

Template Receiver Contact Information

INSURANCE COMPANY IN LIQUIDATION -
CONTACT LIST

Location

#1 _____

Location

#2 _____

General Administration

	Name	Phone	Email
Assistant/Deputy Receiver			
UDS Issues/Questions			
Estate Counsel			
Media Issues/Inquiries			
Litigation Matters			

Policy Related Questions and Issues

	Name	Phone	Email
Request for Policy Documents/Forms			
Coverage Confirmation			
Unearned Premium Claims			
New Claim File Set-up			

Claims Administration

	Name	Phone	Email
Request for Claim Files			
Return of Claim Files - Imaged			
Return of Claim Files - Paper			

Excess Claims - Notify of Settlements of GA Claim Cap			
Salvage and Subrogation			
Emergency/Hardship Claims			
Checks Payable to Company			
Forward to:			
Net Worth - Notify if Insured Exceeds GA Net Worth Limit			
Primary Contact - Workers' Comp			
Primary Contact - General Liability			
Primary Contact - Property			
Primary Contact - Other			
Large Deductible Issues			
Aggregate Erosion Reporting			
Technical Claim Issues			
Loss Run Requests			
POC Forms/Review			
Reinsurance Audits			
Special Data Requests			
TPA Contact			
Quarterly Reporting/Admin Expenses			