

2024-2025 Claims Kit Package Insurance

Effective 3-1-2024 our General Liability carrier has partnered with a new Third Party Administrator (TPA) to handle all new McDonald's claims. After a thorough search in which numerous TPA's were interviewed and vetted, Allianz has selected ESIS, a Chubb Company, as their preferred claims handling provider. ESIS is the 4th largest multi-line TPA in the U.S. with over 70 years of experience and backed by the largest global publicly traded P & C insurance company.

You will continue to use NAVEX to report your GL claims who will forward to ESIS where you will be working with a McDonald's dedicated claims unit staffed with experienced adjustors and claims professionals.

If you have any questions about Gallagher's Program, your coverage, or if there's anything we can assist you with, please let us know.

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ESIS OVERVIEW

Unwavering commitment to client service for more than 70 years

Protecting our clients' brand and reputation is at the heart of every claim we manage. Everything we do at ESIS is designed to help businesses and their stakeholders process claims with efficiency and clarity. Our claims professionals have years of experience and know how to respond to a variety of situations with respect and with fairness. As a supplement to the ESIS human touch, we strive to incorporate the latest analytics and technology to help mitigate risks. Long story short,

we deliver on our promises!

THE KEY DIFFERENTIATORS OF ESIS:

Technical claims expertise with an unwavering commitment to quality

Analytical orientation and the systems needed to make it happen

Scalable services delivered in a nimble environment



FAST FACTS

Servicing U.S., Canada, Global

70 years of experience

4th largest multi-line TPA in U.S.

Backed by the largest global publicly traded property & casualty insurance company

CLIENTS FROM ALL INDUSTRIES

Approximately

1,300 clients

120⁺
Fortune 1000 companies

80⁺
Fortune 500 companies

95% client retention

EMPLOYEES

Approximately 1,700 employees

Supervisors avg. 16 years experience with ESIS

Adjusters avg.

Syears

experience
with ESIS

Partnership Leaders avg. 11 years experience with ESIS

80% supervisors promoted from within

Any notice of a claim or incident involving possible liability or first party property damage/crime should be reported immediately to the McDonald's Claim Reporting line.

TO REPORT A CUSTOMER ACCIDENT OR INJURY, A PROPERTY/CRIME CLAIM PLEASE IMMEDIATELY CALL:

1-800-323-5650

An adjuster will be in touch with you within 24 hours.

If you have placed your EPLI and Cyber coverages through the NOIT sponsored programs, your claims filing and resource contact information are below and forms are attached.

EPLI Claims Filing

Email: reportclaims@rsui.com

Employment Law Helpline:

1.877.376.4100

Utilizing LaPointe Law prior to employment-related decisions could reduce your retention by 50%!

Cyber Protection Claims Filing

Email: AmTrustCyberClaims@amtrustgroup.com

Phone: 1-877-207-1047

Prompt reporting of claims can save significant claims dollars.

Excess Property Claim:

Claims: All claims should be reported to the primary Approved Carrier. If a claim appears to be in excess of \$1M, it should be filed under the Excess Property program. Claims are adjusted and/or monitored by:

Crawford Global Technical Services (Crawford GTS). To file a claim,

please call: Claims Alert 1-877-346-0300 or 213-627-4046 or email

GTS.Field.Calif@us.crawco.com. Reference the "McDonald's

Owner/Operator Property Program # TBD" and "Carrier policy number TBD." When filing a claim under the Excess Property Program, please notify Jeff Gukenberger and Philip Wachowski.



Customer Incident Reporting Form

Arthur J. Gallagher Risk Management Services, Inc.

- 1. Complete this form when the incident is reported to you, or discovered.
- 2. After completion, phone the report in to Navex at **1.800.323.5650**24 hours a day, 7 days a week.

** PLEASE DO NOT FAX UNLESS ADVISED BY CLAIMS ADJUSTOR **

COMPLETE THIS SECTION FOR ALL	L INCIDENTS! Verification Numb	per:	
Date called into The Network, Inc.		National Store #	
)wner/Operator:	Store Address:		
erson Reporting Incident:	-	Title:	
lanager on duty at time of incident:			
Pate of Incident:	Time:	A.M. 🗌 P.M. 🗌	
Reported to Police? YES NO	Report #:		
. CUSTOMER INCIDENT PRO	FILE – Complete for all custo	omer incidents	
Customer Name:		Sex: Male Female	
Date of Birth:	Social Sec	curity #:	
Address:			
City:	State:	Zip:	
If Child, what age?	Day Phone:	Phone: Evening Phone:	
Location of Incident		Drive Thru? ☐ In-Store? ☐ Carry-Out? ☐	
Location of incident		<u> </u>	
. NOTES – Description of the acci			
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. NOTES – Description of the acci	Customer Incidents		

	Zıp:	
Any videos? YES NO If YES, please retain and send to y	our claims adjuster.	
ALLEGED FOREIGN OBJECT/INJURY FROM FOR	REIGN OBJECT	
If an alleged foreign object is involved, secure as evidence; do no representative.	t throw away. You will get a ca	all from an insurance
In what product was the object found?		
Describe the object found:		
Where is the object/product now?		
Name of vendor or product	(Secure p	product dates and codes)
Describe the injury (if any):		
Did the customer go to a doctor/hospital? YES ☐ NO ☐ If so, W	/ho/Where?	
What time was the food eaten? A.M.	P.M. 🗌	
What time was the food eaten? A.M. Which products were eaten? Where was the food eaten? Restaurant Home Other	P.M	
Which products were eaten?		
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now?		A.M.
Which products were eaten? Where was the food eaten? Restaurant Home Other		
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now? What date and time did symptoms first appear?	Time:	
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now? What date and time did symptoms first appear? Describe the symptoms:	Time:	
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now? What date and time did symptoms first appear? Describe the symptoms: Did you go to a doctor/hospital? YES NO If so, Who/Where	Time:	
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now? What date and time did symptoms first appear? Describe the symptoms: Did you go to a doctor/hospital? YES NO If so, Who/Where CUSTOMER PROPERTY DAMAGE Why do they feel we were responsible?	Time:	A.M.
Which products were eaten? Where was the food eaten? Restaurant Home Other Where is the product now? What date and time did symptoms first appear? Describe the symptoms: Did you go to a doctor/hospital? YES NO If so, Who/Where CUSTOMER PROPERTY DAMAGE What property was damaged?	Time:e?	A.M.

Property/Crime Reporting Form

- 1. Complete this form when the incident is reported to you, or discovered.
- 2. After completion, phone the report in to Navex at **1.800.323.5650** 24 hours a day, 7 days a week.

COMPLETE THIS SECTION FOR ALL INCIDEN	TS! Claim Number:	
Date called into The Network, Inc.		National Store #
Owner/Operator:	Store Address:	
Person Reporting Incident:		itle:
Manager on duty at time of incident:		
Date of Incident:	Time:	A.M. 🔲 P.M. 🗀
Reported to Police? YES NO Report #:		
MCDONALD'S PROPERTY DAMAGE/C Description of Incident:	RIME/BUSINESS	INTERRUPTION
If Business Interruption: Hours closed: from	to	Why Cloud?
n business interruption. Hours closed. Ironi	10	. Why Closed?
If customer is responsible:		
Name:		
Address:		
City:	State:	Zip:
WITNESSES		
Name:		
Address:		
City:	State:	Zip:
Name:		
Address:		
City:	State:	Zip:

Where did the fire occur? Was the fire appliance related and, if so, had recent maintenance or repair of the appliance been performed? If so, what, when and by whom? Did the store sustain any building structural damage? Did the fire extinguishing system go off? Did the fire Department respond? YES NO If so, please include their report # DAMAGE BY CUSTOMER AUTOMOBILE If damage is done by a customer's automobile: Driver's Name: Driver's address as shown on his/her license or I.D. Home and work phone numbers: Home Work VIN Number: Year/Make/Model of Vehicle: Color of Vehicle: Tag Number (photo of tag if possible): Owner's name, if different than driver:

Copy of driver's insurance card.

FIRE LOSSES

If you are unable to make a copy of the driver's insurance card, then the insurance carrier, their policy number and its expiration date must be identified. If they can show no proof of insurance, law enforcement should be called immediately and the driver detained.

If loss involves rental trucks (such as Ryder, U-Haul and/or Penske), a copy of the lease agreement should be made and submitted with photos of the damages, the police report number and at least two repair estimates.

Customer Accident Form

(TO BE COMPLETED BY INJURED PARTY)

Name
Address
Phone Number
Social Security #
Date of Birth
Date of Accident
Describe the incident in your own words:

Please return this form to the manager on duty

