



2025-2026 Claims Kit Package Insurance

Your General Liability carrier will again for 2025 partner with the Third Party Administrator (TPA) to handle all new McDonald's claims, 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.

[T.J. Swearingen@ajg.com](mailto:T.J.Swearingen@ajg.com) | 727.796.6234



Insurance | Risk Management | Consulting

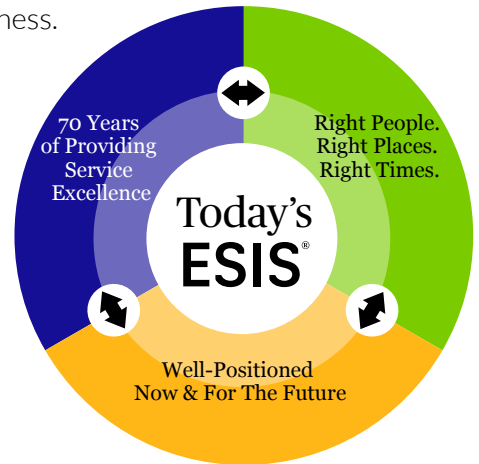
ESIS OVERVIEW

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.
8 years
experience
with ESIS

Partnership
Leaders avg.
11 years
experience
with ESIS

80%
supervisors promoted
from within



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To whom it may concern,

Arch Underwriters Inc. ("AUI") is the managing general agent for the Issuing Company with respect to the enclosed documents. This developed from Arch Insurance North America's (Arch Insurance, part of Arch Capital Group Ltd., Nasdaq: ACGL) acquisition of the U.S. MidCorp and Entertainment insurance businesses from Allianz Global Corporate & Specialty SE (AGCS).

AUI believes that customers are the foundation of its success, and it strives to provide the best possible customer service. We appreciate your patience as we work to fully rebrand all documents to reflect the acquisition by Arch Insurance. Please continue to contact your current account representative, broker or program manager for any questions or policy servicing needs.

Best regards,

A handwritten signature in black ink, appearing to read "Sue Srinivasan".

Sue Srinivasan

Executive Vice President
Arch Underwriters Inc.

Arch Underwriters Inc. (dba HCRA Insurance Services in California, CA License #0M67874) ("AUI") is an insurance agency, acting on behalf (1) Fireman's Fund Insurance Company (an Illinois corporation, NAIC #21873); (2) American Automobile Insurance Company (a Missouri corporation, NAIC #21849); (3) Chicago Insurance Company (an Illinois corporation, NAIC #22810); (4) National Surety Insurance Company (an Illinois corporation, NAIC #21881); and (5) Interstate Fire and Casualty Company (an Illinois corporation, NAIC #22829). AUI is licensed as a property casualty insurance agency in all jurisdictions in which it offers insurance products. Not all insurance coverages or products are available in all jurisdictions. Not all insurance companies are authorized to provide all insurance coverages or products in all jurisdictions. All insurance products are governed by the terms, conditions, limitations, and exclusions in the applicable insurance policy. Coverage is subject to actual policy language.

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: MLSReportALoss@nationwide.com

Claims Consultant:

Gabrielle Grinkevich

Ph # 212.510.9221

Email address: grinkg1@nationwide.com

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 INCIDENTS! Verification Number: _____	
Date called into The Network, Inc. _____	National Store # _____
Owner/Operator: _____	Store Address: _____
Person Reporting Incident: _____	Title: _____
Manager on duty at time of incident: _____	
Date of Incident: _____	Time: _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
Reported to Police? YES <input type="checkbox"/> NO <input type="checkbox"/>	Report #: _____

1. CUSTOMER INCIDENT PROFILE – Complete for all customer incidents

Customer Name: _____ Sex: Male Female

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

If Child, what age? _____ Day Phone: _____ Evening Phone: _____

Location of Incident _____ Drive Thru? In-Store? Carry-Out?

2. NOTES – Description of the accident

3. WITNESSES – Complete for all Customer Incidents

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Any videos? YES NO If YES, please retain and send to your claims adjuster.

4. ALLEGED FOREIGN OBJECT/INJURY FROM FOREIGN OBJECT

If an alleged foreign object is involved, secure as evidence; do not throw away. You will get a call from an insurance representative.

In what product was the object found? _____

Describe the object found: _____

Where is the object/product now? _____

Name of vendor or product _____ (Secure product dates and codes)

Describe the injury (if any): _____

Did the customer go to a doctor/hospital? YES NO If so, Who/Where? _____

5. ALLEGED ILLNESS

What time was the food eaten? _____ A.M. P.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? _____ Time: _____ A.M. P.M.

Describe the symptoms: _____

Did you go to a doctor/hospital? YES NO If so, Who/Where? _____

6. CUSTOMER PROPERTY DAMAGE

What property was damaged? _____

Why do they feel we were responsible? _____

Value of property: \$ _____

If Auto, insurance carrier for vehicle: _____

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 INCIDENTS! Claim Number: _____

Date called into The Network, Inc. _____ National Store # _____

Owner/Operator: _____ Store Address: _____

Person Reporting Incident: _____ Title: _____

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/CRIME/BUSINESS INTERRUPTION

Description of Incident:

If Business Interruption: Hours closed: from _____ to _____ . Why Closed? _____

If customer is responsible:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

WITNESSES

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

FIRE LOSSES

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.

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)

1. Name _____
2. Address _____

3. Phone Number _____
4. Social Security # _____
5. Date of Birth _____
6. Date of Accident _____
7. Describe the incident in your own words: _____

Please return this form to the manager on duty