York Risk Services Group
Claims Kit

Dear Insured:

We would like to welcome you as a policyholder of Rockingham Group Insurance. York Risk Services Group is your Claims Administrator and we are pleased to be able to provide you with our Property and General Liability claims handling services. Please follow the below instructions for filing a new claim and note the claim kit attachments.

Where do I report a claim?

Report your claim to your claims administrator, York Risk Services Group

Phone: 866-391-9675
Email: 7755RACP@yorkrsg.com
Fax: 800-393-8104

Claim Kit Attachments:

- Claims Reporting Quick Reference Sheet
- General Liability Claim Intake Form

Need a loss run?

Email: Lossruns@atlas.us.com

Have more questions?

Contact the York Risk Services Group Customer Service Team
Email: 7755RACP@yorkrsg.com

We appreciate your business and believe that communication is critical for successful claims administration. We encourage you to contact us if you have any questions.

www.Atlas.us.com/claims

Claims Reporting Quick Reference Sheet for Property and General Liability Claims

Toll-free: 866-391-9675
Fax: 800-393-8104
E-mail: 7755RACP@yorksrg.com

To report your property and general liability claims quickly and efficiently, please have the following information ready when you call our toll-free claims reporting service. This is a general listing for your quick reference. Additional information may be requested. Thank you for your prompt claims reporting!

CLIENT INFORMATION

- Insured Name and DBA (“doing business as” name)

CLAIMANT INFORMATION

- Claimant Name
- Claimant addresses and phone number
- Any other information pertinent to the claim

LOSS INFORMATION

- Exact date and time of the injury or damage
- Exact location where injury or damage occurred
- Specific description of injury or damage
- Witnesses or Passengers – name, address, and phone numbers.

www.Atlas.us.com/claims

General Liability Intake Form

Client Name:	Contract Number:

Reporter Information			
First Name:		Last Name:	
Title:	Phone:	Ext:	
Client Location Information			
Location Number:		Location Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:		Ext:	
Is this the loss location? Yes ☐ No ☐			
Incident Information			
Date of Incident:	Time of Incident:	AM ☐	PM ☐
Date Employer Notified:			
Incident Description:			
Incident Location Information (If different from above)			
Incident Location Name:			
Street Address:			
City:	State:	Zip Code:	
Authority Information			
Authority Name:	Phone:	Ext:	
Authority Report Number:			
Property Information			
Property Description:			
Damage Description:			
Damage Estimate Amount:			
Owner Information			
Owner Type: Select One			
Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:		Ext:	
Other Insurance Information			
Carrier:		Phone Number:	
Involved Party Information			
First Name:	MI:	Last Name:	
Home Phone:			
Home Address:			
City:	State:	Zip Code:	
Date of Birth:		Gender Select One	
Marital Status: Select One		Relationship to Client: Select One	
Injury Information			
Injury Description:			
Cause:		Body Part:	
Nature:			

Medical Treatment		
Admitted to Hospital? Yes ☐ No ☐		
Hospital / Clinic Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Ext:	
Transportation Type: Select One		
Witness Information		
Name:		
Address:		
City:	State:	Zip Code:
Phone:		
Contact Information		
First Name:	MI:	Last Name:
Phone:	Ext:	Email Address:
Comments/Remarks:		