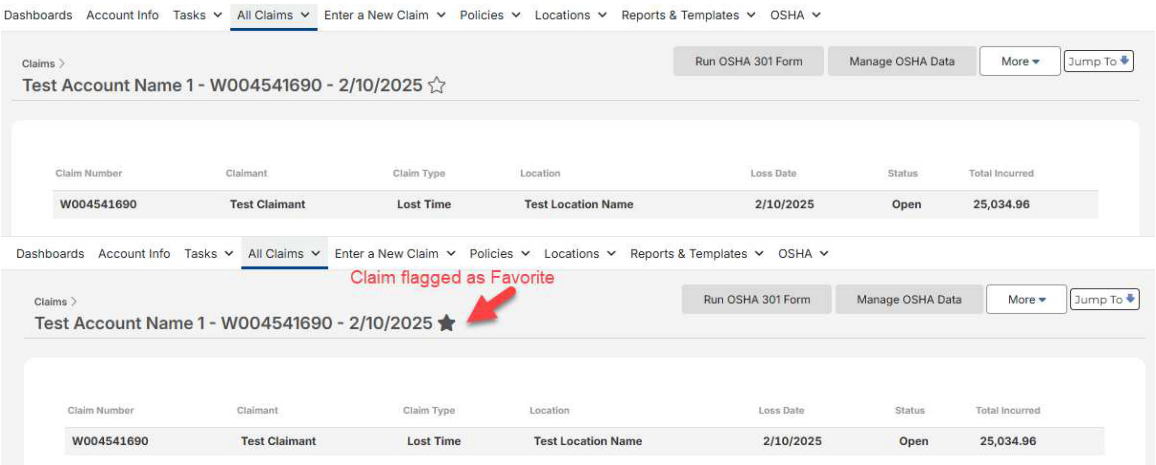
Section F – New Claim Button and More Drop-Down List

Click the New Claim button for a shortcut to New Claim Entry. Click the More button for additional options like downloading your claim list to Excel.

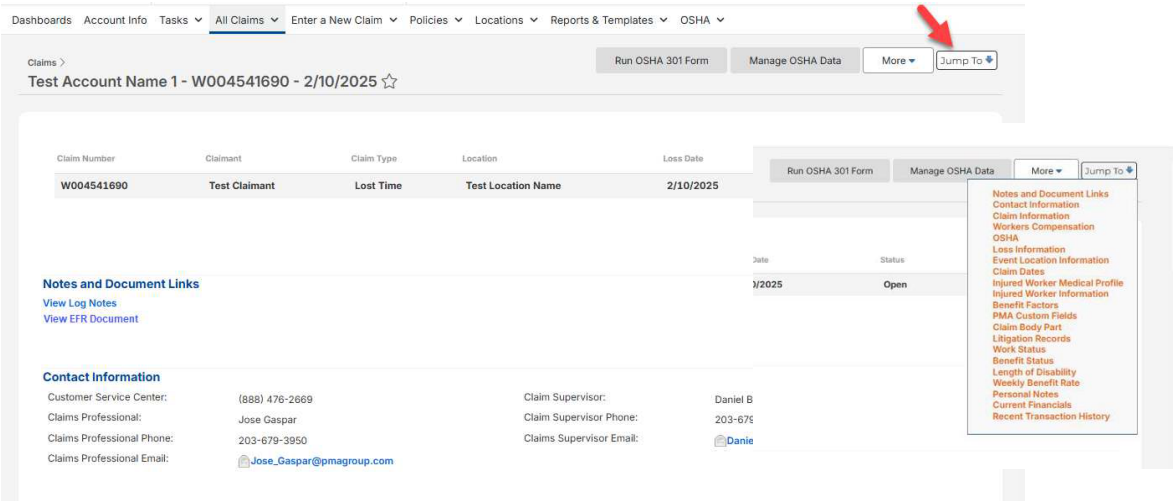
Claim View

Workers' Compensation

You will see a banner at the top of the claim screen with the account name, claim number, and loss date. You will also see an open star icon by default next to the loss date. Click the star icon to flag this claim as a favorite. Favorite claims will appear on the Watch List on your dashboard and will be listed in the Favorites view in the Claim Views section of the Claim Search screen.



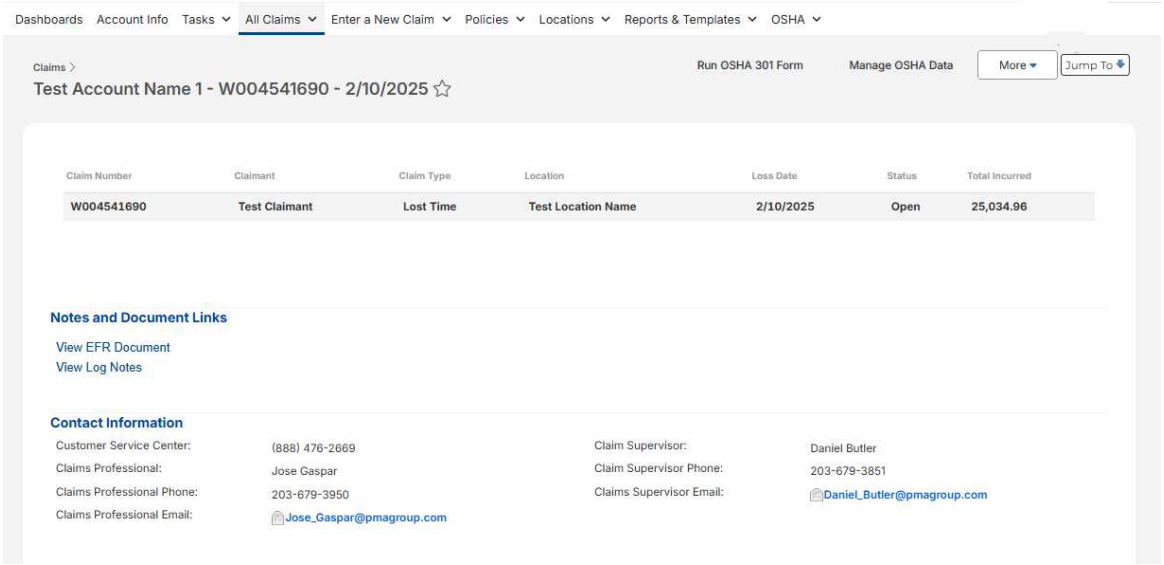
Scroll through the screen to view the details of the claim. Click the Jump To button in the upper right corner to display a list of the sections within the claim. Click on any section title to navigate directly to that section.



Claim View

Workers' Compensation

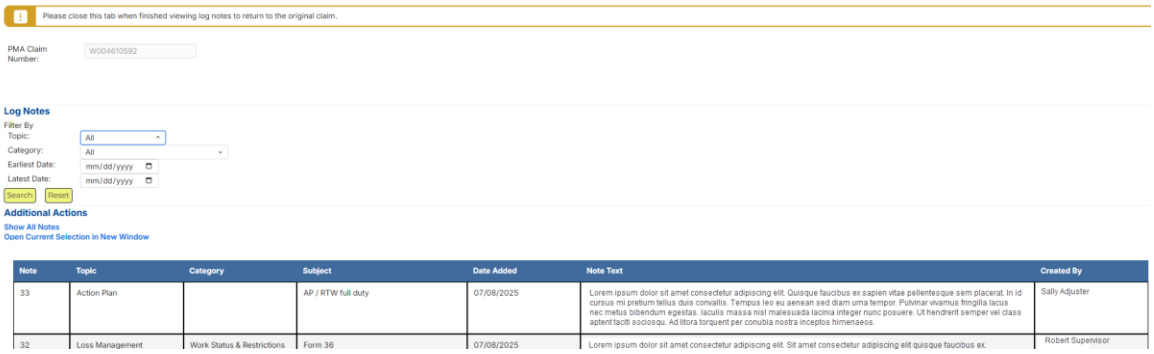
Notes and Document Links



Click View EFR Document to display the Employer's First Report of Injury.

Log Notes

The View Log Notes link will provide a list of notes from Adjusters, Supervisors, Nurses, Client Service staff, and others. Log Notes will be listed in descending order by entry date with the most recent note listed first. While the notes are numbered, there may be gaps in the numbering. This is normal. When you click the View Log Notes link, the Log Notes screen will open in a separate tab. If you would like to view a subset of the Log Notes, you can filter by Category, Topic, date range, or any combination of these items. Enter your criteria and click Search to view the Log Notes meeting your criteria. To return to a list of all Log Notes, click Reset and then click Search.



Claim View

Workers' Compensation

Common Abbreviations

A/A	auto accident
ACR	Account Claims Representative
ALOD	actual length of disability
ADA	Americans with Disabilities Act
ADJ	adjuster
A/P	action plan
AWW	average weekly wage
BRC	Benefits Review Conference
CA	Claims Administrator
CCU	Cost Containment Unit
CLMT	claimant
CM	Case Manager
CMU	Commercial Market Underwriting
COC	Corporate Operations Center (Blue Bell / Home Office)
CPC	Corporate Processing Center
C/R, CR	comp rate
CSA	Claims Service Adjuster
CSC	Customer Service Center
CSM	Claims Service Manager
CSR	Customer Service Representation
D/A	Date of Accident
D/H	Date of Hire
DMC	Disability Management Coordinator
DME	durable medical equipment
DR	doctor
EE	employee
EFR	employers first report
ELOD	estimated length of disability
EOB	explanation of benefits
EOR	explanation of review
ER	Employer or Emergency Room
FCE	functional capacity evaluation
FD	full duty
F/F	full / final settlement
FNOI	first notice of injury
FNOL	first notice of loss
F/U	follow up
FX	fracture
HX	history
IDM	Integrated Disability Management
IME	Independent Medical Exam
IV	Insured Vehicle
IW	injured worker
INS, INSD	insured

L/D	light duty
LM	left message
LMTC	left message to call
LTD	long term disability
MMI	maximum medical improvement
MO	medical only
MVA	motor vehicle accident
NICB	National Insurance Crime Bureau
OD	occupational disease
OOW	out of work
OTC	over the counter (medications)
OV	Other Vehicle
PAL	Property/Auto/Liability
P&C	Property & Casualty
PC, Phys caps	physical capabilities form
PMSI	Prescription Medical Services, Inc.
POA	plan of action
PPD	permanent partial disability
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPS	Prescription Processing Services
P/R	police report
PRN	patient return is necessary
PT	perm total
PT	physical therapy
R/C	return the phone call
RMS	Risk Management Services
R/O	rule out
ROM	range of motion
RTW	return to work
RX	prescription
SIU	Special Investigative Unit
SLOD	standard length of disability
SMO	Specialized Medical Only
STD	short term disability
S/W	spoke with
SX	surgery
TPA	third party administrator (self-insured)
TTD	Temporary total disability
TX	treatment
UCR	Usual/customary/reasonable rates
VM	voice mail
VOE	verification of employment
W/P	waiting period
WRI	work related injury

Claim View

Workers' Compensation

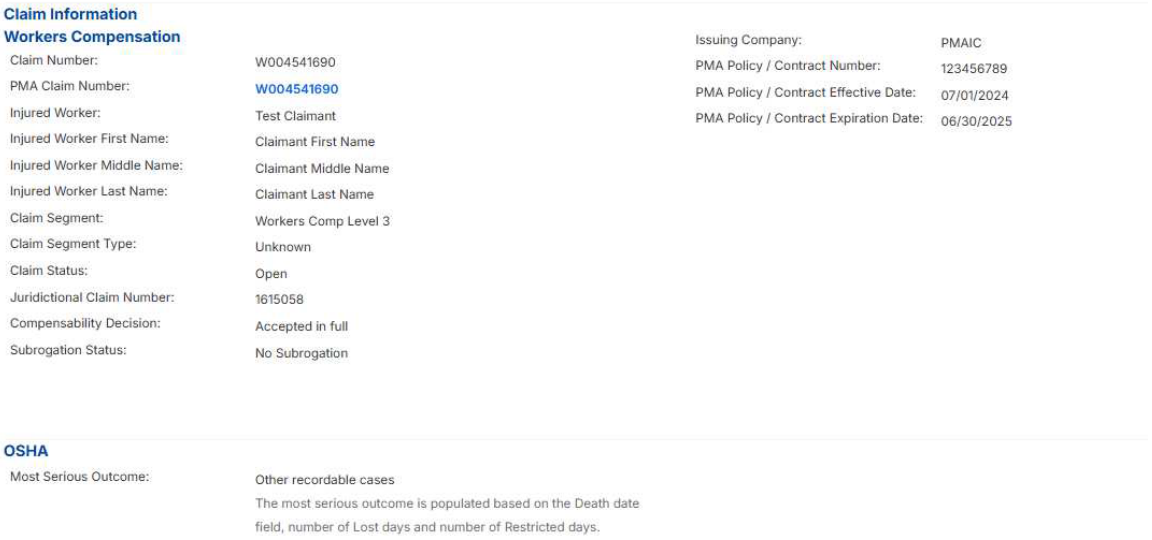
Contact Information

Click on the email address for the Claim Professional or Claim Supervisor to initiate an email in your default email application.

Claim Information/OSHA Outcome

The claim information section contains fields including Claim Status, Jurisdictional Claim Number, Compensability Decision, and Subrogation Status.

Users with access to the optional OSHA Recordkeeping Tool will see the OSHA Most Serious Outcome field. The value in this field is calculated based on information contained in the values in the Date of Death, Lost Days, and Restricted Days fields.

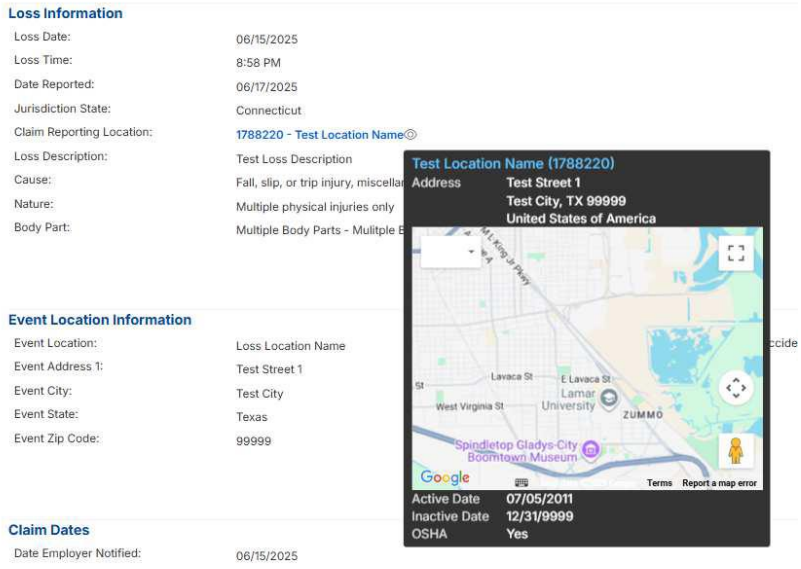


Claim View

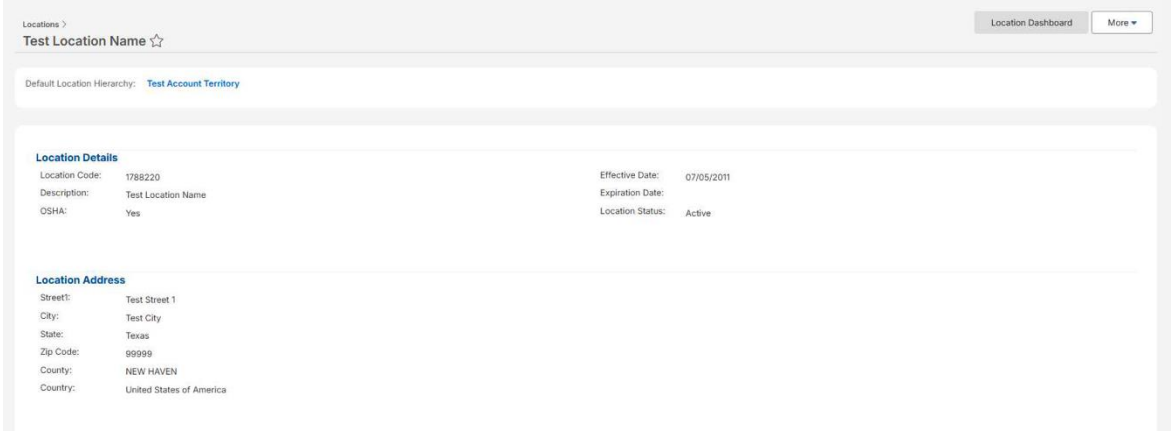
Workers' Compensation

Loss Information

Hover over the eye icon next to the Claim Reporting Location to view a map of the reporting location.



Click on the Claim Reporting Location link to view additional information about the reporting location, including a list of recent claims and a summary of claims for the current calendar year. You can also add Personal Notes specific to the location in this section.



Claim View

Workers' Compensation

Recent Claims (Location)

Claim Number	Exposure Type Code	Claimant	Coverage	Jurisdiction State	Status	Location	Loss Date	Total Incurred	Claims Professional
W004622854	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	07/07/2025	0.00	
W004620613	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	07/05/2025	0.00	
W004619535	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	07/02/2025	0.00	
W004616822	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	06/22/2025	0.00	
W004616929	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	06/26/2025	0.00	
W004610598	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	06/15/2025	0.00	
W004610592	Indemnity	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	06/15/2025	16,943.32	
W004609933	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	06/12/2025	0.00	
W004605085	Medical Details	Test Claimant	Workers Compensation	Connecticut	OPEN	1788220 - Test Location Name	06/04/2025	243.68	
W004605071	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	05/25/2025	0.00	
L004605209-1	General	Test Claimant	Law Enforcement Liability	Connecticut	OPEN	1788220 - Test Location Name	04/17/2025	20,000.00	
W004599988	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	05/26/2025	0.00	
W004597882	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	05/21/2025	174.54	
L004599127-1	General	Test Claimant	Law Enforcement Liability	Connecticut	OPEN	1788220 - Test Location Name	05/12/2025	20,000.00	
W004589705	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	04/25/2025	0.00	
W004587486	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	04/29/2025	0.00	
W004584856	Medical Details	Test Claimant	Workers Compensation	Connecticut	CLOSED	1788220 - Test Location Name	04/14/2025	0.00	

Personal Notes

New Personal Notes All Personal Notes

Entry Date	Subject	Note Text	Note Type	Priority	Created By

Claims Reported After January 1, 2025 at this Location

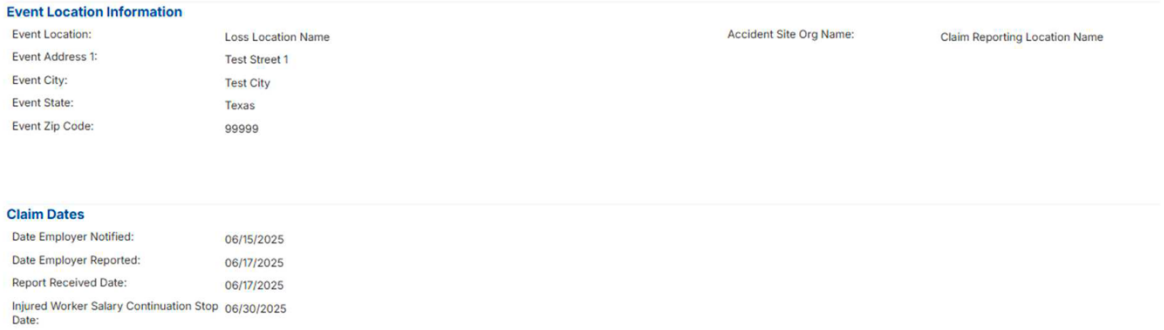
Name	Claim Count	Paid	Outstanding	Incurred	Average Claim Size
Automobile	9	16,808.41	16,110.50	32,918.91	3,657.66
Professional Liability	3	415.00	59,585.00	60,000.00	20,000.00
Workers Compensation	34	47,344.19	57,518.46	104,862.65	3,084.20
Totals	**46**	**64,567.60**	**133,213.96**	**197,781.56**	**4,299.60**

Claim View

Workers' Compensation

Event Location Information and Important Claim Dates

The Event Location section includes the address where the loss occurred. Important dates related to the loss are listed in the Claim Dates section.



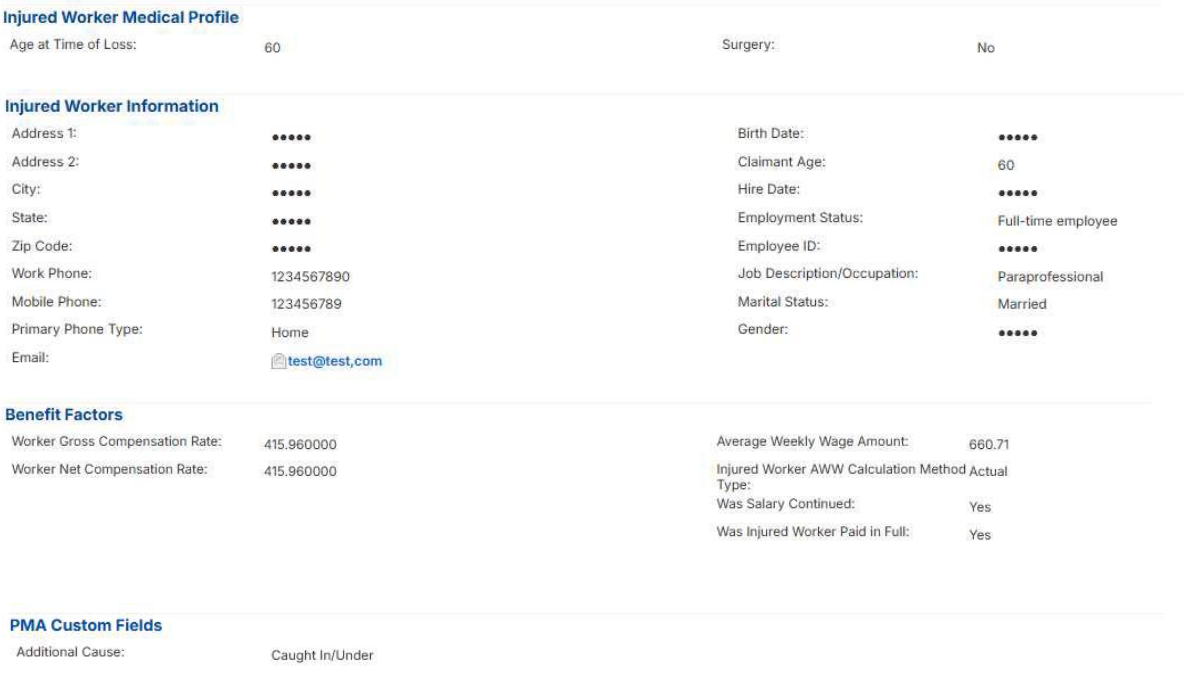
Event Location Information

Event Location:	Loss Location Name	Accident Site Org Name:	Claim Reporting Location Name
Event Address 1:	Test Street 1		
Event City:	Test City		
Event State:	Texas		
Event Zip Code:	99999		

Claim Dates

Date Employer Notified:	06/15/2025
Date Employer Reported:	06/17/2025
Report Received Date:	06/17/2025
Injured Worker Salary Continuation Stop Date:	06/30/2025

Injured Worker Information



Injured Worker Medical Profile

Age at Time of Loss:	60	Surgery:	No

Injured Worker Information

Address 1:	•••••	Birth Date:	•••••
Address 2:	•••••	Claimant Age:	60
City:	•••••	Hire Date:	•••••
State:	•••••	Employment Status:	Full-time employee
Zip Code:	•••••	Employee ID:	•••••
Work Phone:	1234567890	Job Description/Occupation:	Paraprofessional
Mobile Phone:	123456789	Marital Status:	Married
Primary Phone Type:	Home	Gender:	•••••
Email:	test@test,com		

Benefit Factors

Worker Gross Compensation Rate:	415.960000	Average Weekly Wage Amount:	660.71
Worker Net Compensation Rate:	415.960000	Injured Worker AWW Calculation Method Type:	Actual
		Was Salary Continued:	Yes
		Was Injured Worker Paid in Full:	Yes

PMA Custom Fields

Additional Cause:	Caught In/Under

Claim View

Workers' Compensation

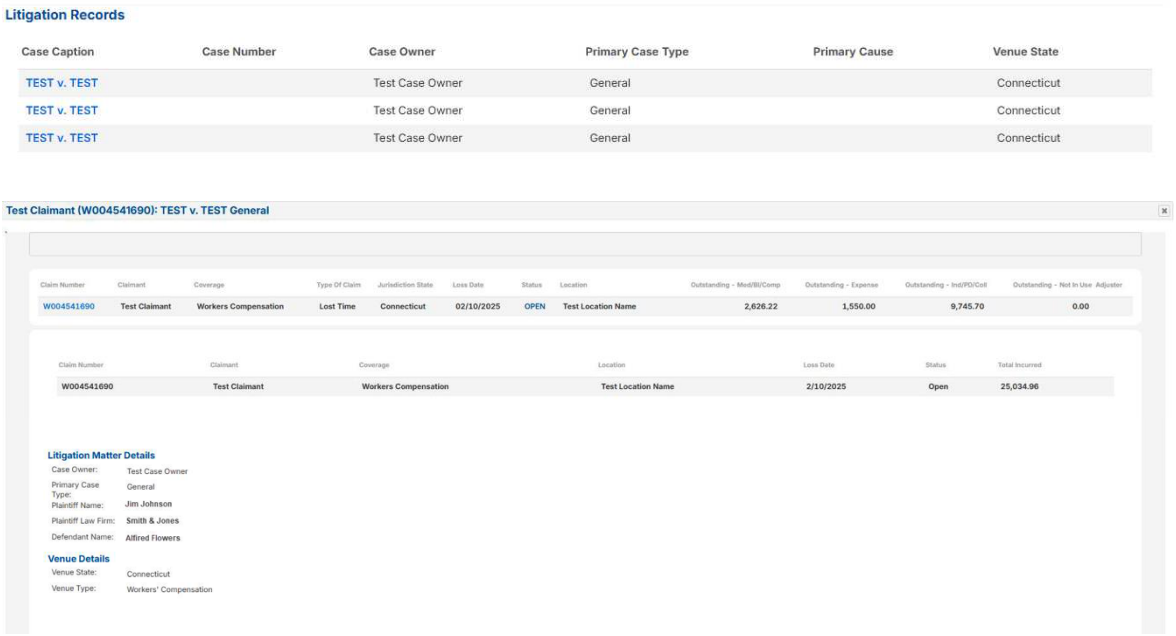
Body Part

All accepted and denied body parts will be listed in this section. For additional, details click on the Order link for the body part.



Litigation

All litigation matters will be listed in this section. Click on the link in the Case Caption for additional details.

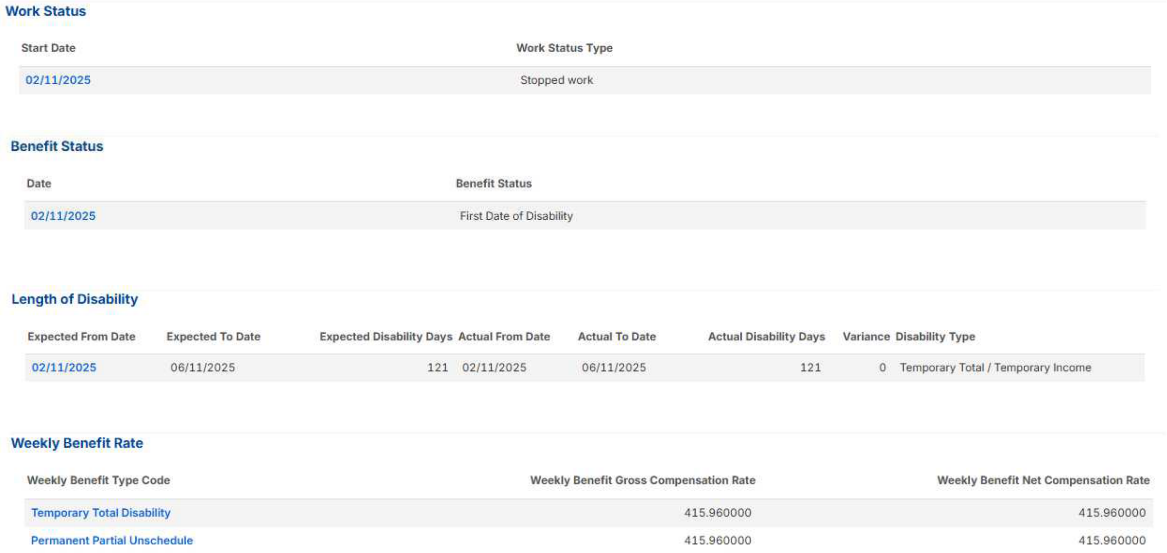


Claim View

Workers' Compensation

Work Status, Benefit Status, Length of Disability and Weekly Benefit Rate

These sections will display if applicable for the claim. Click on the link for any record to see additional information.



Work Status

Start Date	Work Status Type
02/11/2025	Stopped work

Benefit Status

Date	Benefit Status
02/11/2025	First Date of Disability

Length of Disability

Expected From Date	Expected To Date	Expected Disability Days	Actual From Date	Actual To Date	Actual Disability Days	Variance	Disability Type
02/11/2025	06/11/2025	121	02/11/2025	06/11/2025	121	0	Temporary Total / Temporary Income

Weekly Benefit Rate

Weekly Benefit Type Code	Weekly Benefit Gross Compensation Rate	Weekly Benefit Net Compensation Rate
Temporary Total Disability	415.960000	415.960000
Permanent Partial Unschedule	415.960000	415.960000

Claim View

Workers' Compensation

Financials

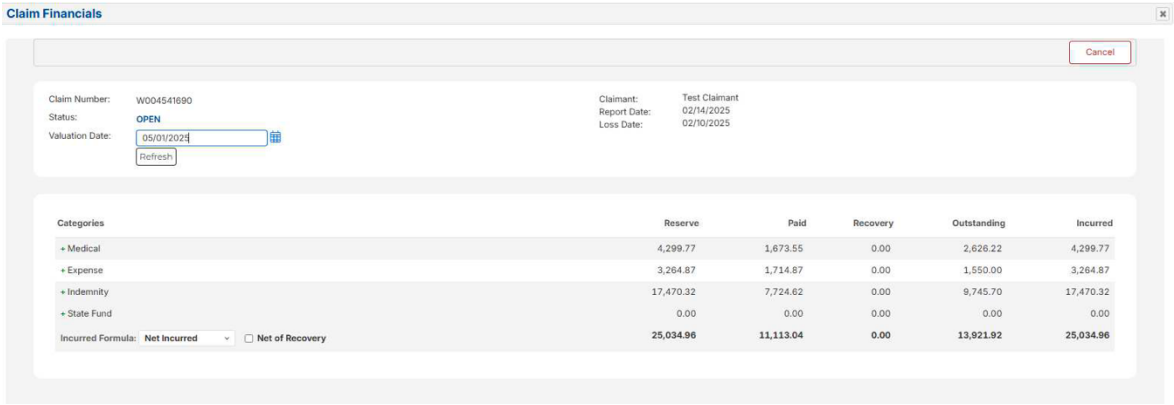
A financial overview of the claim will appear in the Current Financials Section.



Current Financials — Prior Valuation | Show Graph

Categories	Reserve	Paid	Recovery	Outstanding	Incurred
+ Medical	4,299.77	1,673.55	0.00	2,626.22	4,299.77
+ Expense	3,264.87	1,714.87	0.00	1,550.00	3,264.87
+ Indemnity	17,470.32	7,724.62	0.00	9,745.70	17,470.32
+ State Fund	0.00	0.00	0.00	0.00	0.00
Incurred Formula: Net Incurred ☐ Net of Recovery	**25,034.96**	**11,113.04**	**0.00**	**13,921.92**	**25,034.96**

Click the Prior Valuation link to view the financial information as of a prior date. Enter the valuation date desired and click the Refresh button.



Claim Financials

Cancel

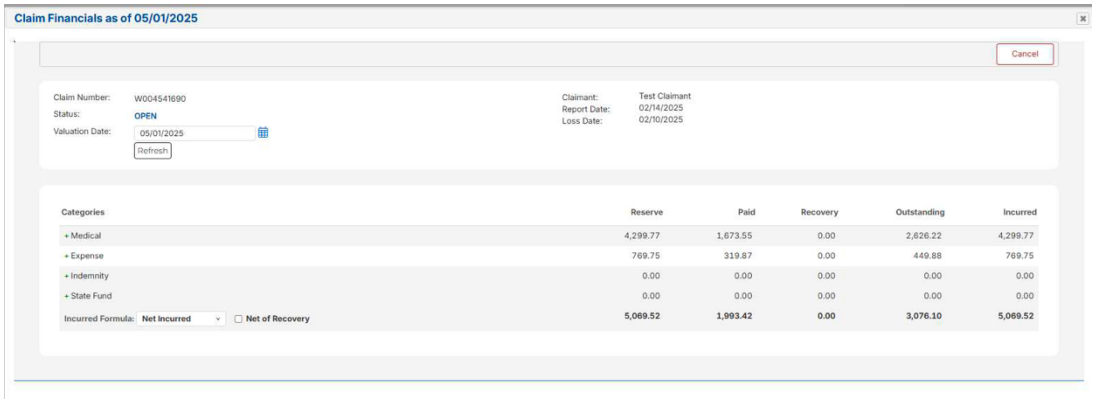
Claim Number: W004541690
Status: OPEN
Valuation Date: 05/01/2025
Refresh

Claimant: Test Claimant
Report Date: 02/14/2025
Loss Date: 02/10/2025

Categories	Reserve	Paid	Recovery	Outstanding	Incurred
+ Medical	4,299.77	1,673.55	0.00	2,626.22	4,299.77
+ Expense	3,264.87	1,714.87	0.00	1,550.00	3,264.87
+ Indemnity	17,470.32	7,724.62	0.00	9,745.70	17,470.32
+ State Fund	0.00	0.00	0.00	0.00	0.00
Incurred Formula: Net Incurred ☐ Net of Recovery	**25,034.96**	**11,113.04**	**0.00**	**13,921.92**	**25,034.96**

The grid will now reflect the financials as of the requested valuation date. To return to theoriginal grid, click the Cancel button.

Please note, if the requested Valuation Date is prior to the date Old Republic Commercial Risk began handling the claim, the Incurred and Reserve values may be understated.



Claim Financials as of 05/01/2025

Cancel

Claim Number: W004541690
Status: OPEN
Valuation Date: 05/01/2025
Refresh

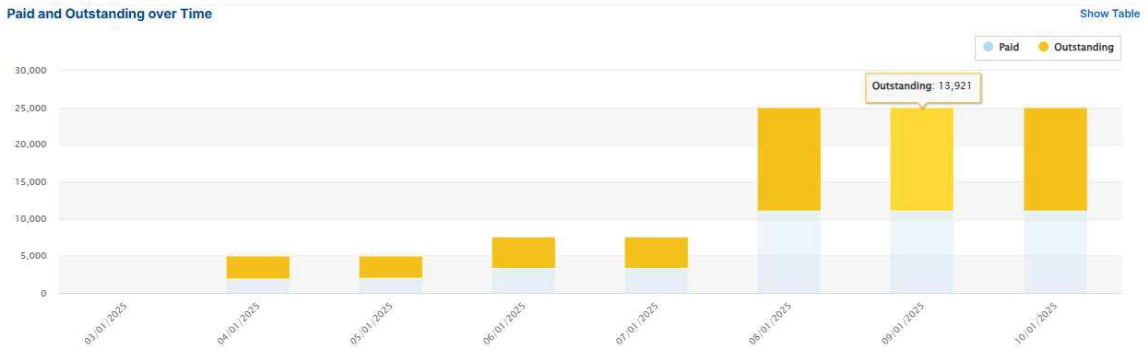
Claimant: Test Claimant
Report Date: 02/14/2025
Loss Date: 02/10/2025

Categories	Reserve	Paid	Recovery	Outstanding	Incurred
+ Medical	4,299.77	1,673.55	0.00	2,626.22	4,299.77
+ Expense	769.75	319.87	0.00	449.88	769.75
+ Indemnity	0.00	0.00	0.00	0.00	0.00
+ State Fund	0.00	0.00	0.00	0.00	0.00
Incurred Formula: Net Incurred ☐ Net of Recovery	**5,069.52**	**1,993.42**	**0.00**	**3,076.10**	**5,069.52**

Claim View

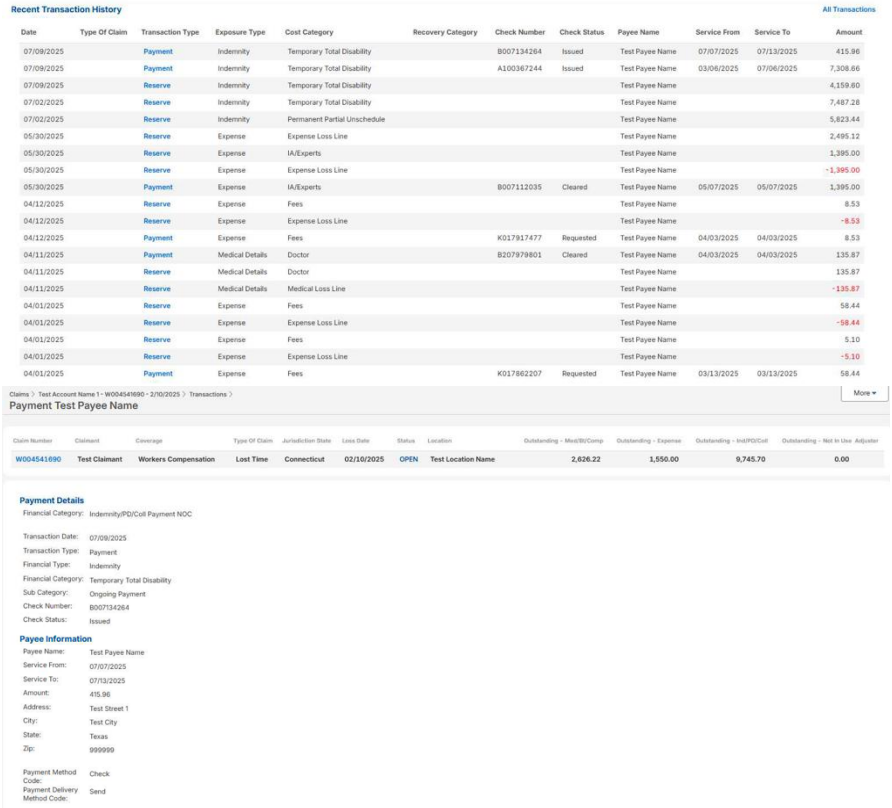
Workers' Compensation

To view the history of the claim, click on the Show Graph link. Hover over the elements of the graph to view additional detail. Click Show Table to return to the original financial grid.



Recent Transaction History

This section will list all financial transactions – payments, reserves, and recoveries. Click on the link in the Transaction Type to view additional details about the transaction.



Recent Transaction History — All Transactions

Date	Type Of Claim	Transaction Type	Exposure Type	Cost Category	Recovery Category	Check Number	Check Status	Payee Name	Service From	Service To	Amount
07/09/2025		Payment	Indemnity	Temporary Total Disability		B007134264	Issued	Test Payee Name	07/07/2025	07/13/2025	415.96
07/09/2025		Payment	Indemnity	Temporary Total Disability		A100367244	Issued	Test Payee Name	03/06/2025	07/06/2025	7,308.66
07/09/2025		Reserve	Indemnity	Temporary Total Disability				Test Payee Name			4,159.60
07/02/2025		Reserve	Indemnity	Temporary Total Disability				Test Payee Name			7,487.28
07/02/2025		Reserve	Indemnity	Permanent Partial Unschedule				Test Payee Name			5,823.44
05/30/2025		Reserve	Expense	Expense Loss Line				Test Payee Name			2,495.12
05/30/2025		Reserve	Expense	IA/Experts				Test Payee Name			1,395.00
05/30/2025		Reserve	Expense	Expense Loss Line				Test Payee Name			-1,395.00
05/30/2025		Payment	Expense	IA/Experts		B007112035	Cleared	Test Payee Name	05/07/2025	05/07/2025	1,395.00
04/12/2025		Reserve	Expense	Fees				Test Payee Name			8.53
04/12/2025		Reserve	Expense	Expense Loss Line				Test Payee Name			-8.53
04/12/2025		Payment	Expense	Fees		K017917477	Requested	Test Payee Name	04/03/2025	04/03/2025	8.53
04/11/2025		Payment	Medical Details	Doctor		B207979801	Cleared	Test Payee Name	04/03/2025	04/03/2025	135.87
04/11/2025		Reserve	Medical Details	Doctor				Test Payee Name			135.87
04/11/2025		Reserve	Medical Details	Medical Loss Line				Test Payee Name			-135.87
04/01/2025		Reserve	Expense	Fees				Test Payee Name			58.44
04/01/2025		Reserve	Expense	Expense Loss Line				Test Payee Name			-58.44
04/01/2025		Reserve	Expense	Fees				Test Payee Name			5.10
04/01/2025		Reserve	Expense	Expense Loss Line				Test Payee Name			-5.10
04/01/2025		Payment	Expense	Fees		K017862207	Requested	Test Payee Name	03/13/2025	03/13/2025	58.44

Claims > Test Account Name 1 - W004541690 - 2/10/2025 > Transactions > More

Payment Test Payee Name

Claim Number	Claimant	Coverage	Type Of Claim	Jurisdiction State	Loss Date	Status	Location	Outstanding - Med/BI/Comp	Outstanding - Expense	Outstanding - Ind/PD/Coll	Outstanding - Not In Use Adjuster
W004541690	Test Claimant	Workers Compensation	Lost Time	Connecticut	02/10/2025	OPEN	Test Location Name	2,626.22	1,550.00	9,745.70	0.00

Payment Details

Financial Category: Indemnity/PD/Coll Payment NOC
Transaction Date: 07/09/2025
Transaction Type: Payment
Financial Type: Indemnity
Financial Category: Temporary Total Disability
Sub Category: Ongoing Payment
Check Number: B007134264
Check Status: Issued

Payee Information

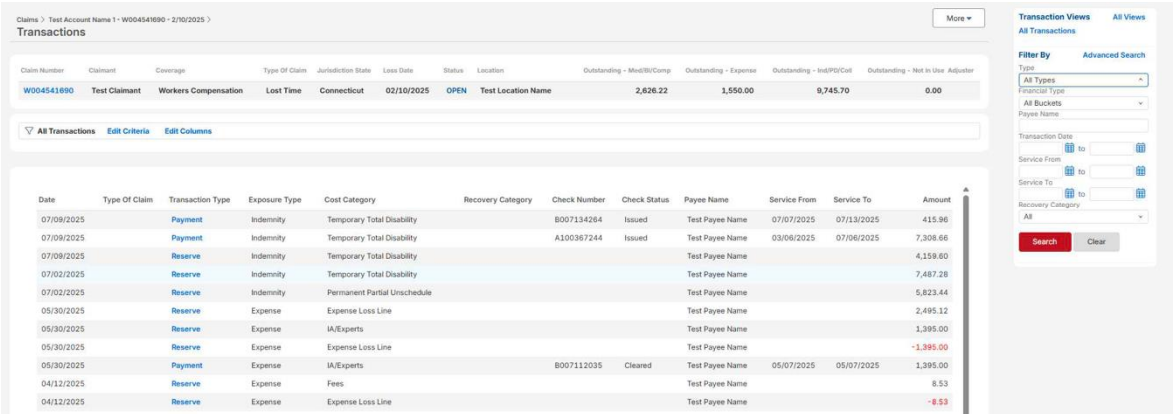
Payee Name: Test Payee Name
Service From: 07/07/2025
Service To: 07/13/2025
Amount: 415.96
Address: Test Street 1
City: Test City
State: Texas
Zip: 999999

Payment Method Code: Check
Payment Delivery Method Code: Send

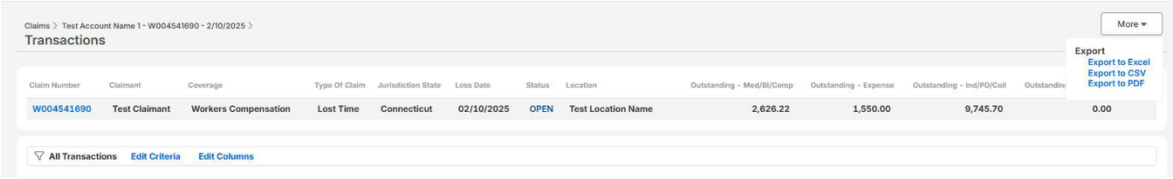
Claim View

Workers' Compensation

Click the All Transactions link to apply filters to the transaction list or search for a specific transaction.



Use the options under the More button to export a list of all transactions or your filtered list of transactions.



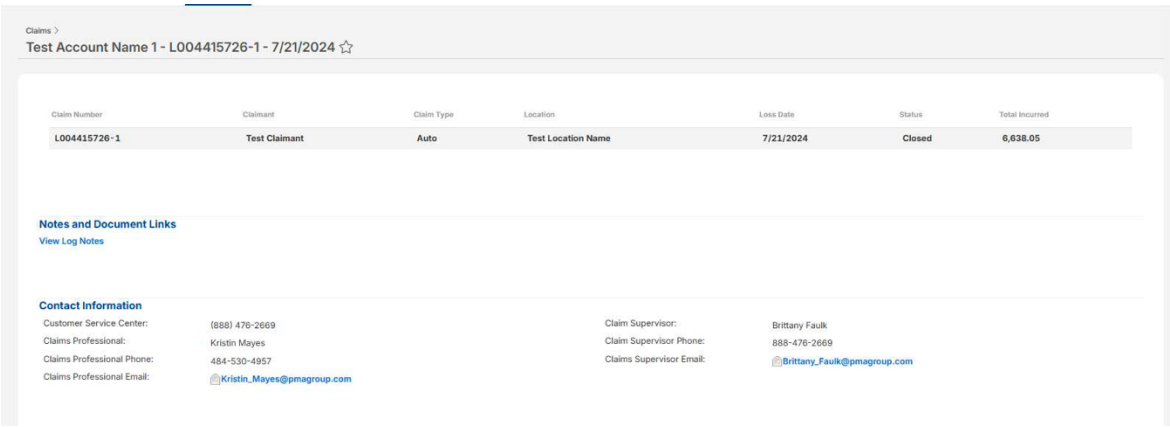
Claim View

Auto

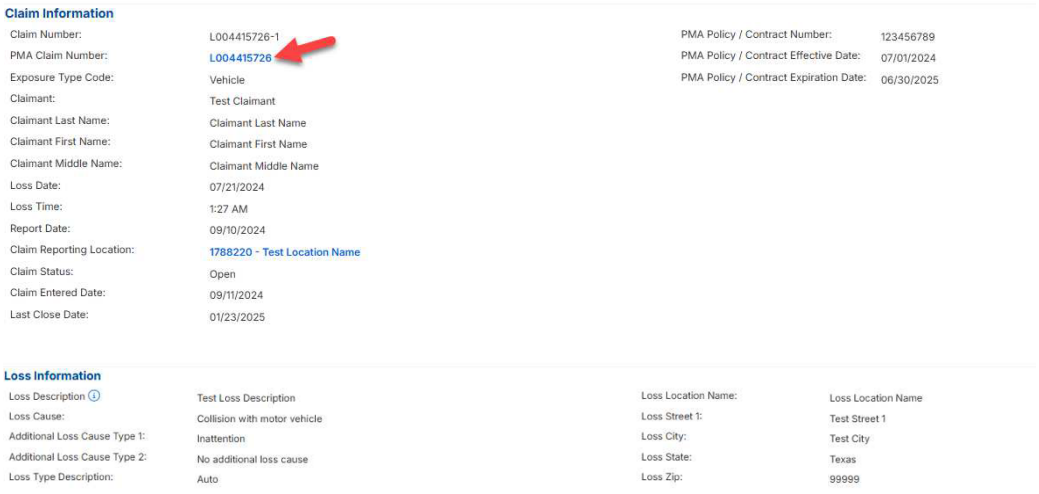
Claim vs Occurrence

Individual loss lines for a casualty loss are set up as claims and roll up to an occurrence. The occurrence is represented by a 10-digit number. The claim number for each loss line (claim) will begin with the 10-digit occurrence number followed by a dash and then the exposure number.

Claim



Click the link in the Old Republic Commercial Risk Claim Number to view the Occurrence information.



Claim View

Auto

Claimant Information

Claimant Address 1:	•••••	Claimant Date of Birth:	•••••
Claimant Address 2:	•••••	Claimant Age at Accident:	44
Claimant City:	•••••	Claimant Gender:	•••••
Claimant State:	•••••	Claimant Business Phone:	1234567890
Claimant Zip	•••••	Claimant Email Address:	test@test,com

Claimant Vehicle/Vehicle Driver Information

Claimant Vehicle Make:	Mercedes-Benz	Claimant Vehicle Owner Last Name:	Robinson
Claimant Vehicle Model:	C300 4 Matic	Claimant Vehicle Owner First Name:	Erica
Claimant VIN:	99999999	Claimant Vehicle Driver Last Name:	Robinson
Claimant Vehicle Year:	2014	Claimant Vehicle Driver First Name:	Erica
Claimant Vehicle License Plate:	TESTLIC		
Claimant Vehicle State Registered:	Connecticut		
Claimant Vehicle Jurisdiction State:	Connecticut		
Is Claimant Vehicle Parked?	No		

Additional Detail

Subrogation Status: No Subrogation

PMA Custom Fields

Additional Cause: MVA Pursuit Suspect

Recent Transaction History

All Transactions

Date	Type Of Claim	Transaction Type	Exposure Type	Cost Category	Recovery Category	Check Number	Check Status	Payee Name	Service From	Service To	Amount
01/23/2025								Test Payee Name			
01/22/2025		Reserve	Vehicle	Unspecified Cost Category				Test Payee Name			138.05
01/22/2025		Payment	Vehicle	Unspecified Cost Category		B007031386	Cleared	Test Payee Name			6,638.05
11/20/2024		Reserve	Vehicle	Unspecified Cost Category				Test Payee Name			6,500.00
09/30/2024	Auto							Test Payee Name			
09/10/2024	Pending Claim Type							Test Payee Name			
09/10/2024								Test Payee Name			

Personal Notes

New Personal Notes All Personal Notes

Entry Date	Subject	Note Text	Note Type	Priority	Created By

Current Financials

Prior Valuation Show Graph

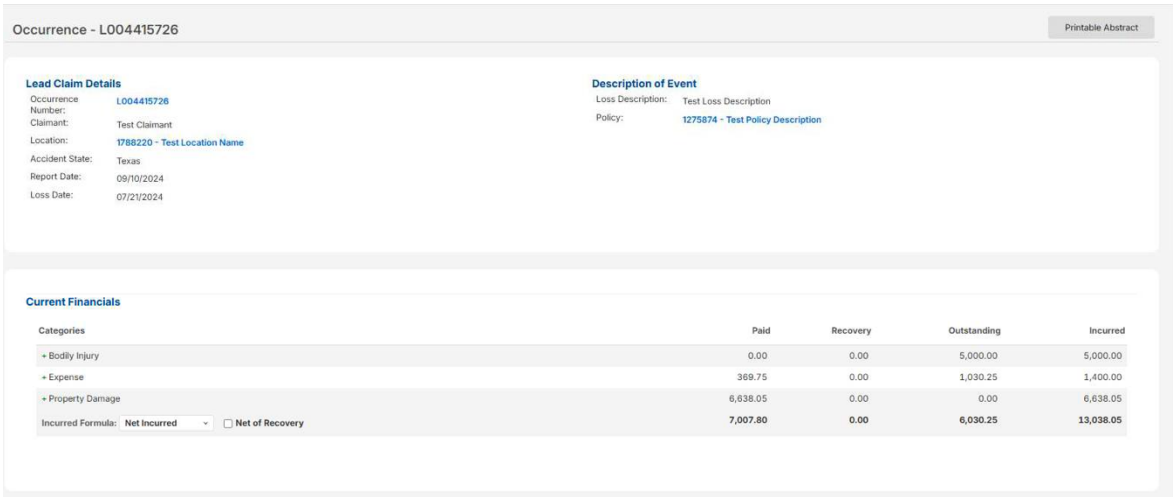
Categories	Paid	Recovery	Outstanding	Incurred
+ Bodily Injury	0.00	0.00	0.00	0.00
+ Expense	0.00	0.00	0.00	0.00
+ Property Damage	6,638.05	0.00	0.00	6,638.05
Incurred Formula: Net Incurred ☐ Net of Recovery	**6,638.05**	**0.00**	**0.00**	**6,638.05**

Claim View

Auto

Occurrence

When you view information at the occurrence level all claims, financials, and payments will be listed. To view the individual information related to the claim, click on the claim number.



Occurrence - L004415726

Printable Abstract

Lead Claim Details

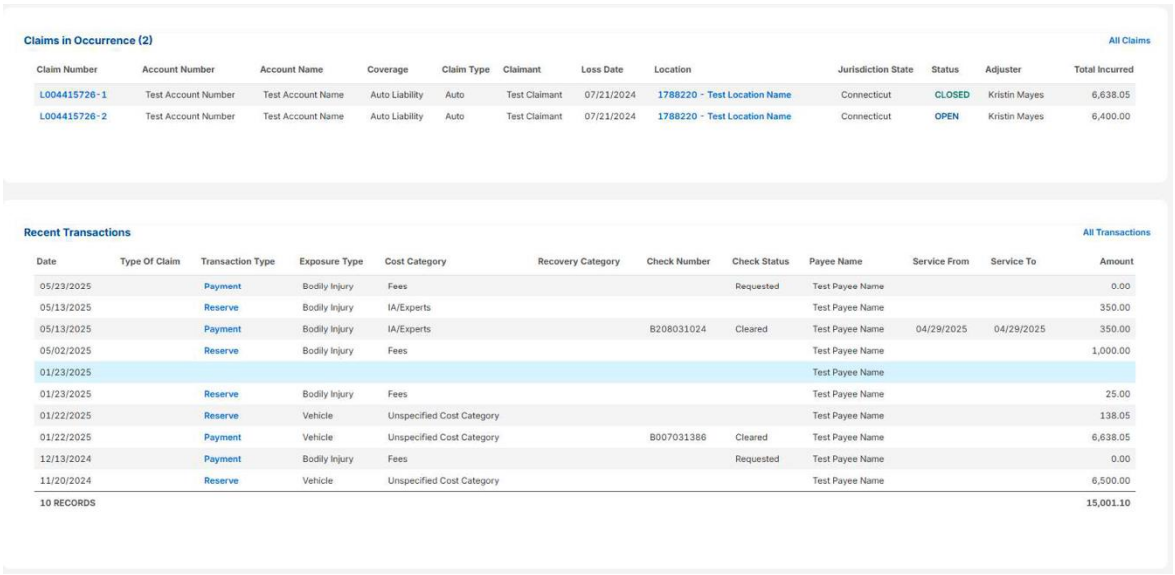
Occurrence Number:	L004415726
Claimant:	Test Claimant
Location:	1788220 - Test Location Name
Accident State:	Texas
Report Date:	09/10/2024
Loss Date:	07/21/2024

Description of Event

Loss Description:	Test Loss Description
Policy:	1275874 - Test Policy Description

Current Financials

Categories	Paid	Recovery	Outstanding	Incurred
+ Bodily Injury	0.00	0.00	5,000.00	5,000.00
+ Expense	369.75	0.00	1,030.25	1,400.00
+ Property Damage	6,638.05	0.00	0.00	6,638.05
Incurred Formula: Net Incurred ☐ Net of Recovery	**7,007.80**	**0.00**	**6,030.25**	**13,038.05**



Claims in Occurrence (2) — All Claims

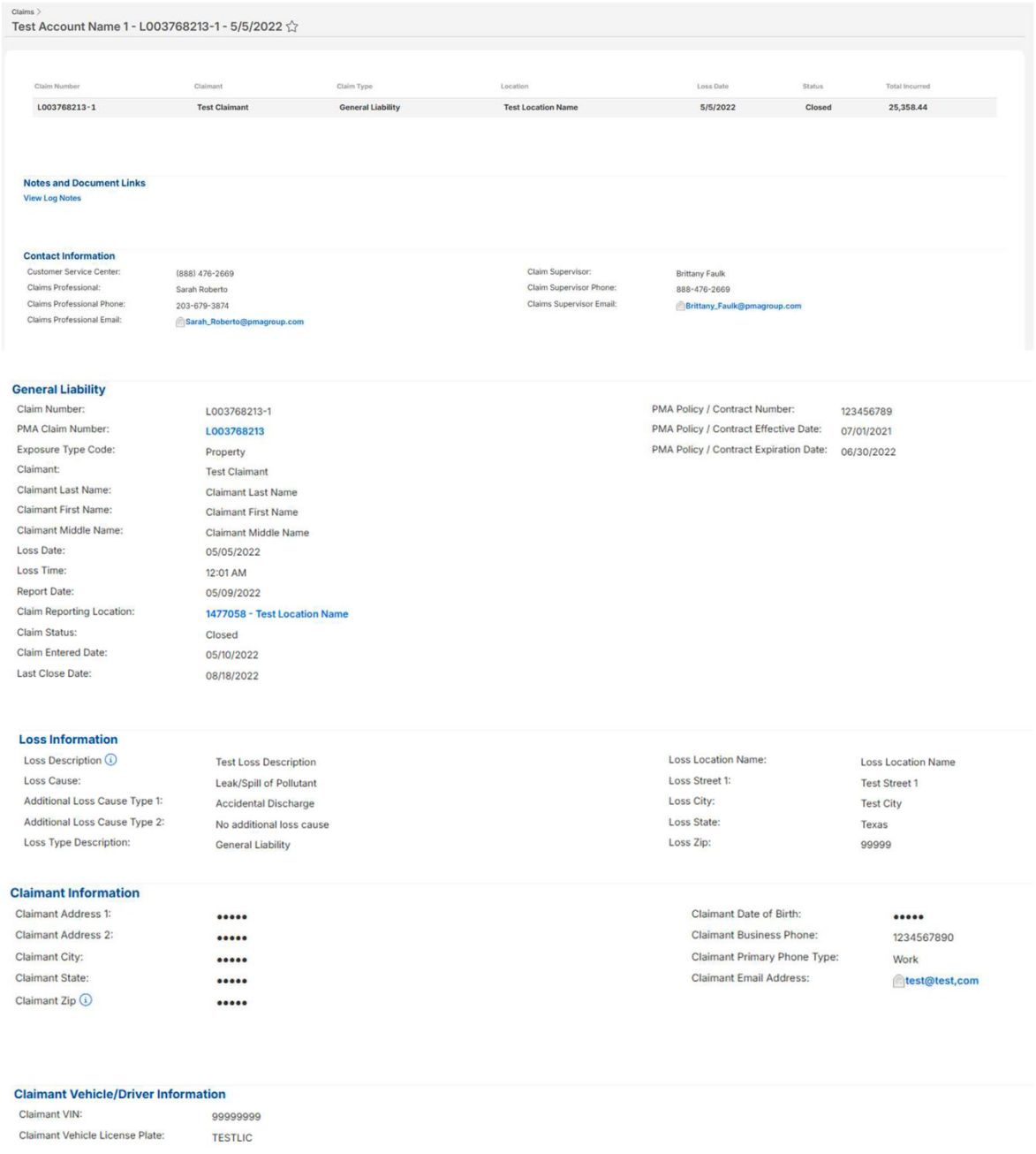
Claim Number	Account Number	Account Name	Coverage	Claim Type	Claimant	Loss Date	Location	Jurisdiction State	Status	Adjuster	Total Incurred
L004415726-1	Test Account Number	Test Account Name	Auto Liability	Auto	Test Claimant	07/21/2024	1788220 - Test Location Name	Connecticut	CLOSED	Kristin Mayes	6,638.05
L004415726-2	Test Account Number	Test Account Name	Auto Liability	Auto	Test Claimant	07/21/2024	1788220 - Test Location Name	Connecticut	OPEN	Kristin Mayes	6,400.00

Recent Transactions — All Transactions

Date	Type Of Claim	Transaction Type	Exposure Type	Cost Category	Recovery Category	Check Number	Check Status	Payee Name	Service From	Service To	Amount
05/23/2025		Payment	Bodily Injury	Fees			Requested	Test Payee Name			0.00
05/13/2025		Reserve	Bodily Injury	IA/Experts				Test Payee Name			350.00
05/13/2025		Payment	Bodily Injury	IA/Experts		B208031024	Cleared	Test Payee Name	04/29/2025	04/29/2025	350.00
05/02/2025		Reserve	Bodily Injury	Fees				Test Payee Name			1,000.00
01/23/2025								Test Payee Name			
01/23/2025		Reserve	Bodily Injury	Fees				Test Payee Name			25.00
01/22/2025		Reserve	Vehicle	Unspecified Cost Category				Test Payee Name			138.05
01/22/2025		Payment	Vehicle	Unspecified Cost Category		B007031386	Cleared	Test Payee Name			6,638.05
12/13/2024		Payment	Bodily Injury	Fees			Requested	Test Payee Name			0.00
11/20/2024		Reserve	Vehicle	Unspecified Cost Category				Test Payee Name			6,500.00
10 RECORDS											**15,001.10**

Claim View

General Liability



Claims >

Test Account Name 1 - L003768213-1 - 5/5/2022 ☆

Claim Number	Claimant	Claim Type	Location	Loss Date	Status	Total Incurred
L003768213-1	Test Claimant	General Liability	Test Location Name	5/5/2022	Closed	25,358.44

Notes and Document Links

View Log Notes

Contact Information

Customer Service Center:	(888) 476-2669	Claim Supervisor:	Brittany Faulk
Claims Professional:	Sarah Roberto	Claim Supervisor Phone:	888-476-2669
Claims Professional Phone:	203-679-3874	Claims Supervisor Email:	Brittany_Faulk@pmagroup.com
Claims Professional Email:	Sarah_Roberto@pmagroup.com		

General Liability

Claim Number:	L003768213-1	PMA Policy / Contract Number:	123456789
PMA Claim Number:	L003768213	PMA Policy / Contract Effective Date:	07/01/2021
Exposure Type Code:	Property	PMA Policy / Contract Expiration Date:	06/30/2022
Claimant:	Test Claimant		
Claimant Last Name:	Claimant Last Name		
Claimant First Name:	Claimant First Name		
Claimant Middle Name:	Claimant Middle Name		
Loss Date:	05/05/2022		
Loss Time:	12:01 AM		
Report Date:	05/09/2022		
Claim Reporting Location:	1477058 - Test Location Name		
Claim Status:	Closed		
Claim Entered Date:	05/10/2022		
Last Close Date:	08/18/2022		

Loss Information

Loss Description ⓘ	Test Loss Description	Loss Location Name:	Loss Location Name
Loss Cause:	Leak/Spill of Pollutant	Loss Street 1:	Test Street 1
Additional Loss Cause Type 1:	Accidental Discharge	Loss City:	Test City
Additional Loss Cause Type 2:	No additional loss cause	Loss State:	Texas
Loss Type Description:	General Liability	Loss Zip:	99999

Claimant Information

Claimant Address 1:	•••••	Claimant Date of Birth:	•••••
Claimant Address 2:	•••••	Claimant Business Phone:	1234567890
Claimant City:	•••••	Claimant Primary Phone Type:	Work
Claimant State:	•••••	Claimant Email Address:	test@test,com
Claimant Zip ⓘ	•••••		

Claimant Vehicle/Driver Information

Claimant VIN:	99999999
Claimant Vehicle License Plate:	TESTLIC

Claim View

General Liability

Additional Detail

Subrogation Status: No Subrogation

PMA Custom Fields

Additional Cause: Not Otherwise Clsfd

Personal Notes — New Personal Notes | All Personal Notes

Entry Date	Subject	Note Text	Note Type	Priority	Created By

Current Financials — Prior Valuation | Show Graph

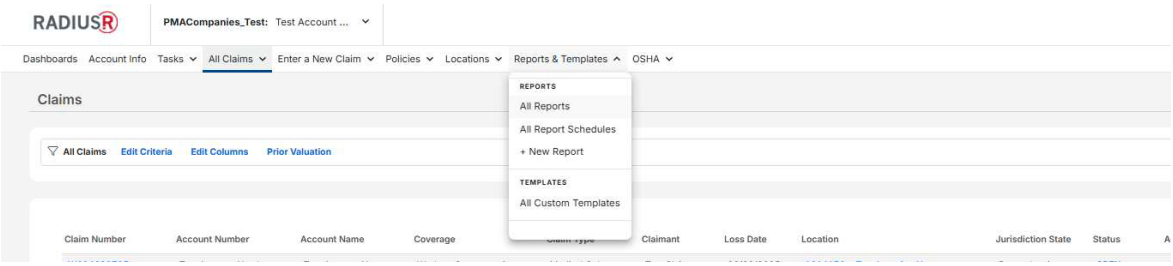
Categories	Paid	Recovery	Outstanding	Incurred
+ Bodily Injury	0.00	0.00	0.00	0.00
+ Expense	1,583.58	0.00	0.00	1,583.58
+ Property Damage	23,774.86	0.00	0.00	23,774.86
Incurred Formula: Net Incurred ☐ Net of Recovery	**25,358.44**	**0.00**	**0.00**	**25,358.44**

Recent Transaction History — All Transactions

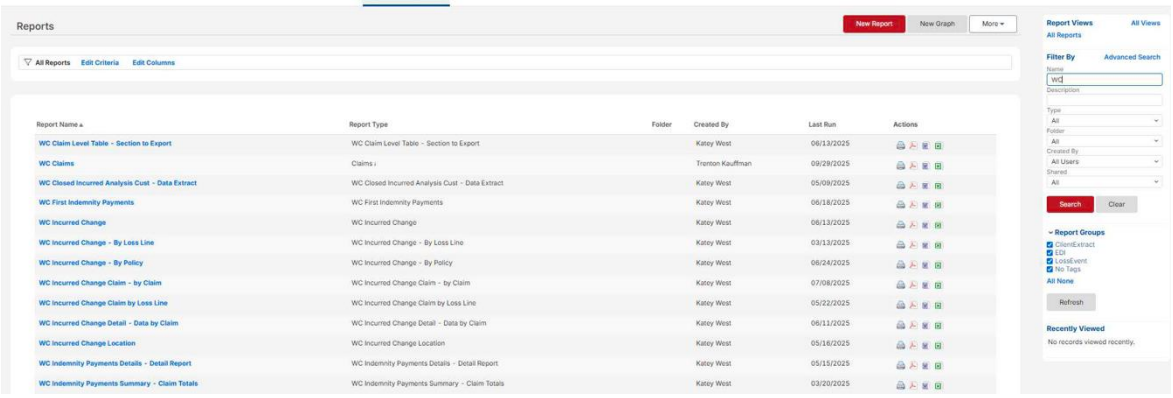
Date	Type Of Claim	Transaction Type	Exposure Type	Cost Category	Recovery Category	Check Number	Check Status	Payee Name	Service From	Service To	Amount
08/18/2022								Test Payee Name			
08/18/2022		Reserve	Property	IA/Experts				Test Payee Name			-16.42
08/18/2022		Reserve	Property	Unspecified Cost Category				Test Payee Name			-2,225.14
07/29/2022		Payment	Property	Unspecified Cost Category		B006475570	Cleared	Test Payee Name			14,513.47
07/06/2022		Payment	Property	IA/Experts		B206453616	Cleared	Test Payee Name	05/06/2022	05/26/2022	45.00
06/08/2022		Reserve	Property	IA/Experts				Test Payee Name			1,600.00
06/08/2022		Payment	Property	IA/Experts		B206410053	Cleared	Test Payee Name	05/06/2022	05/26/2022	1,538.58
06/08/2022		Reserve	Property	Unspecified Cost Category				Test Payee Name			21,000.00
06/08/2022		Payment	Property	Unspecified Cost Category		B206410052	Cleared	Test Payee Name			9,261.39
05/31/2022	General Liability							Test Payee Name			
05/10/2022		Reserve	Property	Unspecified Cost Category				Test Payee Name			5,000.00
05/09/2022	Pending Claim Type							Test Payee Name			
05/09/2022								Test Payee Name			

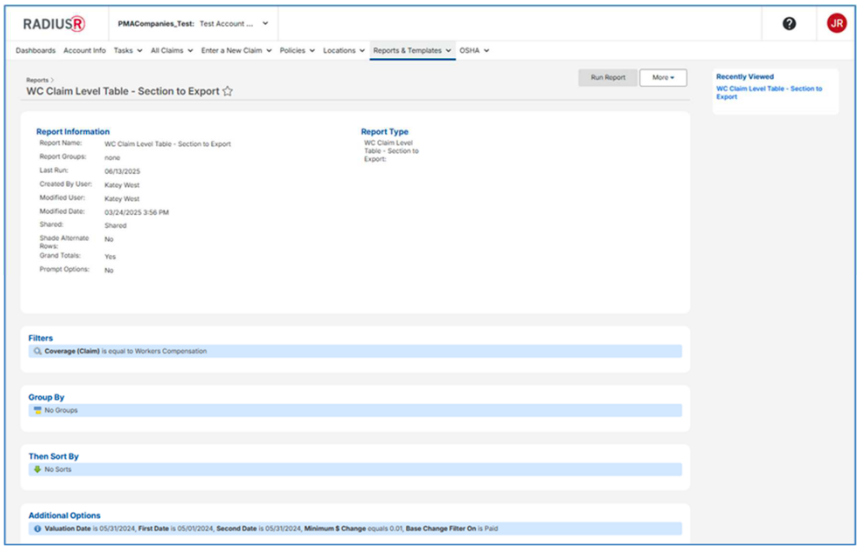
Reports

Hover over the Reports & Templates menu item and click All Reports.



Narrow the list of reports using the Filter By search feature. For example, enter WC in the name field to see a list of Workers' Compensation reports or enter Payment for a list of payment reports. Click Search. Click on the report you would like to generate.

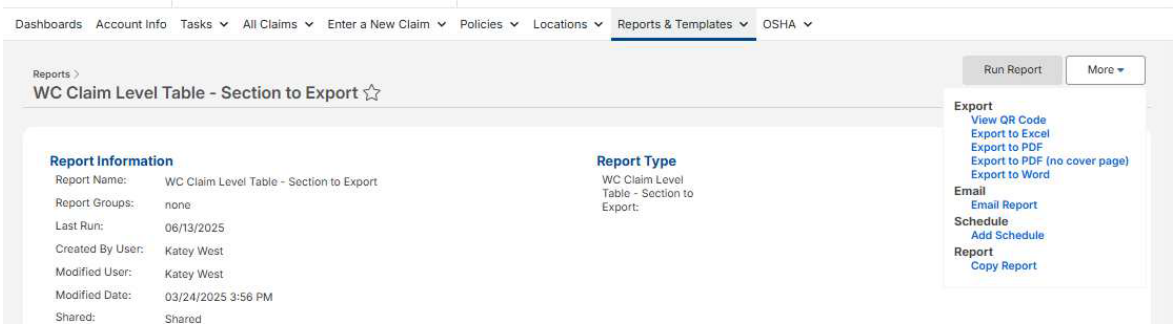




Reports

Although you can click the Run Report button to generate the report, this may take some time to process. We recommend using one of the alternative methods listed below.

Click the More button for additional options.



Export

Export the report to a desired format.

Email Report

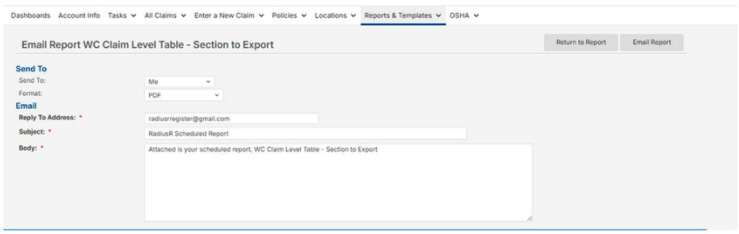
Generate the report in the background while you work on other items. The report will be emailed to you when ready. This feature should be used to send reports that are needed once. If you want to email the report on a regular basis, use the Add Schedule feature.

Send To – Select "Me" to send the report to yourself or select Email List to create and enter a list of email recipients.

Format – Determine if you would like a PDF, Excel, or Word version of the report. Please note that some reports lend themselves to certain formats. For example, the WC Loss Run Data Summary should be generated as Excel where a report with limited information may work best as a PDF.

Email – Your email will appear in the Reply To Address. Edit the subject and body of the email if desired.

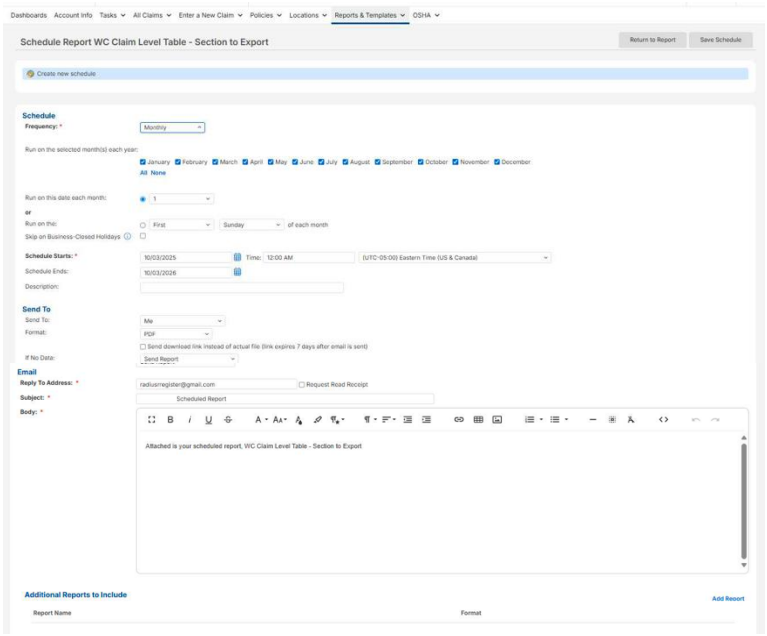
When you are ready to generate the report, click Email Report.



Reports

Add Schedule

You can schedule reports for regular delivery to yourself and/or other individuals.



Frequency

Most common selections would be Daily, Weekly, or Monthly. There is also an option for One Time and Every Other Week.

Run On

Review the Run On options. For example, if you would like to schedule the report to run on a quarterly basis, select January, April, July, and October. Select when you would like the report to run. You can select a date like the 1st of the month, or you can select a day of the week like the 1st Monday of the month.

Schedule Start/End

Add a start and end date for the schedule for this report. You may also enter a brief description here.

Send To

Select “Me” to send the report to yourself or select Email List to create and enter a list of email recipients.

Reports

Format

Determine if you would like a PDF, Excel, or Word version of the report. Please note that some reports lend themselves to certain formats. For example, the WC Loss Run Data Summary should be generated as Excel where a report with limited information may work best as a PDF. There are also options for Excel and CSV data extract formats.

If No Data

Determine what you would like the system to do if your report does not contain any data.

- Send Report – Sends a blank report
- Do Nothing – Does not generate an email (not recommended)
- Send Email Indicating No Data – Sends an email to the recipient letting them know there was no data meeting the criteria for the report. We recommend selecting this option.

Email

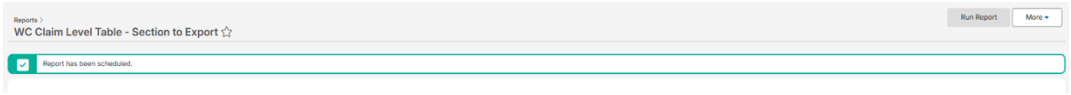
Your email will appear in the Reply To Address. Edit the subject and body of the email to make it more meaningful to you and the recipient.

Additional Reports to Include

You can include additional reports in this email schedule. Click Add Report and select the report(s) you would like to include. The report will be listed in the Additional reports section. Click the format drop down to modify the format of the report.



When finished, click Save Schedule.



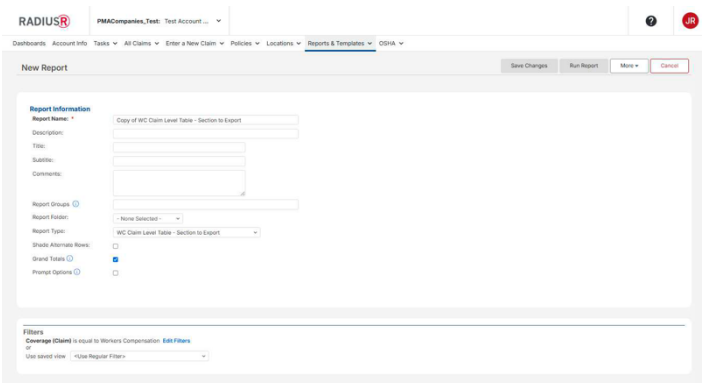
Reports

Editing Report Criteria

Please note, you cannot make changes to the default reports, but you can create a copy for yourself and modify the copy.

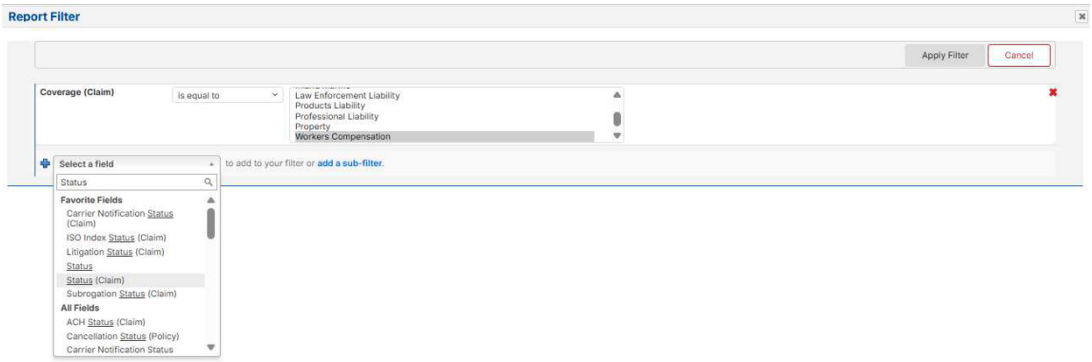
Select the standard report you would like to change. From the More menu, select Copy Report.

Enter a name for the new report in the Report Name field.



Filters

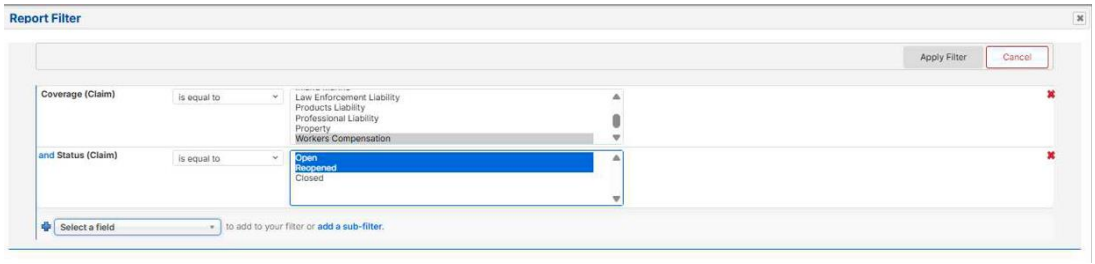
Applying filters limits the information included in the report. For example, you can select claims for specific locations, claim types, claim status(es), or a combination of these. To modify the filters, click Edit Filter.



Click Select A Field and search for the field you would like to use as a filter. Click your selection.

Add your criteria to the filter and click the Apply Filter button.

Reports



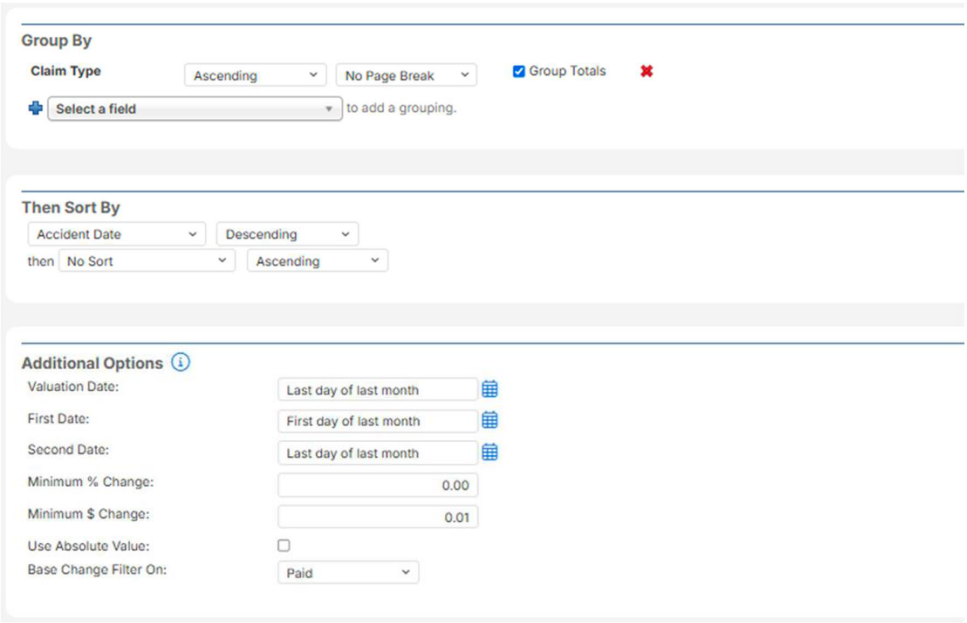
You will see your selection has been added to the filter criteria.



If you have created a Claim View that you would also like to use for reports, you can apply it as a filter. Simply select the view from the Use Saved View drop-down.

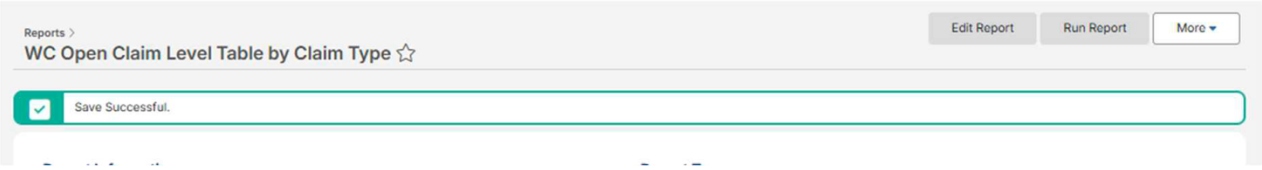
Other Report Options

You can determine how you would like information to be grouped and sorted within the report. You can also determine date ranges if applicable. You can enter the actual date or set the report to use a monthly or weekly date range.



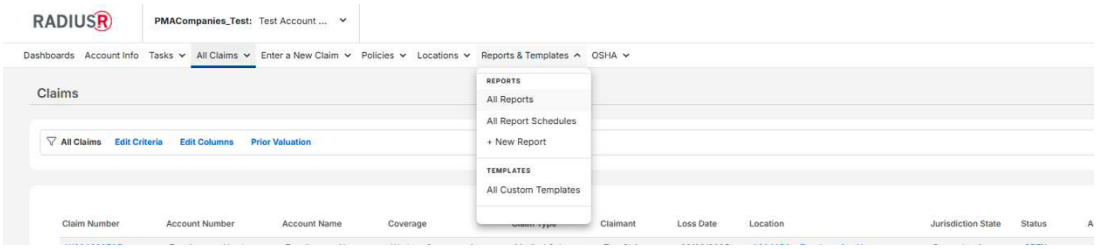
Reports

When you have finished modifying your report, click Save Changes. Your report will now be available in the report list. You can run it as needed or schedule it for delivery.

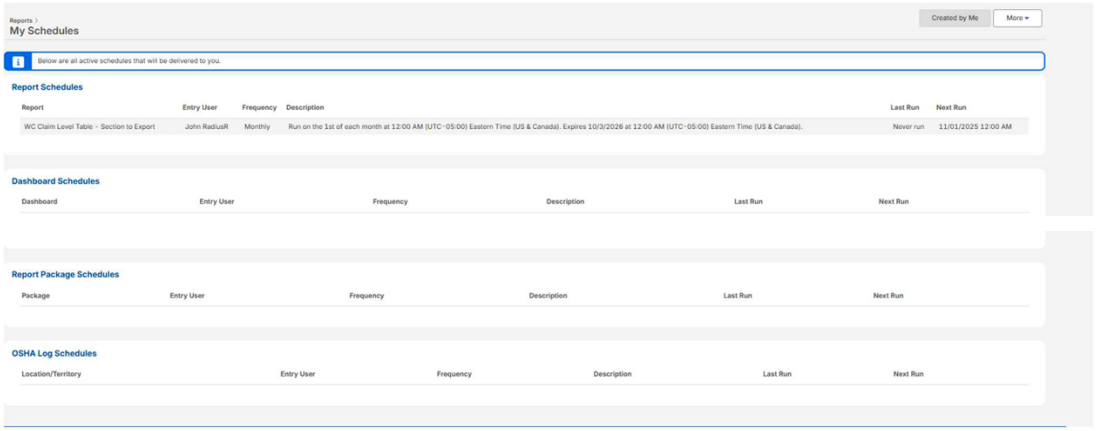


Viewing Report Schedules

To view your scheduled reports, click All Report Schedules under the Reports & Templates menu item.



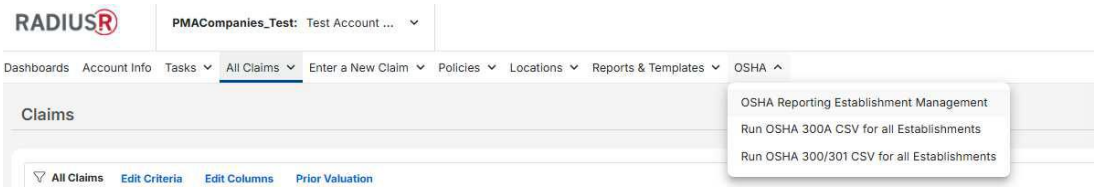
You will see a list of all active report schedules, including the last and next run dates.



OSHA Recordkeeping

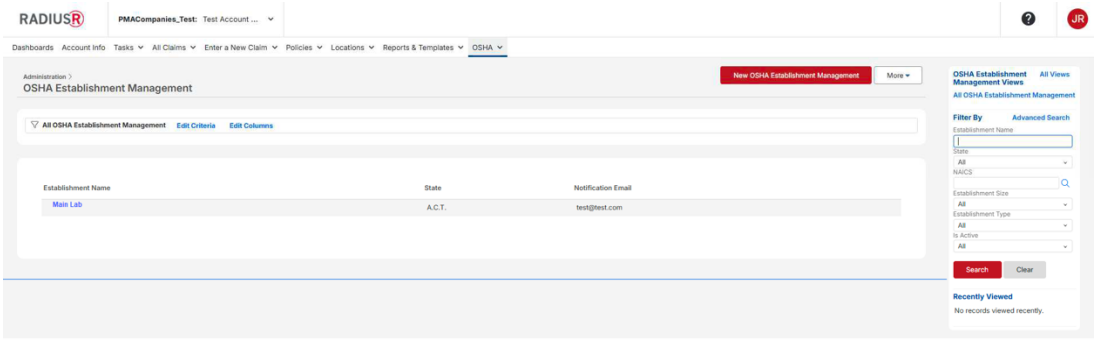
OSHA Reporting Establishment Management

Each unique entry will generate a new OSHA log and summary when you create the OSHA 300 and OSHA 300 A reports. To create or manage establishment information, click the OSHA menu item and select OSHA Reporting Establishment Management.

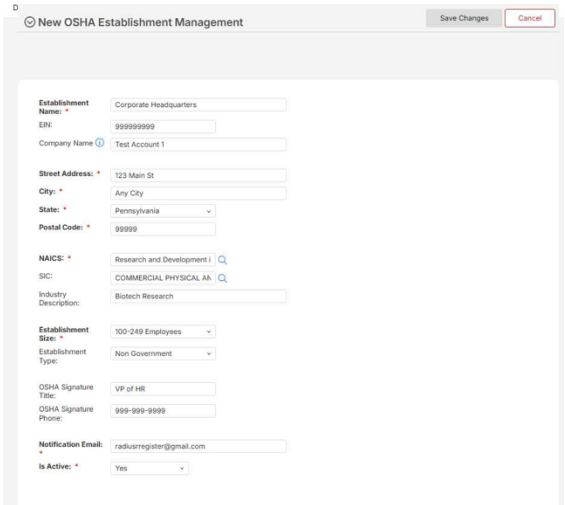


Adding a New Establishment

Click the New OSHA Establishment Management button.



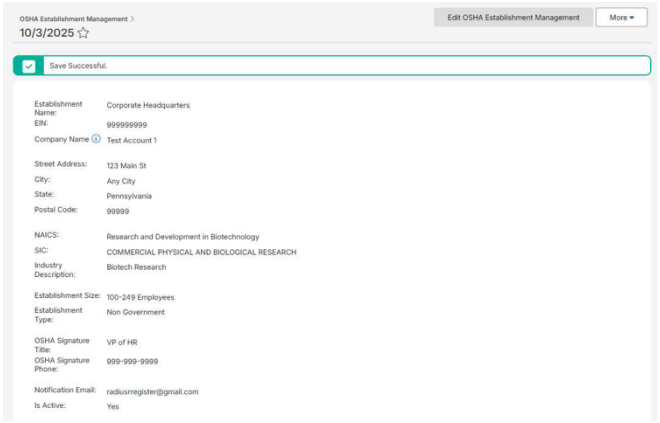
Enter information about the OSHA Establishment and click Save Changes.



OSHA Recordkeeping

OSHA Reporting Establishment Management

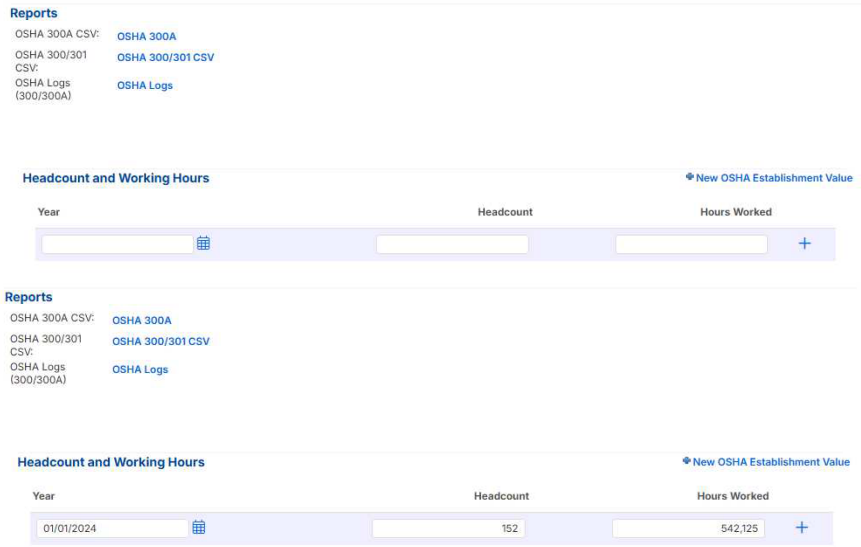
You will see an indicator that your changes were successful.



Additional sections will now be available for the new establishment.

Reports – Provides links to generate the OSHA logs or ITA csv files for uploading to the OSHA website.

Headcount and Working Hours – Enter the current year and then complete the annual average number of employees in the Headcount field and the total hours worked by all employees in the Hours Worked field. Click the Plus icon. Please note, you will need to enter a new record for Headcount and Hours Worked for each establishment every year.



OSHA Recordkeeping

OSHA Reporting Establishment Management

Headcount and Working Hours — New OSHA Establishment Value

Year	Headcount	Hours Worked
2024	152	542,125

Headcount and Working Hours — New OSHA Establishment Value

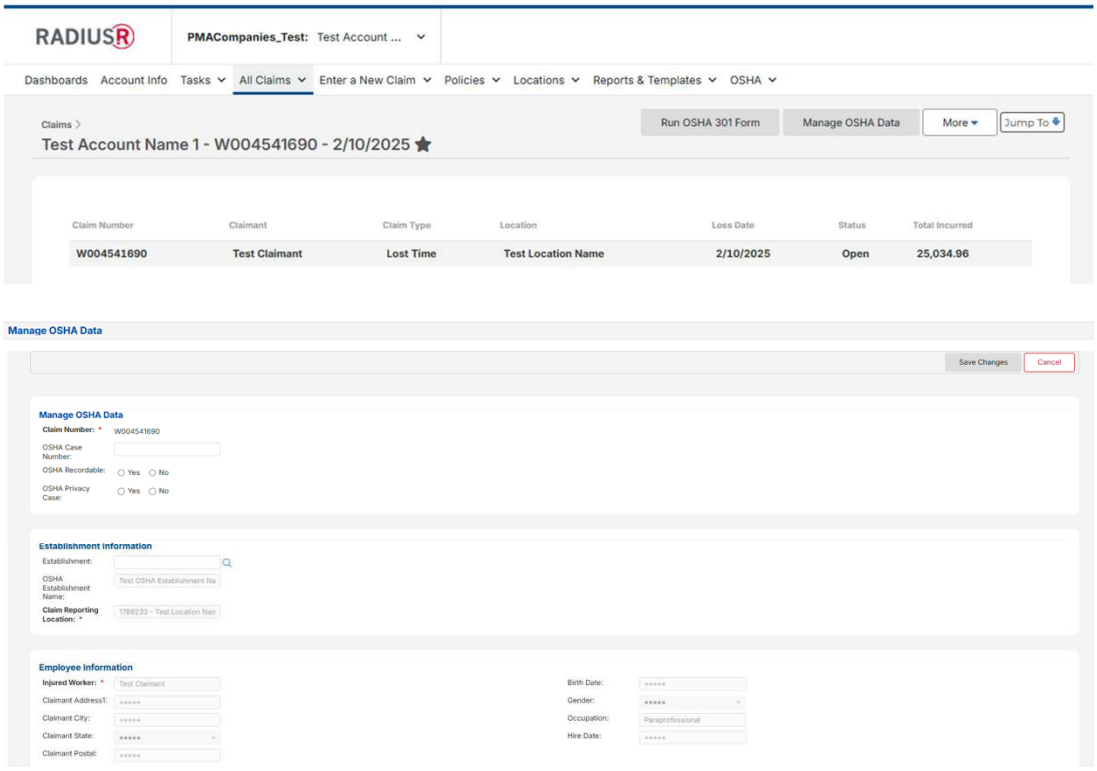
Year	Headcount	Hours Worked
2025	163	652,651
2024	152	542,125

OSHA Recordkeeping

Managing OSHA Data

If you are using RadiusR to maintain your OSHA log(s), you can update information for specific incidents directly from the claim screen.

Search for the claim desired in the Claim Search screen. Select the Claim Number to view the claim screen, then click the Manage OSHA Data button.



Review the OSHA details of the claim and update as needed. Please note, some critical claim fields like loss date and injured worker name cannot be edited in the Manage OSHA Data screen. If a change should be made to one of these fields, please contact your adjuster and ask them to update the claim. Once the change is made and visible in the claim screen in RadiusR, it will be reflected in the OSHA record as well.

Excluding Non-Recordables and Updating Privacy

Following the OSHA recordkeeping guidelines, determine if the claim is recordable. Select No in the OSHA Recordable field to exclude a non-recordable case from the log.

To mark a case as a Privacy case, select Yes in the OSHA Privacy Case field. Selecting Yes will display "Privacy Case", rather than the employee's name when you print the log.

OSHA Recordkeeping

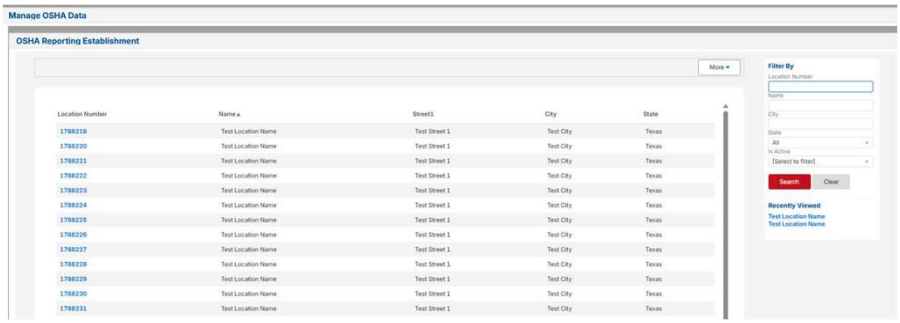
Managing OSHA Data

Updating Cases

Confirm the Employee Information, Physician Information, and Descriptions are all correct.

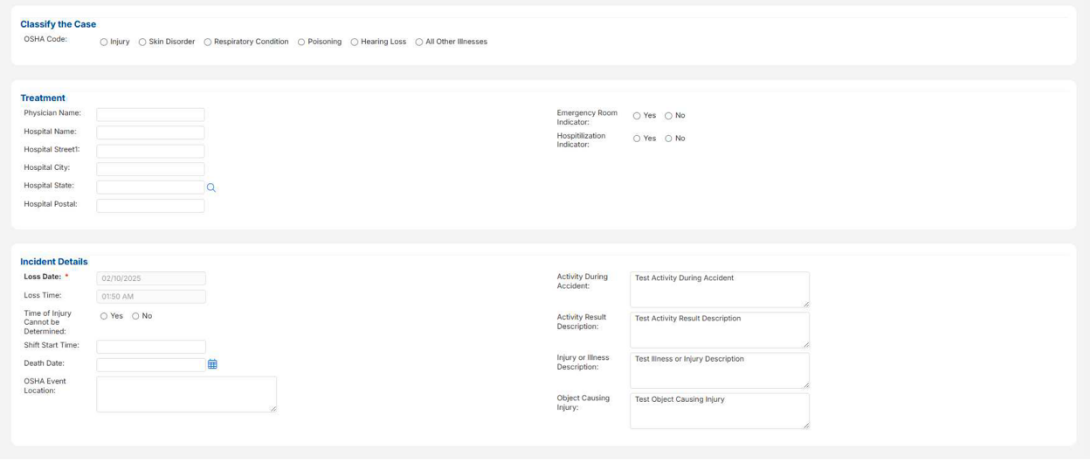
Establishment Information

Review the OSHA Establishment name for the claim. To move this claim to a different establishment, click the magnifying glass to view a list of establishments. Click the Location Number link to select the desired establishment. If you do not see the Establishment needed, return to the OSHA Reporting Establishment Management section to create a new Establishment.



Classify the Case

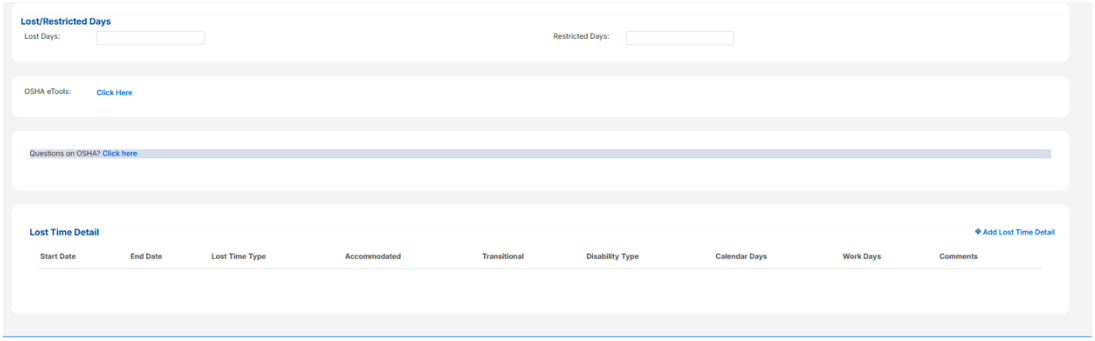
Select the appropriate OSHA code.



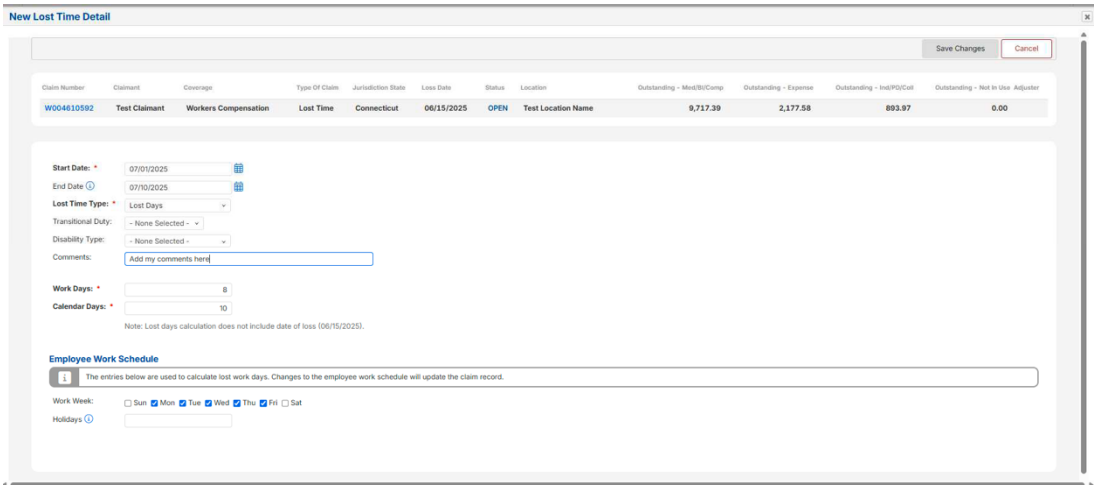
OSHA Recordkeeping

Managing OSHA Data

The best way to track Lost Days and Restricted Days is to add information to the Lost Time Detail section. This will allow you to keep detailed records of the days the employee was out of work or on restriction. It will also ensure accurate totals, particularly if the employee is on intermittent leave. To add information to this section, click +Add Lost Time Detail.



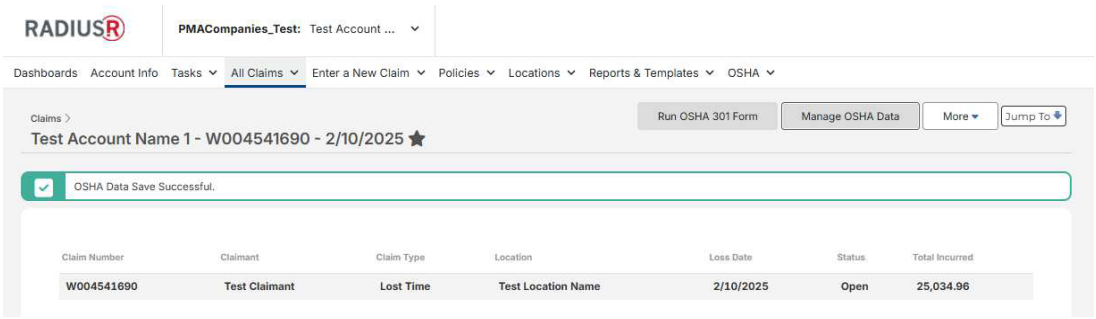
The New Lost Time Detail screen will appear. Enter the first day the employee was out of work in the Start Date. Enter the last day the employee was out of work as the End Date. In the Lost Time Type, select Lost Days or Restricted Days. If you would like to add a note for your records, complete the Comments field. Click Save Changes.



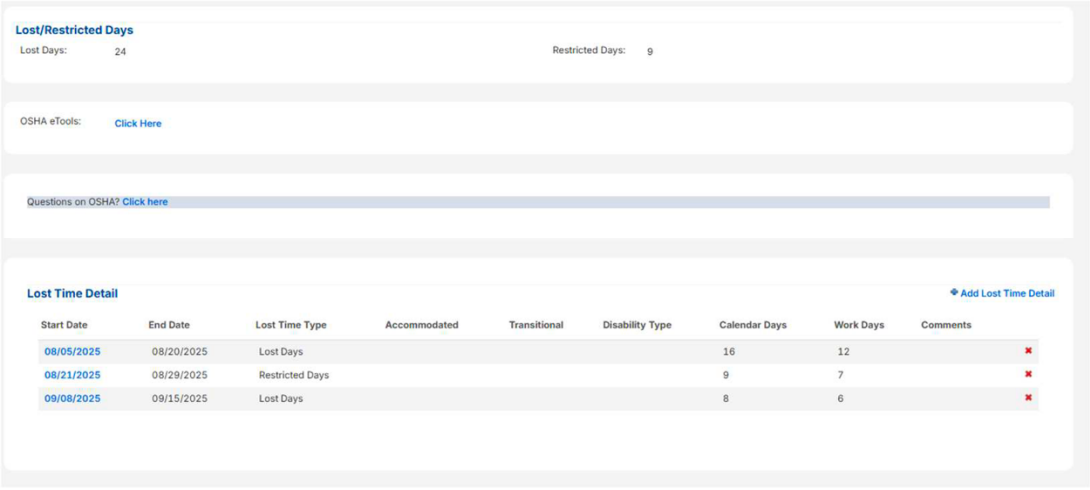
OSHA Recordkeeping

Managing OSHA Data

Confirmation that your changes were saved will appear at the top of the screen.



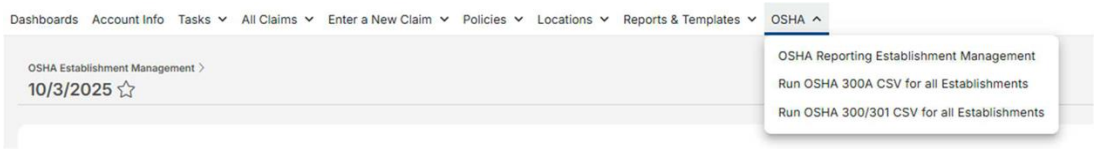
Total Lost and Restricted days will appear in the Lost/Restricted Days section. The detailed information will be listed in the Lost Time Detail section. Click on the Start Date in the Lost Time Detail grid to view additional details about the record.



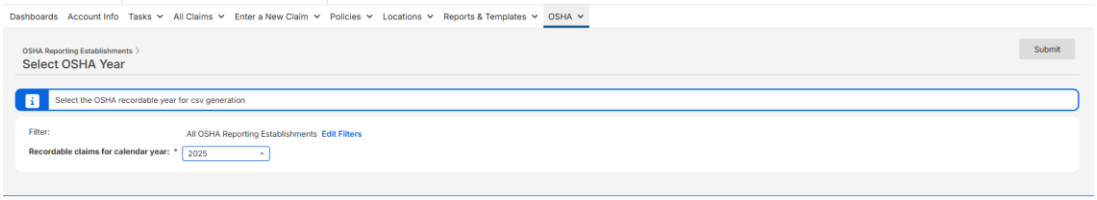
OSHA Recordkeeping

OSHA Reports

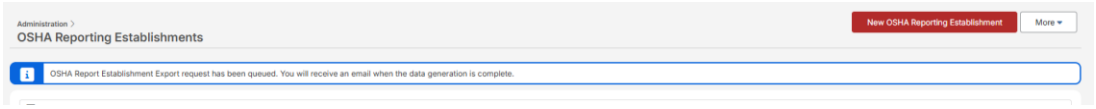
OSHA 300A CSV and OSHA 300/301 CSV for all Establishments



Click the OSHA menu item and select the report you want to generate. Enter the calendar year and click Submit.



You will see a notification that the report has been requested and will receive an email with the csv file.



The email may list potential validation errors that should be reviewed prior to submitting the CSV to OSHA. If your report contains validation errors, please review and correct the items noted.

Attached is your OSHA Reporting Establishments Export.

The following validation errors were detected. You should correct these prior to sending to OSHA.

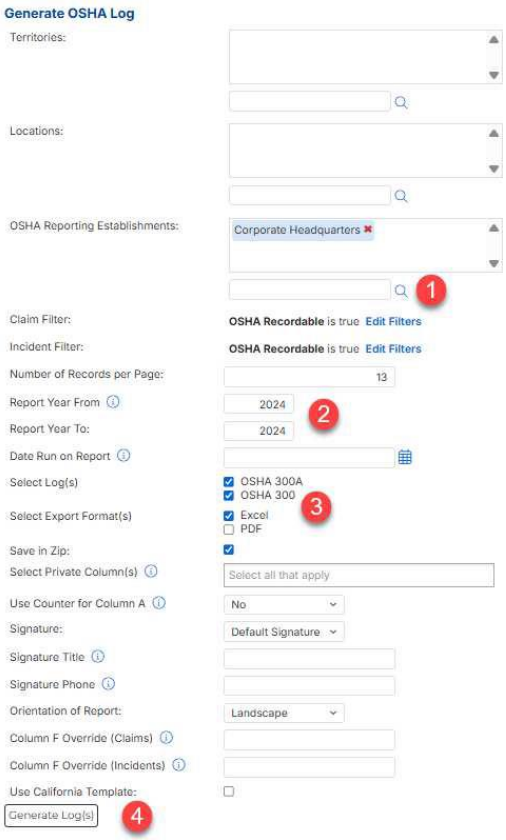
Validation errors:
CORPORATE HEADQUARTERS: Annual Average Number of Employees cannot be <= 0
CORPORATE HEADQUARTERS: Total Hours Worked cannot be <= 0

OSHA Recordkeeping

OSHA Reports

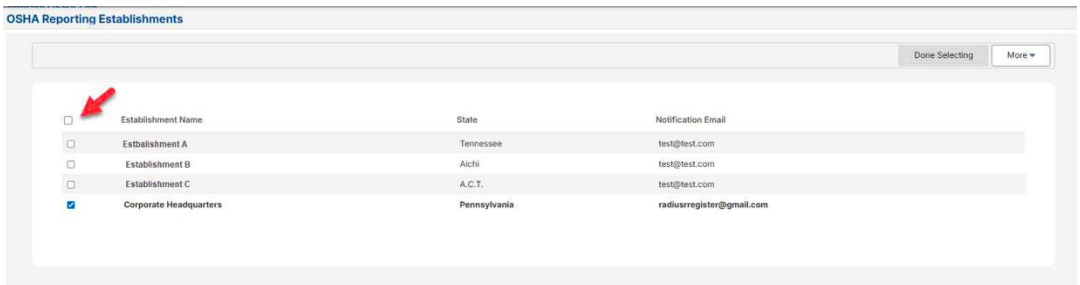
OSHA 300 and OSHA 300A

Select any establishment. Under the Reports section, click the OSHA Logs link.



1. Select Establishments – Click the magnifying glass to open the OSHA Reporting Establishments selection window.

Check the box next to Establishment Name to Select all establishments. Click Done Selecting.



OSHA Recordkeeping

OSHA Reports

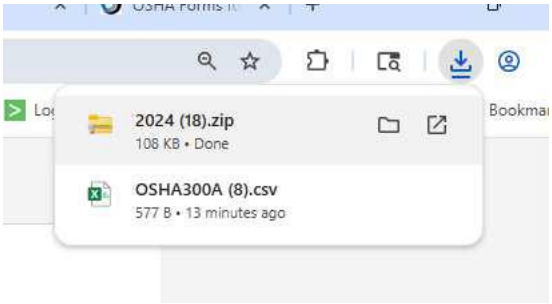
2. Report Year From/Report Year To – Enter the year for the report.

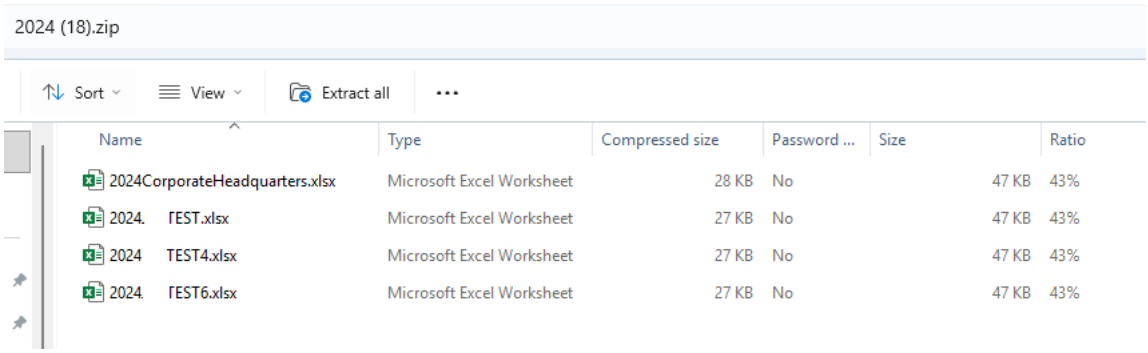
3. Select the report(s) and format(s) desired.

4. Click Generate Log(s).

The OSHA Logs will appear in a zip file in your downloaded item in your browser.

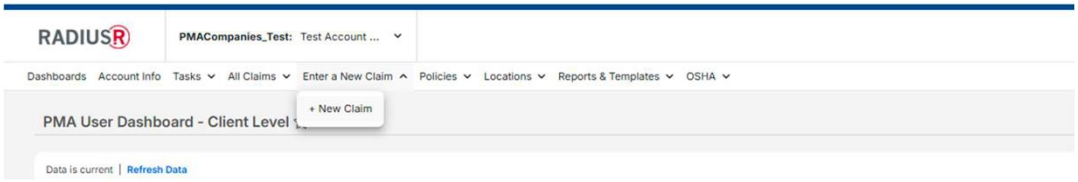
Be sure to save the files with your other OSHA information on your local or network drive.



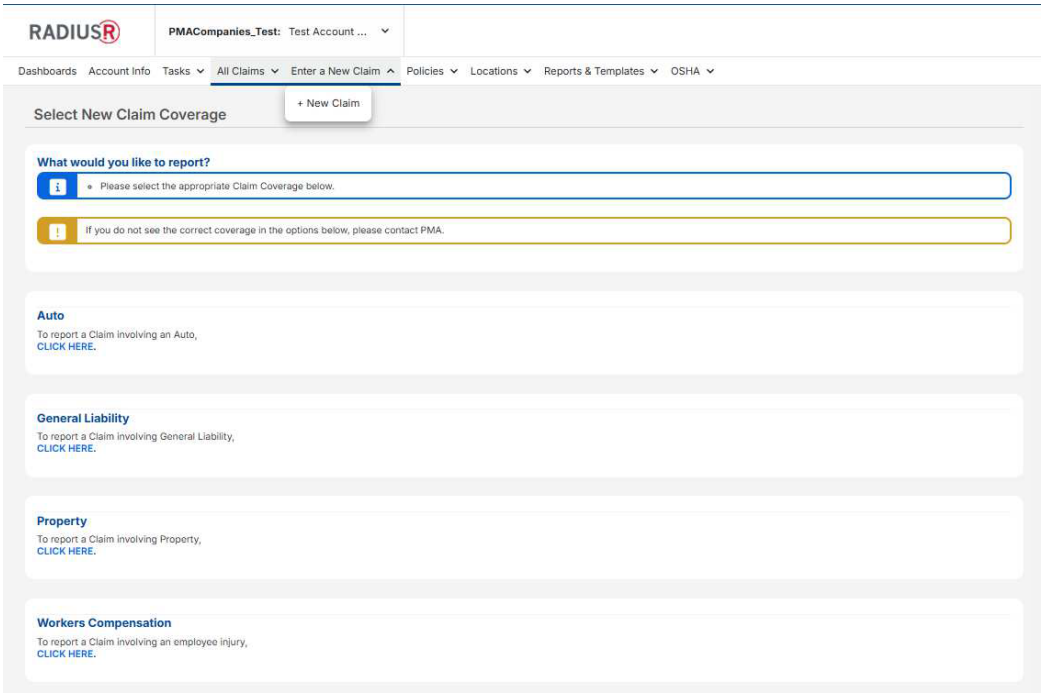


Claim Reporting

Hover over the **Enter New Claim** menu item and then click **+ New Claim** to file a new claim. To continue working on a claim draft from a prior session, click the temporary Claim Number listed in the Claims in Draft Status list.



You will see the New Claim Coverage screen. Select the coverage desired. Please note, your coverage selections will be limited to the coverage available for the selected account number.

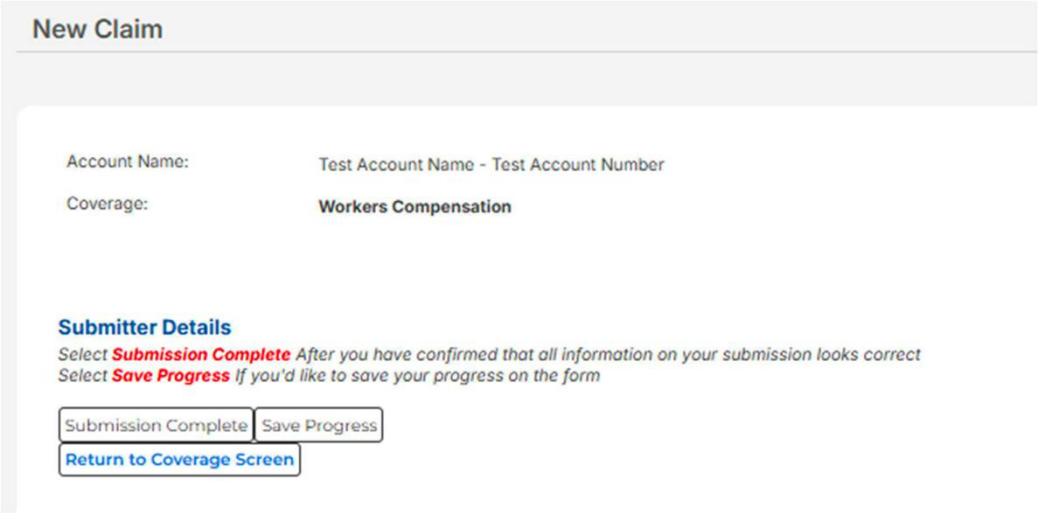


Select the coverage desired.

After selecting the coverage needed, you will see the entry screen for that coverage.

Required Fields are listed in **bold font** and contain an asterisk (*).

Claim Reporting



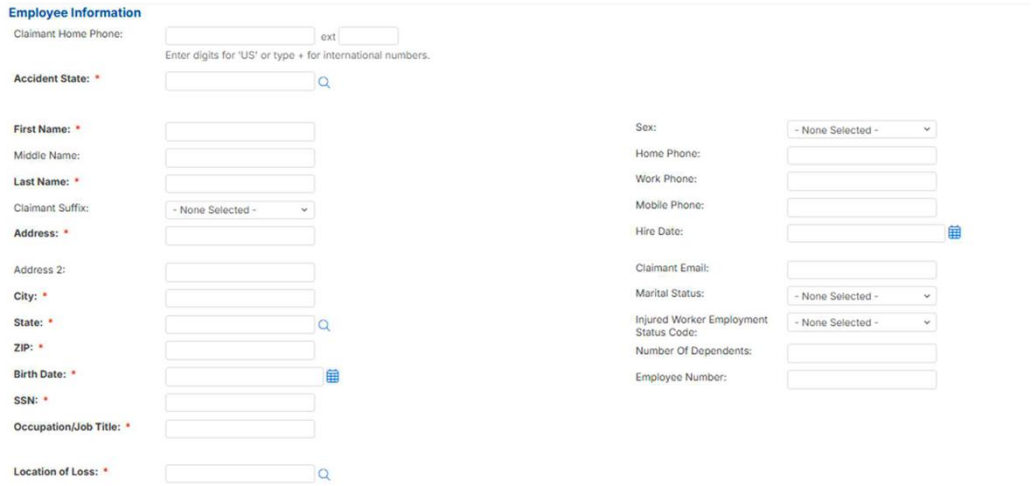
Please note the buttons under the Submitter Details.

- Click **Submission Complete** to submit your claim.
- Click **Save Progress** to save a draft of the claim. Your entry will be assigned a temporary claim number will it remains in draft status. You will be able to come back to complete the claim later. Drafts will be automatically deleted after 30 days. If your claim remains in draft status for an extended period, you will receive email reminders at 7 and 28 days.
- **Return to Coverage Screen** will bring you back to the coverage selection screen.

Claim Reporting

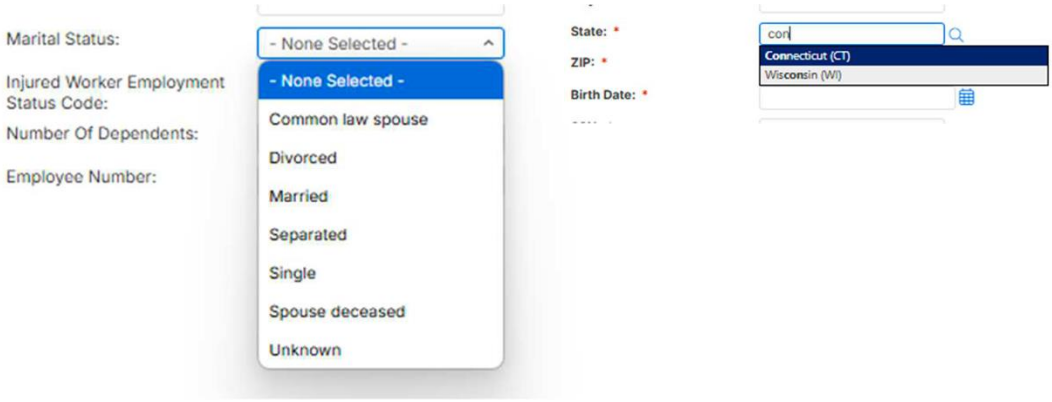
Workers' Compensation Claims

Employee Information



Complete as much information about the injured worker as possible. Adding contact information like home phone, mobile phone, and email address, when available, will allow multiple options for communication between the adjuster and the injured worker.

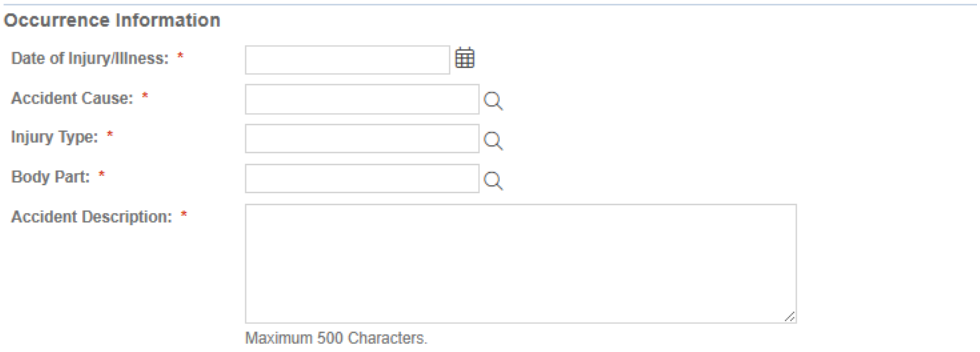
Fields with an arrow or a magnifying glass icon contain a list of predefined values. Click the arrow or magnifying glass to see a list of available options for that field. Fields with a magnifying glass, like Location of Loss, allow you to type a portion of the name or code to narrow the list of options. For more details, refer to the Helpful Hints section at the end of this guide.



Claim Reporting

Workers' Compensation Claims

Occurrence Information



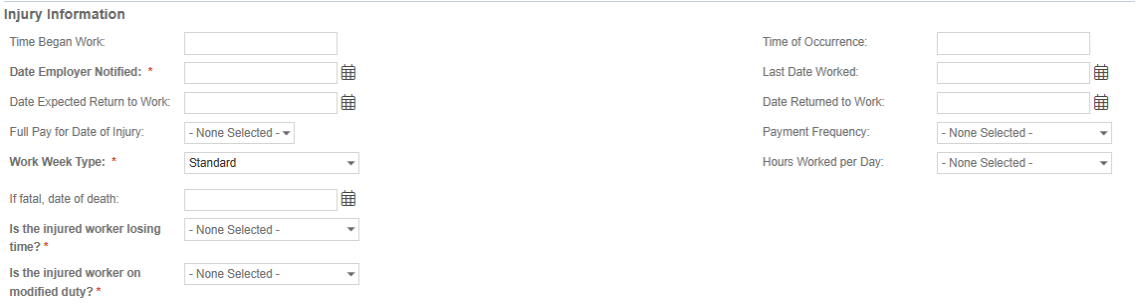
Body Part (Fingers or Toes)

For claims with a Body Part of Fingers or Toes, an additional drop-down will appear. Select the affected finger or toe from the list. If unknown, select one and then provide Comments on the Claim Submission page to indicate the actual toe or finger is currently unknown.

Claim Reporting

Workers' Compensation Claims

Injury Information



Work Week Type

Standard

The default for **Work Week Type** is Standard. Standard applies when the employee works five days per week and the work days are Monday – Friday.

Fixed

Fixed indicates that the employee works a fixed schedule, but the days worked are not Monday – Friday. When selected, **Work Days Scheduled** becomes required. The default for **Work Days Scheduled** is blank and you will need to indicate the days the employee works (for example, an employee may only work Monday, Wednesday, and Friday or they may work a five-day week, but the days worked are Wednesday – Sunday).

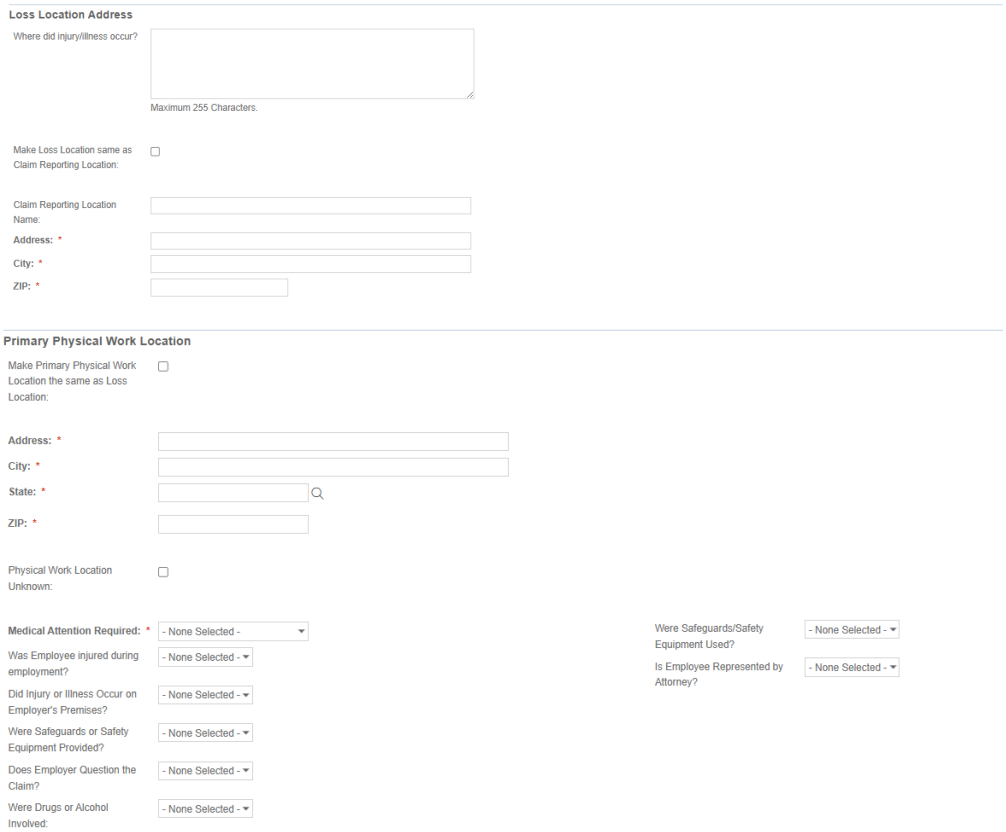
Varied

When selected, the **Days Worked Per Week** field, rather than the **Work Days Scheduled** field, becomes required. Since the work days vary there is no need to complete **Work Days Scheduled**. You should indicate the number of days the employee works each week in the **Days Worked Per Week** field. If the days worked per week is not consistent, indicate the average number of days per week.

Claim Reporting

Workers' Compensation Claims

Loss Location/Primary Physical Work Location



Where did injury/illness occur? is a freeform field. Use this field to indicate the specific location of the injury such as "Rear stairwell" or "Patient Room 27A".

Check the **Make Loss Location** same as **Claim Reporting Location** box if the injury occurred at the same physical address as the loss location. If not, complete the address.

If the injured worker's primary physical work location is the same as the loss location address, check the box. If not, complete the address. If the primary physical work location is unknown, check the **Primary Work Location Unknown** box.

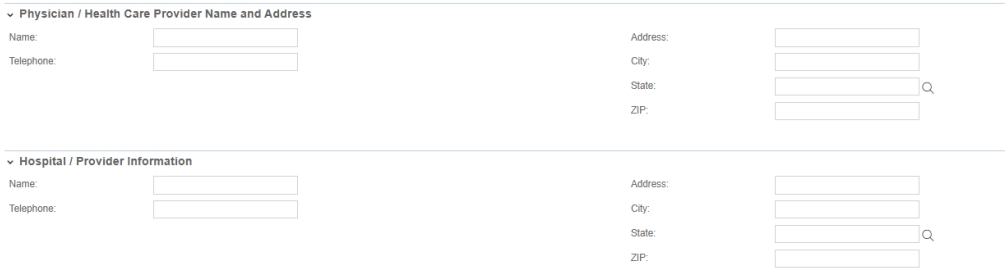
Complete the **Medical Attention Required** field. If you are unsure, select Unknown.

Claim Reporting

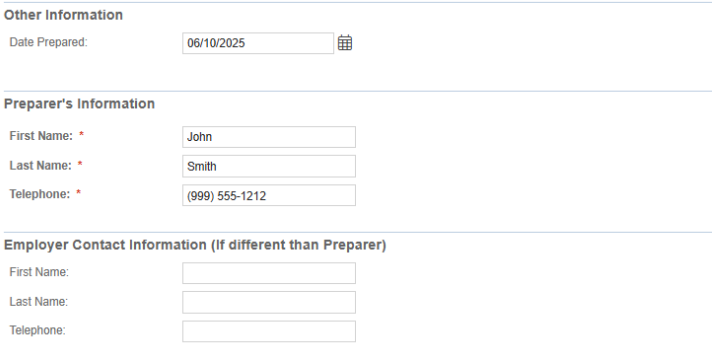
Workers' Compensation Claims

Physician/Health Care Provider and Hospital/Provider Information

If you know the injured work was treated at an occupation health center, clinic, or hospital, expand the appropriate section and complete the provider information. Any information you can provide will be helpful.



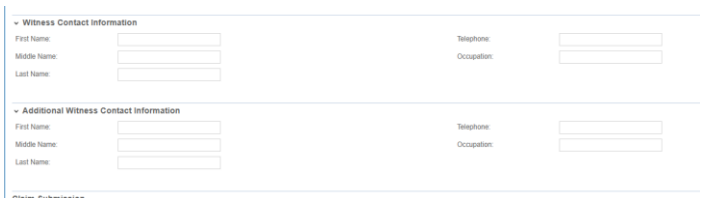
Preparer and Contact Information



Your name and phone number will prefill in the Preparer section. Please complete the **Employer Contact Information** if we should reach out to someone other than you to discuss the claim.

Witness Information

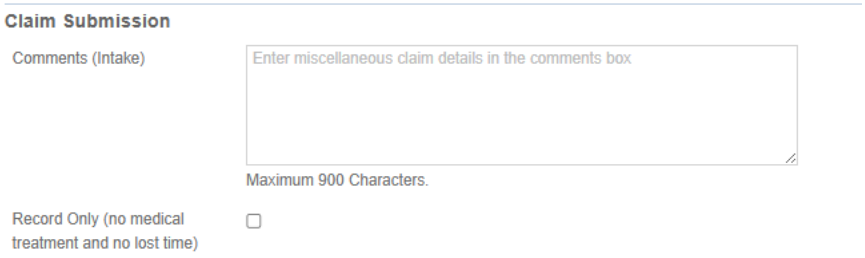
Please expand and complete the witness information section if there were witnesses to the injury.



Claim Reporting

Workers' Compensation Claims

Claim Submission

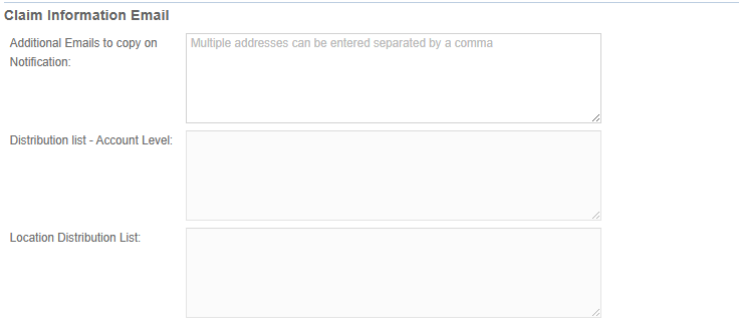


Type any additional information about the claim in the **Comments** box. Your comments will become the first Log Note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

For Workers' Compensation, this means an injured worker will not be seeking medical treatment and will not be losing any time from work. If you submit a Record Only claim, and the situation changes, please contact us at 888-476-2669 to have the claim assigned to an adjuster.

Claim Information Email



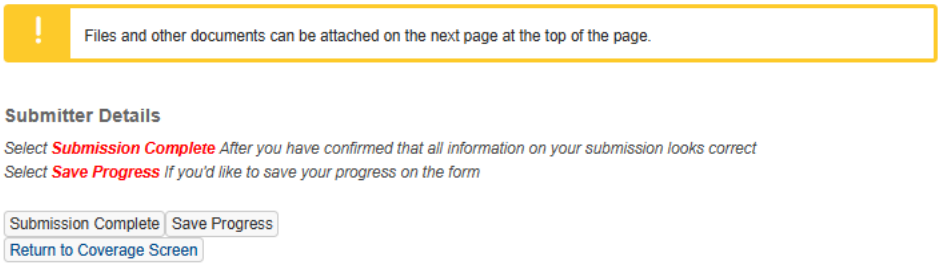
You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

Claim Reporting

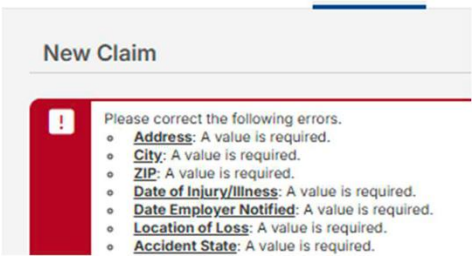
Claim Submission and Uploading Documents

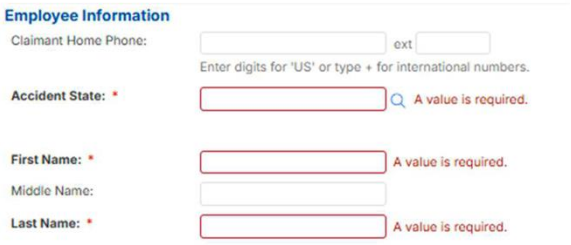
Claim Submission

When you are finished, click **Submission Complete** at the top or bottom of the page.

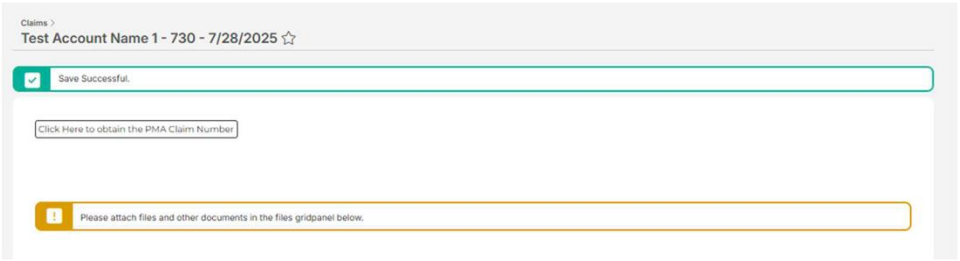


After clicking Submission Complete, you may see a notification indicating missing required fields. If so, complete the missing information and click Submission Complete to file the claim.





You will see a notification that your claim was saved successfully. To view the Old Republic Commercial Risk claim number, click the **Click Here to obtain the Old Republic Commercial Risk Claim Number** button. The claim number will appear in the blue banner next to the account name and number. Please note, even if you do not click that button, the Old Republic Commercial Risk Claim Number will be assigned and will be included in the email notification.

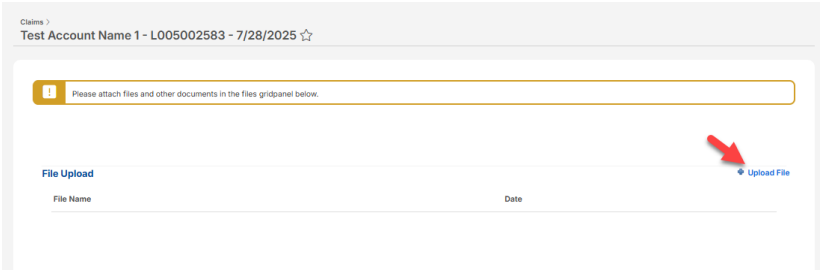


Claim Reporting

Claim Submission and Uploading Documents

Uploading Documents

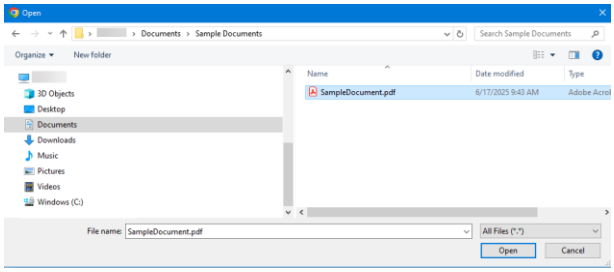
To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports, or photographs, click the Upload File link.



Click the Choose File button to upload a single document or the Upload Multiple Files button to attach multiple documents.



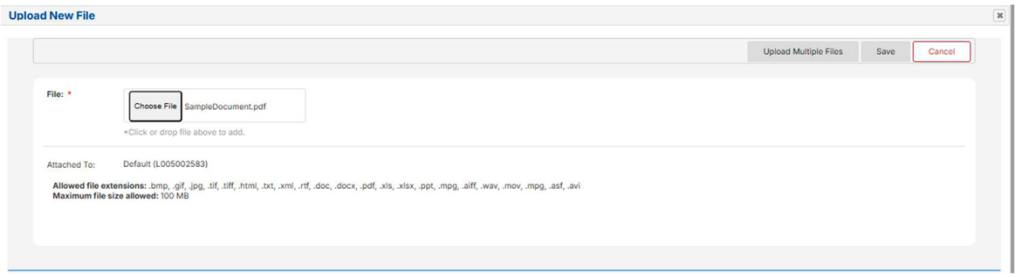
The File Explorer window will open. Navigate to the folder where you have stored the document(s) you want to upload. Select the file(s) you would like to submit and click **Open**. Please note, your corporate IT policy may prohibit this step. In that case, you can email your document(s) to Old Republic Commercial Risk at claimsmail@pmagroup.com. Be sure to include the claim number in the subject line.



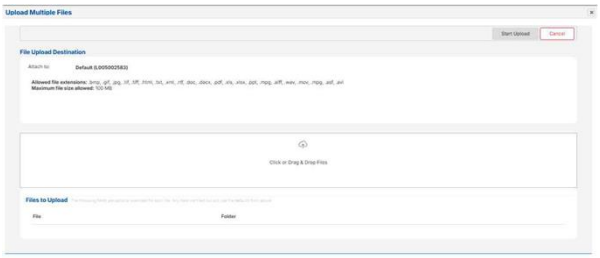
When uploading a single document, the name of the selected document will appear next to the **Choose File** button. Click **Save** to upload the document.

Claim Reporting

Claim Submission and Uploading Documents



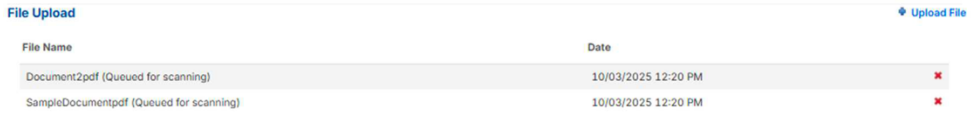
When uploading multiple documents, the name of the documents will appear in the list under the Click or Drag & Drop Files box. Click Start Upload to upload the documents.





When the upload is complete, you can attach more files, close the application, or enter a new claim.

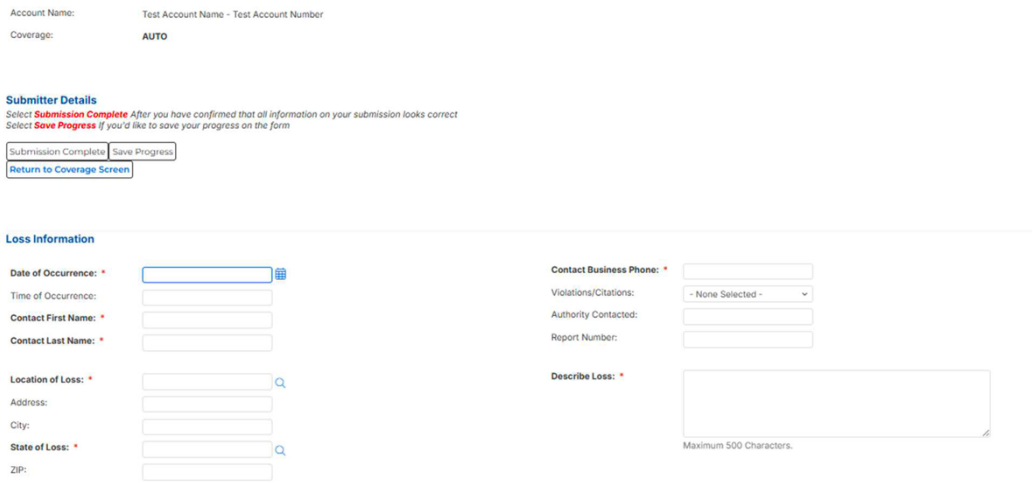
Any documents uploaded will be scanned for viruses. You will see the status of the virus scan in parentheses after the file name.



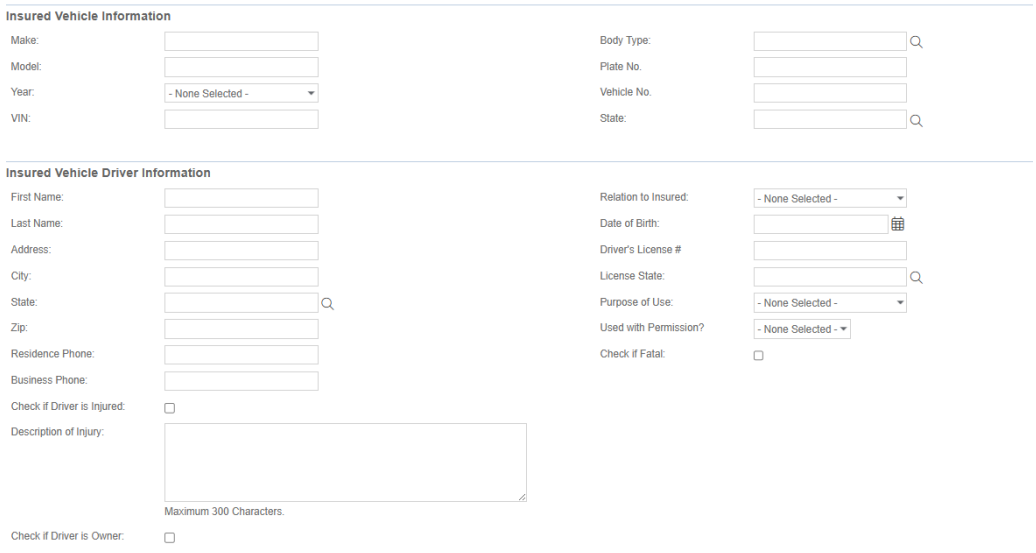
Claim Reporting

Auto Claims

Loss Information



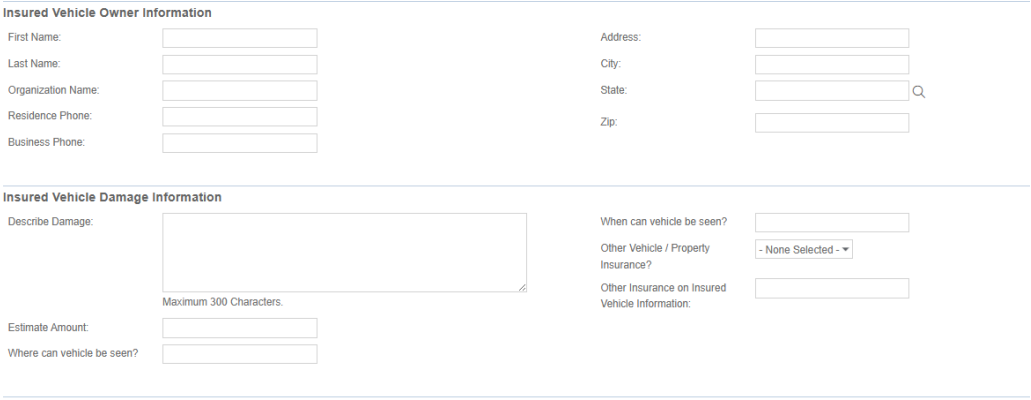
Insured Vehicle/Insured Driver Information



Claim Reporting

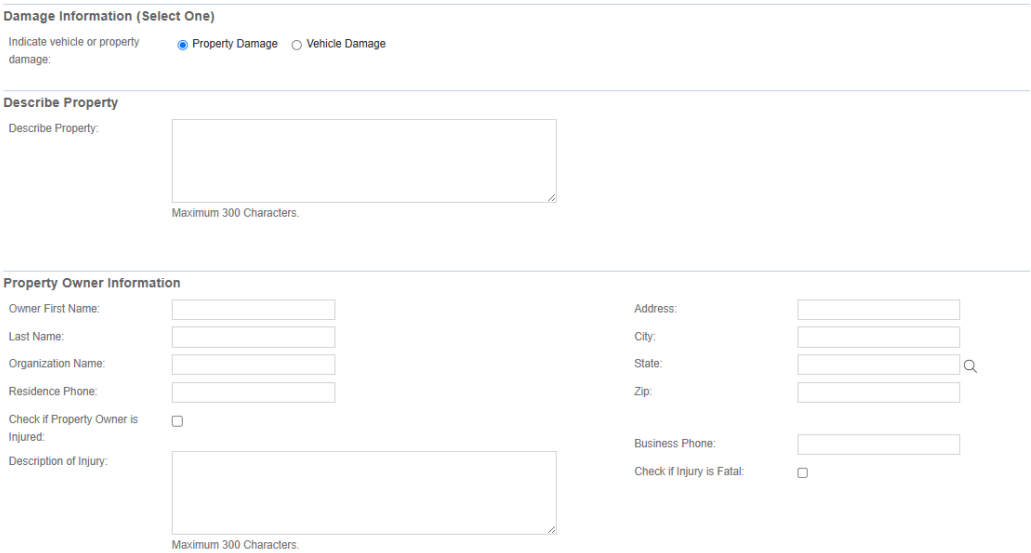
Auto Claims

Insured Vehicle Owner/Insured Vehicle Damage Information



Property Damage Information

To report property damage, select Property Damage.

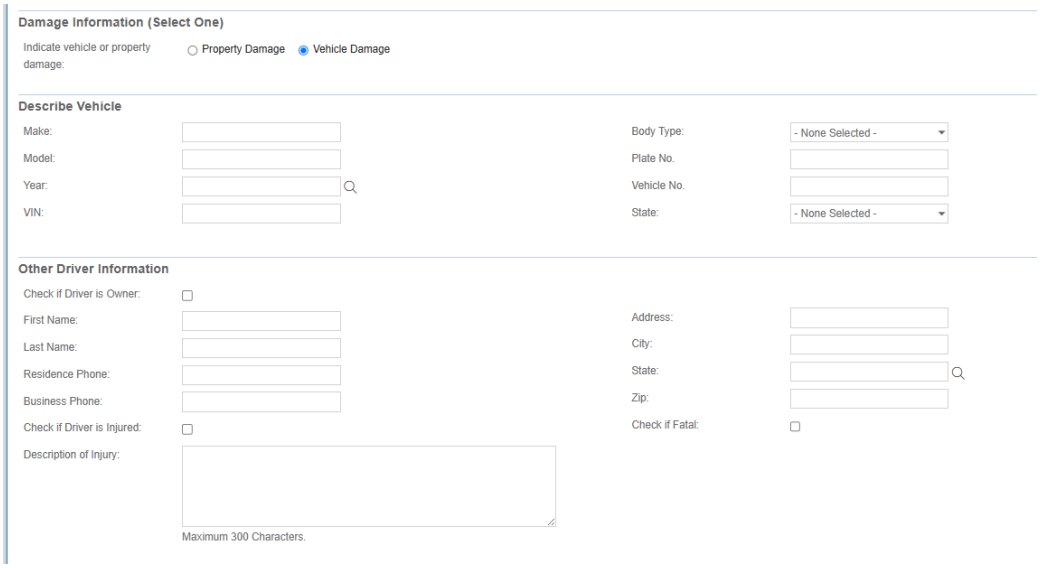


Claim Reporting

Auto Claims

Property Damage Information

To report other vehicle damage, select Vehicle Damage.



Property/Other Vehicle Damage Information

Describe damage to the property or other vehicle and include estimate information if available.

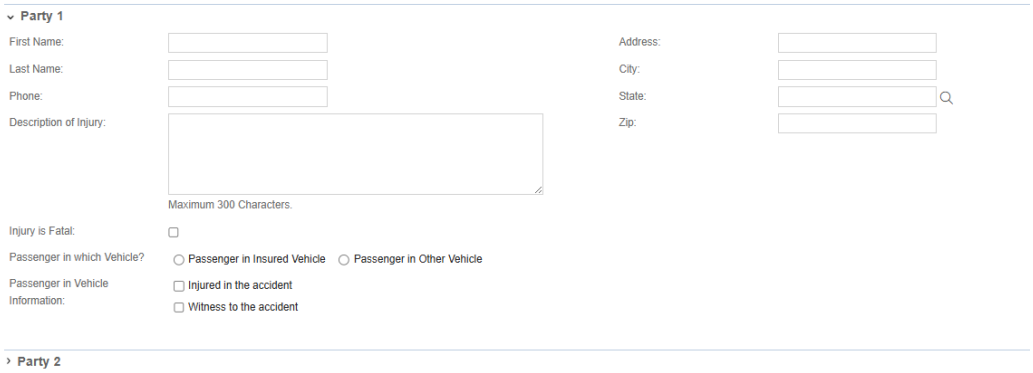


Claim Reporting

Auto Claims

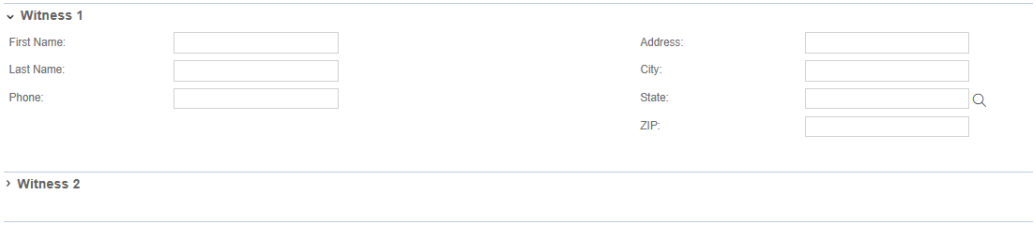
Party Information

Expand and complete information for Party 1 and Party 2, if details are available.



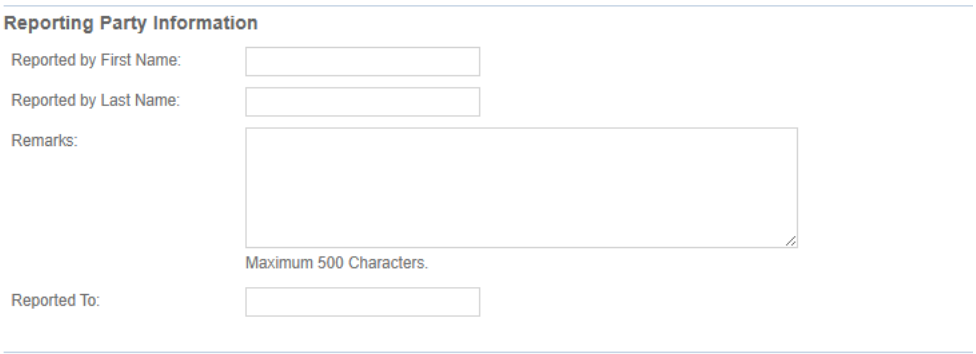
Witness Information

Expand and complete information for Witness 1 and Witness 2, if details are available.



Reporting Party Information

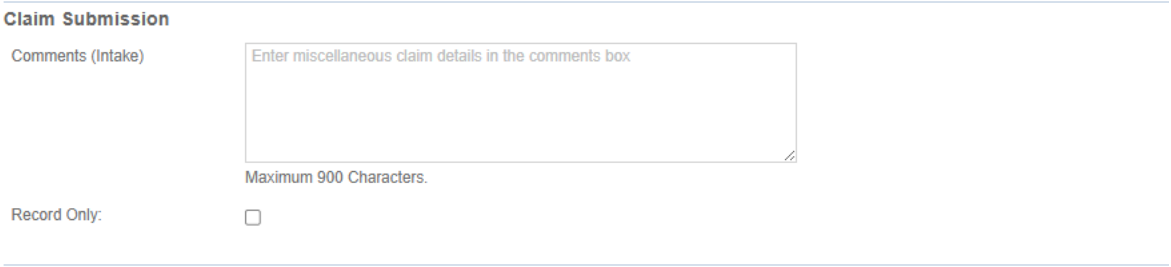
Complete reporting party information, if available.



Claim Reporting

Auto Claims

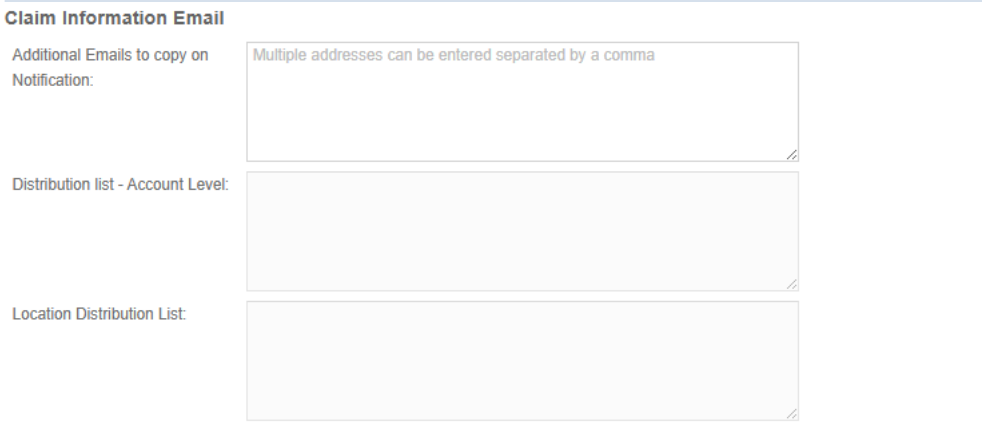
Claim Submission



Type any additional information about the claim in the **Comments** box. Your comments will become the first Log Note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

Claim Information Email



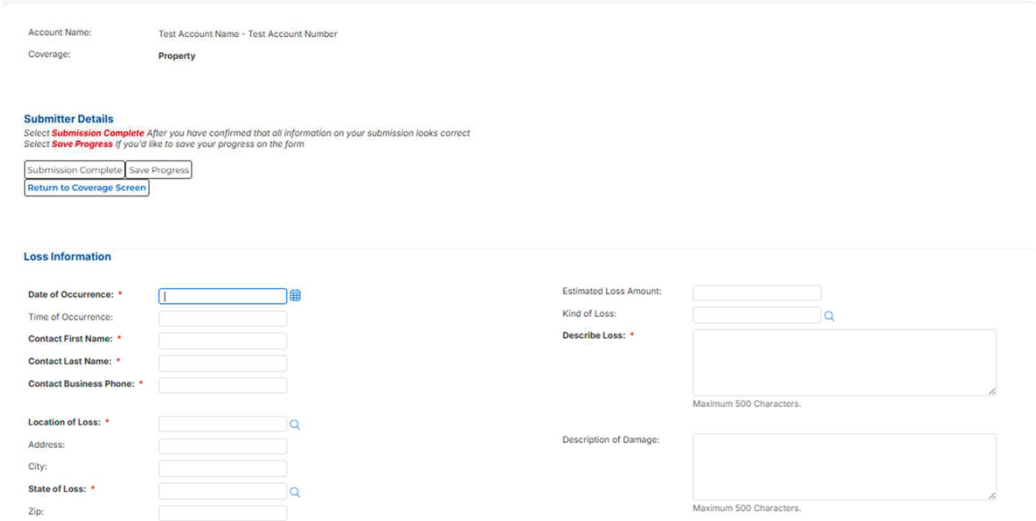
You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

When you are finished, click **Submission Complete** at the top or bottom of the page. You will then receive the Old Republic Commercial Risk claim number and can upload documents.

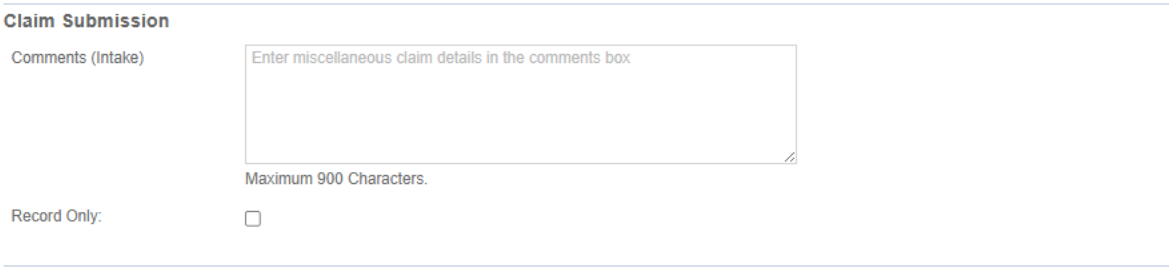
Claim Reporting

Property Claims

Loss Information



Claim Submission



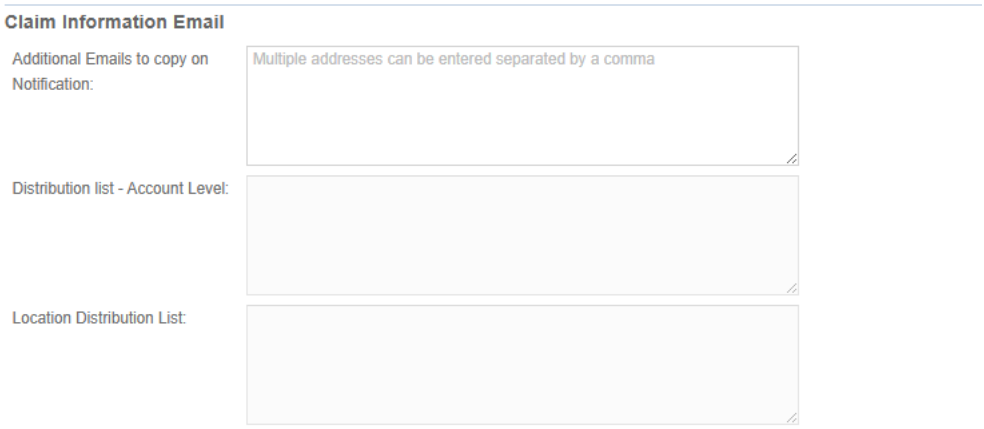
Type any additional information about the claim in the **Comments** box. Your comments will become the first Log Note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

Claim Reporting

Property Claims

Claim Information Email



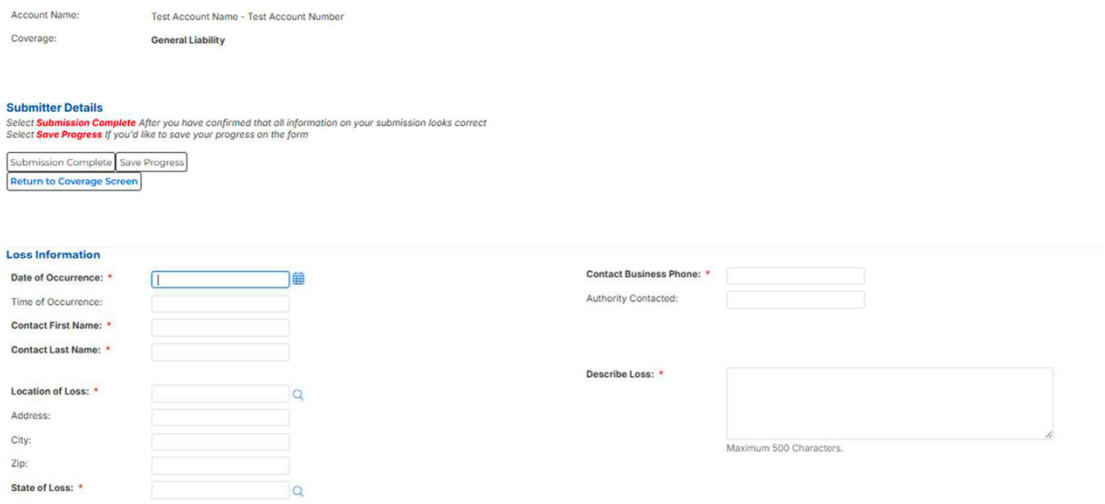
You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

When you are finished, click **Submission Complete** at the top or bottom of the page. You will then receive the Old Republic Commercial Risk claim number and can upload documents.

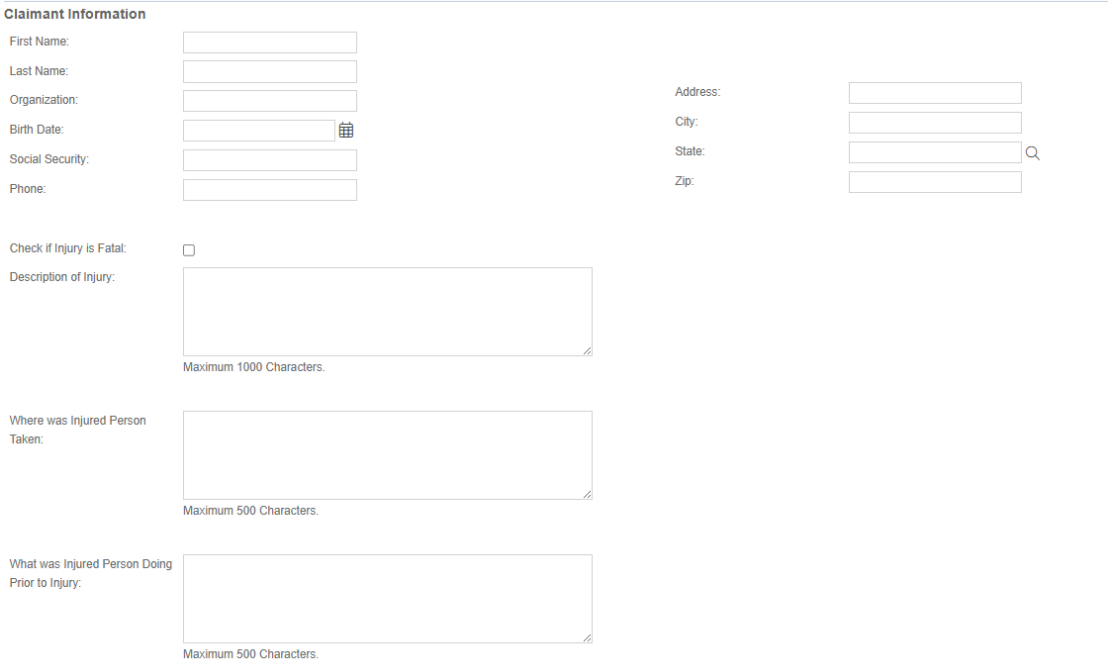
Claim Reporting

General Liability Claims

Loss Information



Claimant Information

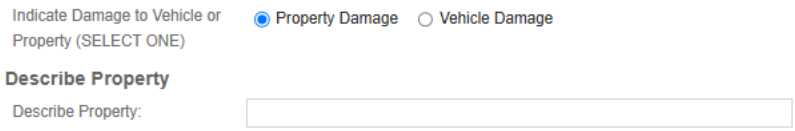


Claim Reporting

General Liability Claims

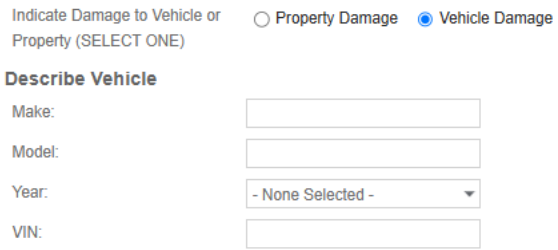
Property Damage Information

To report property damage, select Property Damage.



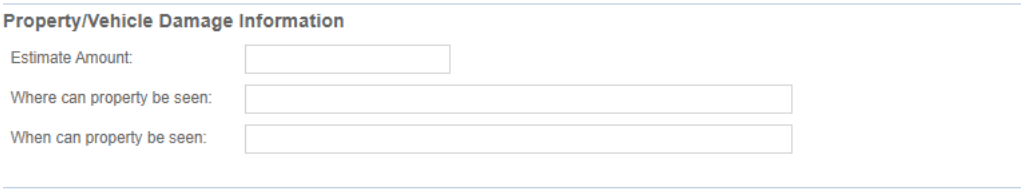
Vehicle Damage Information

To report vehicle damage, select Vehicle Damage.



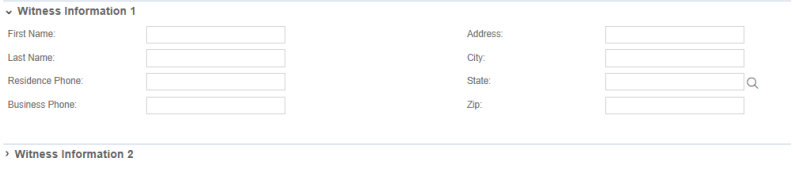
Property/Vehicle Damage Information

Describe damage to the property or other vehicle and include estimate information, if available.



Witness Information

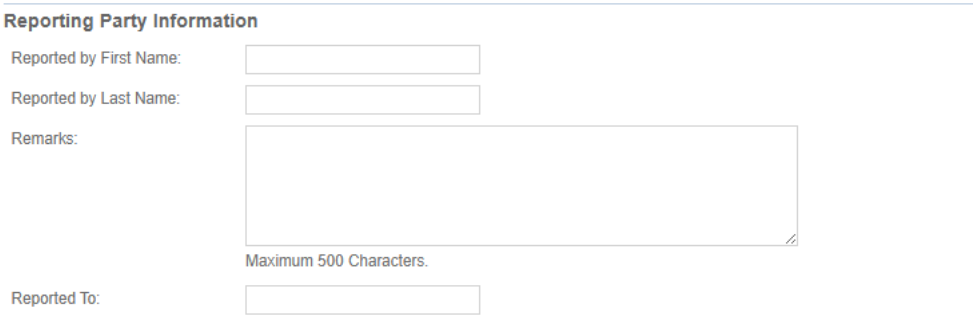
Expand and complete information for Witness 1 and Witness 2, if details are available.



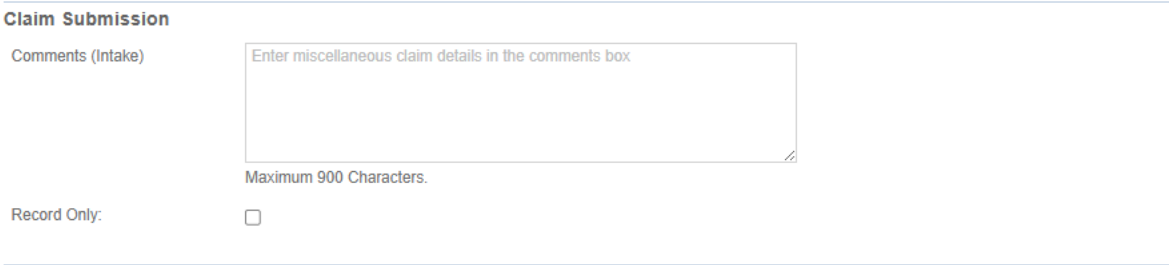
Claim Reporting

General Liability Claims

Reporting Party Information



Claim Submission



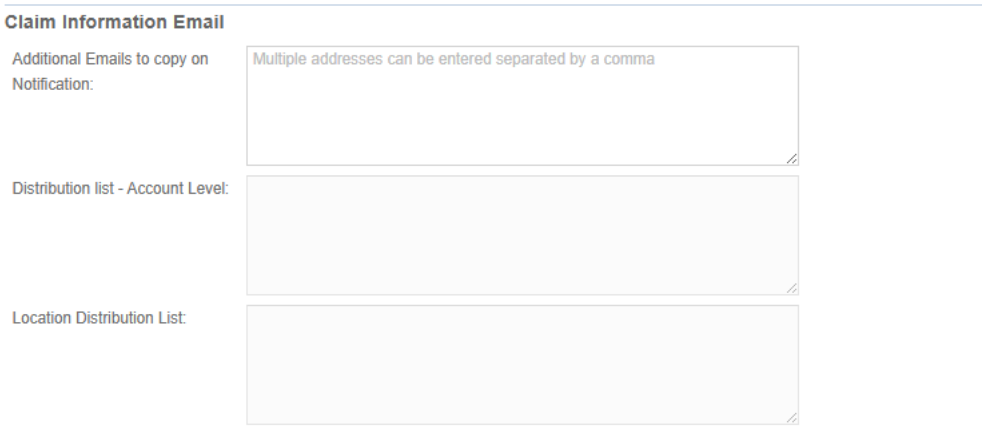
Type any additional information about the claim in the **Comments** box. Your comments will become the first Log Note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

Claim Reporting

General Liability Claims

Claim Information Email



You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

When you are finished, click **Submission Complete** at the top or bottom of the page. You will then receive the Old Republic Commercial Risk claim number and can upload documents.

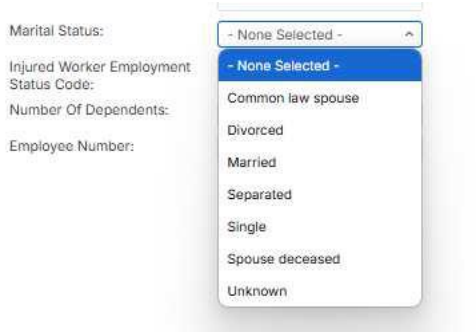
Claim Reporting

Helpful Hints

Claim Reporting

Fields with an arrow or a magnifying glass icon contain a list of predefined values.

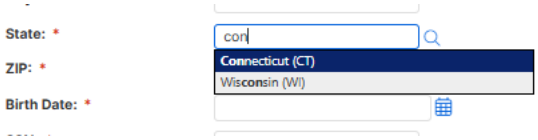
For fields with an arrow, click the arrow to display a list of options.



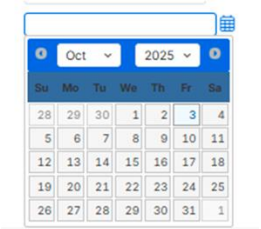
To search for a value in a field with the magnifying glass, click the magnifying glass to view the full list of options and click the blue item desired.



For a smaller list of options, type a portion of the name or code and select the value desired.



Date fields are indicated by a calendar icon. You can click on the calendar icon to select a date or, if you prefer, you can enter the date manually using the 4-digit year.



Claim Reporting

Helpful Hints

Multiple Accounts

If you have access to multiple accounts and would like to switch to a different account, click the drop-down at the top of the screen. You can search or select from anything listed in the drop-down or click Go to Account Level to see a list of options.

