Recorded Statement Guide

GCU

GAINSCO CLAIMS UNIVERSITY

From whom should we obtain recorded statements?



GAINSCO CLAIMS UNIVERSITY

TOPIC: **PAGE**

TABLE OF CONTENTS 3

RECORDED STATEMENT - THE FLOW 4
RECORDED STATEMENT - SECURING PERMISSION TO RECORD 5
RECORDED STATEMENT - STATEMENT GUIDE 6-7

RECORDED STATEMENT - COVERAGE QUESTIONS 8-16
COVERAGE QUESTIONS - UNLISTED DRIVER 9-10
COVERAGE QUESTIONS - UNLISTED VEHICLE. 11
COVERAGE QUESTIONS - GARAGING / OUT OF STATE 12
COVERAGE QUESTIONS - BUSINESS USE 13
COVERAGE QUESTIONS - ARTISAN USE / ARTISAN RULES 14-15
COVERAGE QUESTIONS - IV OWNERSHIP ISSUES 16
COVERAGE QUESTIONS - MARITAL STATUS 16

RECORDED STATEMENT - LIABILITY QUESTIONS 17-24
LIABILY QUESTIONS - LOSS LOCATION 18
LIABILY QUESTIONS - REAR END 19
LIABILY QUESTIONS - BACKING LOSS 20
LIABILY QUESTIONS - INTERSECTION LOSS 21
LIABILY QUESTIONS - ENTERING ROADWAY 22
LIABILY QUESTIONS - TURNING LOSS 23
LIABILY QUESTIONS - PASSING LOSS/ LANE CHANGE 24
LIABILY QUESTIONS - COMP/NEG QUESTIONS 25-26

RECORDED STATEMENT - PIP SPECIFIC QUALIFYING QUESTIONS 27-30

RECORDED STATEMENT - INJURY SPECIFIC QUESTIONS 31-33

RECORDED STATEMENT - AGENT STATEMENT 34-35

RECORDED STATEMENT - E-SIGNATURE STATEMENTS 36-38
E-SIGNATURE - NAMED INSURED STATEMENT 37
E-SIGNATURE - AGENT STATEMENT 38

RECORDED STATEMENT - WITNESS 39-40

RECORDED STATEMENT - THEFT 41-46

RECORDED STATEMENT - FIRE 47-51

Recorded Statement: The flow

- **Recorded Statement Formal Introduction**
- **General Questions:**
  - Personal Data
  - Vehicle Information
  - Vehicle Damage
  - Vehicle Location
  - Vehicle Ownership …
  - Relevant Party Information (Passengers/ Injuries)
- **Coverage Questions:** Investigational
- **Liability Questions:** Loss Details
- **Liability Questions:** Investigational
  - Customer's Version
  - Core
  - Specific Loss Type
  - Exposure Recognition
- **Injury Questions:** Investigational
- **Recorded Statement Formal Conclusion**

Recorded Statements:
Securing Permission to Record

Recorded Statement Formal Introduction

Formal Introduction Script:

Claim Rep: "This is (claims rep) with MGA/GAINSCO Insurance Company. Today's date is (state date) and the time is (state time), I am speaking with Mr.(s) (interviewee's name) concerning an accident that occurred on (date of loss) pertaining to (Claim Number). Mr.(s) (interviewee's name) may I have your permission to record this interview?"

Interviewee: Affirmative response = "Yes" – If "No", turn off the recorder, re-explain the need for them to affirm that they agree to the Recorded Statement. Proceed to secure permission to record again seeking affirmative response.

Claim Rep: After affirmative Yes, "Mr.(s) (interviewee's name) could you please state your full name and spell your last name?" (Obtain name) "Please state your date of birth" (Obtain date of birth).

Then continue with the recorded statement questioning.

Recorded Statement Formal Conclusion

Formal Conclusion Script:

Claim Rep: "Have you understood all of my questions?" Secure affirmative answer – Yes/No – If No address any concerns then ask again.

Claim Rep: "Are there any additional facts about this incident or claim that you want to add? Secure affirmative answer – Yes/No – If yes, secure the additional information.

Claim Rep: "Have all of your answers been true and correct to the best of your knowledge"? Secured affirmative answer – Yes/No – If No, address with customer.

Claim Rep: "Do you understand that this conversation has been recorded?" Secured affirmative answer – Yes/No – If No, address with customer.

Claim Rep: "This now concludes the statement. The time is (state time). I am now going to end the recording. Thank you very much."



Recorded Statement: Statement Guide

General Questions - Update ClaimCenter Screens

**** Formal Introduction ****

Name:
Mailing Address:
Physical Address:
Phone:
Email:
DOB:
SSN:
Driver License:
Occupation:
Relation to Claim:
Marital Status:

Coverage Questions: ***(Go to Pages 8-16 for coverage specific questions)***

Insured Vehicle:
Year/Make/Model
IVO:
IVD:
IV Damages:
LH:
Location of Vehicle:
IVP:
IVP Location in vehicle:
Seatbelt:
IVP Injuries: ***(Go to Page 31-33 for more injury specific questions)***
(Make sure to secure parent/guardian info when applicable)

Claimant Vehicle:
Year/Make/Model
CVO:
CVD:
Claimant Carrier:
CV Damages:
LH:
Location of Vehicle:
CVP:
CVP Location in vehicle:
Seatbelt:
CVP Injuries: ***(Go to Page 31-33 for more injury specific questions)***
(Make sure to secure parent/guardian info when applicable)

Recorded Statement: Statement Guide

Loss Details:

Date of Loss:
- Time of Loss:
- Purpose of trip:
- Weather Conditions:
- Location of loss: **(Go to Page 18 for additional Loss Location specific questions)**
- Traffic volume:

FACTS OF LOSS:

Police:

Police Responded to Scene:
P/R filed?:
Case #:
IVD Citations?:
CVD Citations?:

Witness:

Injury Details:

- Injuries:
- Transported from scene to ER?:
- Other treatment:
- Diagnosis:
- Treatment Plan:
- Any time out of work:
- Impacts to ADL:

** Formal Conclusion **

(After turning off recorder) Set Expectations:

Discuss Policy Coverage: **(PD Limits/ Deductibles/PIP/BI /Med Pay? UM?...etc.)**
Discuss Coverage Issues: **(Coverage Investigation Ongoing? Excess Limit Issues?)**
Discuss Liability Issues: **(What additional evidence required to make decision)**
Explain: Mitigate Damages **(If applicable)**
Explain: Field Assignment Requested / Set Appraisal Expectations
Explain: Will contact claimant carrier and or Other relevant parties

Set Expectation as to when will be next follow up.

Recorded Statement:
Coverage Questions

GAINSCO CLAIMS UNIVERSITY

Coverage Questions: UNLISTED DRIVER
Name Insured Statement Guide

Important: If you do not already have, secure the Personal Data information

What is your full name?
What is your business phone number? Home number? Cell phone number?
Which is your primary phone number?
What is your email address?
What is your address?
How long have you lived at this address?
Who lives with you at this address?
What is your marital status? If married, confirm spouse name.
Who was driving at the time of loss?
What is their relationship to you?
What is their address?
Phone Number?
Were they living with you on **'state the day of the original policy inception'**?
If not, where were they living?
Do they have a valid driver's license? If so, obtain driver's license number.
Do they have any restrictions? If so, what are they?
Do they own a vehicle? If so, describe.
(If not, what is their normal mode of transportation?)
Do they have auto insurance or any other type of insurance that would apply to this accident?
What is the year, make, model and color of the vehicle they were driving at the time of the accident?
What was the date and time of the accident?
Did they have your permission to use the vehicle? If so, describe. If not, describe why not.
Who gave them permission?
If anyone other than the NI, address if that person had authority to give the permission.
How was permission provided?
Who was given permission?
What was said or done?
When did the permission take place?
When did they secure the vehicle leading up to the accident?
For how long was the vehicle in their possession until the accident occurred?
Why did they use the vehicle that day?
Was the use limited as to time, distance or purpose?
Was their purpose for using the vehicle in your interest? If so, how?
Had they used the vehicle prior? If so, in what scope?
How many times total have they driven the vehicle?
How many times per day? Per week? Per month?
Were they a frequent operator of the vehicle at the time you took out the policy? **If so, describe how.**
Do they have their own set of keys to the vehicle?
Are they the primary driver of the vehicle? If so, how long have they been the primary driver?
Did you tell your agent about the driver? If so, describe how? If not, describe why not?

Coverage Questions: UNLISTED DRIVER
Unlisted Driver / Frequent Driver Statement Guide

Important: If you do not already have, secure the Personal Data information

What is your full name?
What is your business phone number? Home number? Cell phone number?
Which is your primary phone number?
What is your email address?
What is your address?
How long have you lived at this address?
Who lives with you at this address?
What is your date of birth?
What is your marital status? If married, confirm spouse name.
Who was driving at the time of loss?
What is your relationship to **'state insured/owner name'**?
What is their address?
Were you living with **'state insured/owner name'** on **'state the day of the original policy inception'**?
Do you have a valid driver's license? If so, obtain driver's license number.
Any restrictions? If so, what are they?
Do you own a vehicle? If so, describe.
(If not, what is your normal mode of transportation?)
Do you have auto insurance or any other type of insurance that would apply to this accident?
What is the year, make, model and color of the vehicle you were driving at the time of the accident?
What was the date and time of the accident?
Did you have your permission to use the vehicle?
If so, describe how. If not, describe why not.
Who gave you permission?
If anyone other than the NI, address if that person had authority to give the permission.
How was permission provided? What was said or done?
When did this permission take place?
When did you secure the vehicle leading up to the accident?
How long was the vehicle in your possession before the accident occurred?
Why were you using the vehicle that day?
Was the use limited as to time, distance or purpose?
Was the purpose for using the vehicle in the interest of **'state insured/owner name'**? If so, how?
Had you used the vehicle prior? If so, in what scope?
How many times total have you driven the vehicle?
How many times per day? Per week? Per month?
Are you a frequent operator of the vehicle? If so for how long?
Do you have a set of keys to the vehicle?
Are you the primary driver of the vehicle? If so, how long have they been the primary driver?
Did **'state insured/owner name'** tell their agent about you? If so, describe how? If not, describe why not?

Coverage Questions: UNLISTED VEHICLE
Statement Guide

Important: Secure Detailed Unlisted Vehicle Information

What was the year, make, model and color of the vehicle you were driving?
What is the vehicle identification number (VIN)? What is the tag number?
Why were you using the vehicle that day?
Who is the titled owner? If not the insured, what is the owner's address? Phone?

Depending on the vehicle ownership, consider the following;

Insured Owns Unlisted Vehicle
When did you purchase the unlisted vehicle?
Who did you purchase the unlisted vehicle from?
Is this a purchase or lease?
Was there a bill of sale signed? If so, is the bill of sale available
How much was the sale?
What was the date and time the sale was completed?
Was this temporary substitute, additional or replacement vehicle?
If a temporary substitute, describe what vehicle it was substituting and why?
If a replacement, which vehicle did it replace and why?
Did you advise your agent or GAINSO of the unlisted vehicle? If so, how? When?
Was there a pre-inspection done on the vehicle? If so, by who? When? Where?
Was there any other insurance on the vehicle at the time of the accident?
If so, obtain the information.
Did the vehicle have any prior damages at the time of this accident?

Non-Owned Unlisted Vehicle
What is your relationship to the owner?
Who is the insurance company for this unlisted vehicle?
Why were you driving the unlisted vehicle?
- **Rental? (length of rental) Why in Rental? (Pleasure? Business? IV out of commission?)**
- **Company vehicle?**
- **Borrowed vehicle?**

Where was the insured vehicle while driving the unlisted vehicle?
Had you driven the unlisted vehicle before? If so why? How many times (secure details)?
Did you have permission to use the unlisted vehicle? If so, by who? If not, why not?
Do you have your own set of keys?
How did you get the keys?
Is this unlisted vehicle available for your regular use? If so, describe how? Why?

Coverage Questions: GARAGING / OUT OF STATE LOSS
Statement Guide

Garaging

What is your mailing address?
Where is the insured vehicle garaged?

If address provided is different from policy address…
How long has the IV been garaged at current address? **(Week, Month? Be specific!)**
When did you move to current address? **(Secure specific date)**
Where was vehicle garaged at time of policy inception date? **(Secure specific date)**
Where were you living at the time of the policy inception date? **(Secure specific date)**
Did you advise the agent of the address change?

Ask the following questions if policy address issue has been since prior to inception date:
Did you advise the agent of your garaging address?
What address did you provide the agent at the time of policy inception?
Why did you provide (**Policy address: 123 right way Miami FL**) to agent at the time of inception?

Out of State Loss

What is your cell phone number?
Who is your provider?
How long have you had this number?
What was the purpose of your trip and how long was trip scheduled for?
How often do you go to (loss state)?
How long to you stay at one time in (loss state)?
Address when staying over night?
What is your current address?
Do you own/rent? How long?
Do you have a different address where you send your mail?
What address is listed on your driver's license?
Are you a registered voter? If so, where are you registered to vote?
What state is your vehicle registered in?
Where do you have maintenance done on your vehicles?
Do you use a credit or debit card for your insurance payments? What address does your bank statement or credit car bill go to? When was the last time you visited the agency/have you ever been to the agency?
Does your vehicle have any toll tags?
Which state/toll authority?
Where do you work and what is the address?
Do you have a paystub that you can fax to us?
Did you file income taxes last year? What address did you use on your income taxes?
Do you have any minor children?
What school district (city, state) do they attend?

Coverage Questions: BUSINESS USE
Statement Guide

Important: If you do not already have, secure the Personal Data information

Where was insured going / coming from at the time of the loss?
Was insured in course and / or scope of employment at time of loss?
What is insured occupation?
What company does the insured work for?
How does the insured get paid? Salary? By hour?
(Secure Details: Form of payment for work completed)
At the time of the loss was the insured on the clock?
When did the insured start using the IV for business?
(Secure Specific Date. Was it before inception date?)
How long has the insured been employed in this occupation?
(Secure specific date of occupation start date – was it before inception date?)
If business use at TOL – How many times per day is IV used for business?
How many times per week is the IV used for business?
Any tools, equipment, merchandise, food transported in IV?
Was agent made aware of insured occupation at policy inception time?
Who is registered owner of the IV involved in the loss?

Possible MM if IV used for business at time of inception and not disclosed to agent

Things to consider - If business use:

Employment listed on application?

In policy application: Was Box checked re: vehicle not used for business?

Agent write the prior policy?

Was agent aware of business use?

Was agent aware of the insured occupation?

Proof of prior if applicable?

Coverage Questions: ARTISAN USE
Statement Guide

Important: If you do not already have, secure the Personal Data information

Vehicle Use? – Artisan use

Applicant Occupation?
Describe Business/Artisan operations:
(What is IV used for? Delivery? Carry Tools/Equipment?-
Secure in detail use of IV)
Name of applicants business (if applicable)
What is the business address?
Radius of Operation (in miles)?
Number of job sites visited a day?/week?/month?
How many individual does applicant employ?
Does applicant carry Workers Compensation?
Does any individual employed by the applicant drive the vehicle?
Describe items normally carried in vehicle:
Are any hazardous substances carried in the vehicle?
Does applicant carry any heavy machinery or equipment?
Does applicant pull any kind of trailer?
(If Yes: Describe in detail – what kind of trailer? - Who is Owner of Trailer?)
Is vehicle used to transport people?
Name on vehicle registration? (Individual Name? or Business Name?)
Is business covered under CGL policy?
Did you tell your Agent you use this IV for business?
How long have you been doing this Type of Business?
(Secure Specific Date when first started business occupation?)
How long have u been using IV for business?
(Secure Specific Date)
At the time of the Policy Inception Date **(Specify date of incept)** were using IV for business?

ARTISAN UNDERWRITING RULES

- Vehicle must be titled in the name of an individual
- Vehicle may only be driven within a radius of 100 miles from the name insured's home
- Vehicle has load capacity of 1 ton or less
- Vehicle is used to visit no more than ten job sites per day
- We must insure all vehicles in the household.Only one vehicle in the household can have artisan use
- There are no other operators other than the named insured and listed resident family members
- Vehicle is not used to carry passengers
- If vehicle is used to pull a trailer, agent needs to submitt photos to U/W for binding approval
- Vehicle may have logos but logos will not be repaired or replaced in event of a loss

Coverage Questions: Insured Vehicle Ownership Issue

Things to consider:

Was the vehicle involved in the loss a listed vehicle at the time of the policy Inception?
(Vehicle Listed on Policy Application?)

Is the owner of the insured vehicle listed on the policy?

Is the owner of the insured vehicle a household member of the insured residence?

Is the owner of the insured vehicle the insured spouse? (not listed on policy?)

Important: If you do not already have, secure the Personal Data information

Statement Guide:

When was the insured vehicle added to the policy?

Is the owner of the insured vehicle a household member of the insured residence?

If no, where does the owner reside?

What is the relationship between the insured and the insured vehicle owner?

Does the owner driver the insured vehicle? (Establish frequency/ Pattern)

Coverage Questions: Marital Status

Important: If you do not already have, secure the Personal Data information

Were you legally married when you took out the policy on ___?
Why did you not disclose your marital status when you took out your policy?
Did the agent ask you about your marital status when you completed your application?
Were you aware that you had to disclose your marital status on the policy application?
Did you read the application prior to signing it?
Did the agent provide you with a copy of the policy application?

Recorded Statement:
Liability Questions

Recorded Statement: Liability Questions - Loss Location

- Please give me the date, time, place of this loss.
- What type of area was this – residential, commercial, mixed? City, small town, rural?
- Are you familiar with this area? Have you ever driven there before?
- What brought you to the area on the date of loss?
- What is the posted speed in this area?
- What were the weather conditions at the time of loss?
- Did the weather contribute to the loss in any way?
- How was visibility in the area? Light conditions?
  If at night, what type of street lighting?
- Were there any obstructions to your view? (E.g. vehicles, buildings, trees, etc.)
- Were there any special hazards? (E.g. construction, school zone, etc.)
- Please describe the road conditions (dry, wet, slippery). Road conditions contribute to loss?
- Please describe the accident location.
  Names of streets
  Street directions (north, south, east, west).
- How many lanes in each direction?
- Please describe the road way;
  Surface (e.g. black top, gravel, etc.)
  Type (e.g. straight, curve, hill, etc.)
  Any dividing lines and/or median? If so, describe.
  Did this occur at an intersection? If so, describe. Traffic controls? (traffic light, stop sign, etc.)
  Is there on-street parking? Parallel? Angle? Perpendicular?
- How were the traffic conditions? Light, Moderate, Heavy?
- Did all vehicles have their head lights on?
- Were there any cameras in the area?
- Where did each vehicle come to rest after the impact?

Recorded Statement: Liability Questions
Loss Type: **REAR END**

Rear Ending Vehicle:

What direction were you traveling?
How many lanes were there?
Which lane were you in prior to impact?
How long had you been traveling in this lane?
In which lane did the loss occur?
Did the other vehicle have their turn signal on? If so, which one?
Did the other vehicle's brake lights work?
Did the other vehicle make a sudden stop? If yes, describe.
Did the other vehicle cut in front of you? If so, describe.
Where was the other vehicle in relationship to your car when they made the change of direction?
How many lanes did the other vehicle (or you) cross before the impact occurred?

Rear Ended Vehicle:

What direction were you traveling?
How many lanes were there?
Which lane were you on prior to impact?
In which lane did the loss occur?
To the best of your knowledge, did your brake lights work properly?
Were your brakes applied at impact? If so, why?
Did you have a turn signal on? If so, which one?
Did you make a sudden stop? If so, why?
Did you change lanes in front of the other vehicle?
Did you cut the other vehicle off?
Any other vehicles involved in the incident? (in front of you or behind the vehicle that struck you)
- If yes, order of impacts?
- How many impacts did you feel?

Recorded Statement: Liability Questions
Loss Type: **BACKING LOSS**

Backing Vehicle

Describe the parking lot
- Aisle one way or two way?
- Parking spaces on both sides of aisle?
- Straight or angled parking spaces?
- Where in aisle (in which space) was each vehicle parked prior to impact?

Were there vehicles parked next to you?
- If so, describe the vehicles and where they were in relationship to you?

Did these vehicle(s) obstruct either driver's vision from seeing each other? If so, describe how.
Were there any other obstructions to either driver's vision of seeing each other?
How many vehicles passed before you started backing?
Did you turn around to look behind you? If so, describe how and what you did?
Did you use any mirrors? If so, describe which mirrors?
At the time of impact, which direction were you looking?
- When did you first see the other vehicle?:

From the time you started to back, how much time passed until the impact occurred
How far out of the parking space was your vehicle when your impact occurred
What was the point of impact to each vehicle?

Vehicle Moving Forward

Describe the parking lot
- Aisle one way or two way?
- Parking spaces on both sides of aisle?
- Straight or angled parking spaces?

When did you first see the vehicle backing? Where was it?
How far was the backing vehicle from you? (e.g. Distance, car lengths, land marks, etc.)
What was the position of your vehicle?
What was the position of their vehicle?
Did you see the other vehicle brake/backing lights? If so, when?
Where were you in relationship to the vehicle? How far away?
Were there any obstructions to your vision of seeing the other vehicle? If so, describe.
Were there any obstructions to the vision of the other driver from seeing you? If so, describe.
Did you attempt to alert the other driver? If so, how? (e.g. honk, flash lights)

Recorded Statement: Liability Questions
Loss Type: INTERSECTION LOSS

Before going into detail questions below… Ask the following:

Describe the intersection (4 way, "T", etc.)
Traffic controls: (uncontrolled, stop sign, traffic light?)
What direction were you traveling?:
How many lanes were there?:
Which lane were you traveling?:
Where was the other vehicle coming from?:

Uncontrolled

Did you have a turn signal on? If so, which one?
Did the other vehicle have a turn signal on? If so, which one?
What was your speed as you approached the intersection?
What was your speed as you entered the intersection?
What was your intention when you entered the intersection? Going straight? Turning?
Did you ever stop before you entered the intersection? If so, how long were you stopped before you proceeded?
How many lanes did you cross before the impact occurred?
How many lanes did they cross before the impact occurred?
Who had the right of way? Why?
Who entered the intersection first?

Controlled with Traffic Light

How far were you from the intersection when you first saw the traffic light?
What color was the traffic signal at that time? What type of signal was it?
How fast were you going as you approached the intersection?
Did you ever stop for the traffic light?
How long were you stopped at the light?
If stopped at red light, what did you do when the light changed green?
How long did you wait until you proceeded?
Who entered the intersection first?
What were your intentions when you entered the intersection? (E.g. turning, straight, etc.)
If turning, did you have your turn signal on? If so, what one?
How fast were you going when you entered the intersection?
Did the other vehicle have a turning signal on? If so, what one?
How many lanes did you cross before the impact occurred?
How many lanes did they cross before the impact occurred?
Who had the right of way?

Controlled with Stop Sign

When was your first sight of the other vehicle?:
Where in relationship to the intersection were you when you saw the other vehicle?
What was your traffic control signal? (Did you have a stop sign?)
Did the other vehicle have a stop sign?
Who entered the intersection first?
Who had the right of way?

Recorded Statement: Liability Questions
Loss Type: **ENTERING ROADWAY**

Vehicle Entering Roadway

What direction were you traveling?:
How many lanes were there?:
Which lane were you traveling?:
Where was the other vehicle coming from?:
Were you backing or moving forward?
Where were you entered the roadway from? (E.g. private drive, public area, etc.)
Did you have a traffic control device where you were entering from? If so, describe.
Did your lights work? (e.g. headlights, backup lights)
Did you stop before you entered the roadway? If so, how long?
Did you ever see the other vehicle? If so, describe.
How much time passed between the point that you started to enter the roadway to the time of impact?
What distance did you travel up to the point of impact.
E.g. distance, car lengths, lanes, etc.)
Who controlled the lane? Why?
Who had the right of way? Why?

Recorded Statement: Liability Questions
Loss Type: **TURNING LOSS**

Before going into detail questions below… Ask the following:

Describe the location where the loss occurred.
What direction were you traveling?:
How many lanes were there?:
Which lane were you traveling?:
Where was the other vehicle coming from?:

Vehicle with Right of Way

Was their turn signal on? If so, what one?
How far from the vehicle were you when they began to turn?
What speed were you traveling when the vehicle began to turn?
What did you do when you saw the vehicle begin to turn?
Who entered the intersection first?
Who had the right of way?
How much time passed from the moment the vehicle began turning to the time of impact?
How many lanes did you cross before the impact occurred?
How many lanes did they cross before the impact occurred?
Did you ever stop for the traffic light? If so, how long were you stopped before proceeded into the intersection?
What were your intentions when you entered the intersection? (E.g. turning, straight, etc.)
If turning, did you have your turn signal on? If so, what one?

Turning Vehicle

When did you first see the vehicle? (e.g. Distance, car lengths, land marks, etc.)
How far were you from it?
What position was the vehicle in?
Was there turn signal on? If so, what one?
How far from the vehicle were you when you began to turn?
What direction were you turning?
Was your turn signal on? If so, what one?
What speed were you traveling when you began to turn?
What did you do when you saw the other vehicle continuing?
Who entered the intersection first?
Who had the right of way?
How much time passed from the moment you began turning to the time of impact?
How many lanes did you cross before the impact occurred?
How many lanes did they cross before the impact occurred?
How fast was the other vehicle going?
Did you ever stop for the traffic light? If so, how long were you stopped before proceeding?

Recorded Statement: Liability Questions
Loss Type: PASSING LOSS / LANE CHANGE

Before going into detail questions below… Ask the following:

Describe the location where the loss occurred.
What direction were you traveling?:
How many lanes were there?:
Which lane were you traveling?:
Where was the other vehicle coming from?:

Passing Vehicle

When did you first see the other vehicle? (e.g. Distance, car lengths, land marks, etc.)
How far were you from it?
What position was the other vehicle in?
Was the other vehicle's turn signal on? If so, what one?
Why did you decide to pass?
How far from the other vehicle were you when you began to pass?
Did you signal? If so, how? Turn Signal? Honk your horn? Flash you lights?
What speed were you traveling when you began to pass?
How fast was the other vehicle going?
Was it legal to pass in this area of the roadway?
Did any other vehicle pass in front of you or behind you?
How fast were you going as you were passing the other vehicle?
How much time passed from the moment you began pass to the time of impact?

Vehicle Being Passed

Did you see the passing vehicle? (e.g. Distance, car lengths, land marks, etc.)
What position was the other vehicle in at first site? (e.g. Behind, passing, etc.)
What was your distance from the passing vehicle at first sight?
What was the speed of the passing vehicle at first sight?
How fast were you traveling before being passed?
Did you see or hear the other driver's intent to pass?
Was it legal to pass in this area of the roadway?
How far from the other vehicle were you when they began to pass?
What were your intentions? (e.g. Straight, turning, stopped/stopping, etc.)
Did you have a turn signal on? If so, what one?
Did any other vehicle pass in front of you or behind you?
How fast were you going as the other vehicle attempted to pass?
How much time passed from the moment you first saw the other vehicle until impact?

Recorded Statement:
Comparative Negligence Questions

Recorded Statement:
Comparative Negligence - Questions to Consider

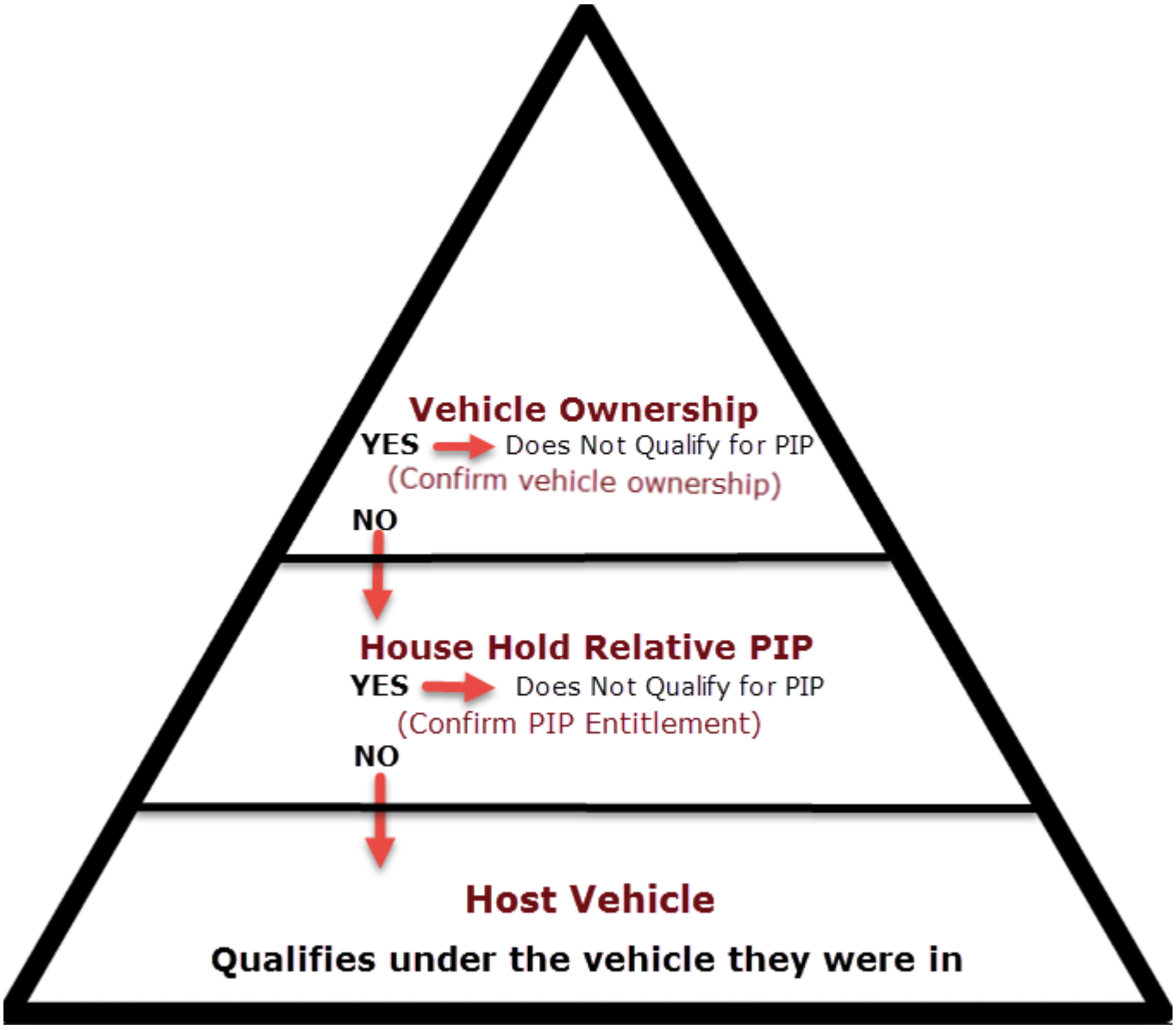
- Did you take any evasive action?:
- Did the other driver take an evasive action?:
- What was the final resting place/position of both vehicles?:
- Any conversation with the other driver?:
- Any distractions in your vehicle?:
- Any distractions in the other vehicle that you observed?:
- Were there any obstructions to your view?
- Were there any obstructions to the view of the other driver?
- When did you first see the other vehicle prior to impact?



GAINSCO CLAIMS UNIVERSITY

Recorded Statement:
PIP Specific Qualifying Questions

Recorded Statement: PIP Specific



GAINSCO CLAIMS UNIVERSITY

Recorded Statement: PIP Specific

Qualifying Questions

Unlisted House Hold Member / Vehicle Information

Confirm others listed on policy
Confirm other vehicle on policy
Any other residents in house hold:
Any other vehicle in house hold:

- Was _____ living with the Named Insured when the Named Insured purchased the policy?
- Why did you not add _____?
- Did the insurance agent go over the application with you before you signed it?

If "no" or "I don't remember":
- Did the agent ask you different questions regarding the people who lived with you?
- Did you answer the agent's questions?
- Did you Read the Application Before you Signed it?

If "no" or "I don't remember":
- Did the agent prevent you from reading the insurance application before you signed it?

If "I can't read/speak English":
- Did the agent speak _____ and ask you questions in _____regarding the application?"

If "No, agent didn't speak _____"
- Did you bring somebody with you who spoke/read English to help fill out the application?
- Did you ask the agent to provide you with somebody who did speak _____ before you signed the insurance application?"

If the person indicates that the agent made a mistake or that it was the agent's fault that somebody wasn't listed as a driver on the application for insurance or that the application indicates that they were married, etc.), ask:

- What is the name of the insurance company that you were insured with prior to the MGA application for insurance?
- Did you list that person as a driver on *Insert Insurance Company* application for insurance (or indicate that you were married, etc.)?
- What is the name of the insurance company that you went with before MGA?
- Did you list that person as a driver on *Insert Insurance Company* application for insurance (or indicate that you were married, etc.)?

Recorded Statement: PIP Specific

Qualifying Questions

Passengers in the Insured Vehicle:

Passenger Name:
Seatbelt?
Passenger Location in vehicle:
Relation to Insured:
DOB/ SS#:
Own any other vehicles or have vehicle that you regularly use?
Auto Insurance for those vehicles?
Address of residence at time of loss:
How long residing at that address?
Other Residents at this address:
Any residents own a vehicle:
What's your relationship with this person?
Auto Insurance for those vehicles?
Passenger owns a vehicle?
If yes, insurance company?
If no, any vehicle available for regular use?

Unlisted Vehicle

Who is the Owner of the Unlisted Vehicle?
What is the Relationship to NI?
Does the owner of the Unlisted Vehicle live with Named Insured?
Insurance information:

Recorded Statement:
Injury Specific Questions

GAINSCO CLAIMS UNIVERSITY

Recorded Statement: Injury Specific Questions

Injuries:

Were you injured in the accident?
Were you aware of the impending impact?
    Did you brace any part of your body for impact? How?
Symptoms or Injuries:
When did you symptoms first appear? (Immediately, gradually, etc.)
How did your body move upon impact? (forward, backward, left, right, etc.)
Did any part of your body come into contact with anything inside the vehicle?
Did Ambulance arrive at the scene?
Checked at scene?

Treatment:

Did you go to the ER (ambulance/on own)?
Which ER did you go to?
    Treating Physician:
If not your family physician, who recommended you?
Did anyone accompany you to doctor?
How did you get to the doctor's office?
First treatment date:
Fill out forms? Sign blank forms?
Examined by a doctor?
How long 1st visit last?
    Any diagnostic tests (X-Ray, CT Scan, MRI, EMG/NCV, etc)?
What was your diagnosis?
What treatment was recommended?
Any medications prescribed?
How many times a week are you currently treating?
How long do your visits last (excluding wait time)
Type of treatment (add additional treatment if necessary)
Therapy always the same?
Any other medical treatment/provider since loss occurred?
Further Treatment expected?
Type of treatment:

Recorded Statement: Injury Specific Questions

Prior Medical Conditions:

Have you had an Auto accident before this one?
When?
Did you sustain injuries in that accident?
Did you treat for these prior injuries (If so, describe each prior injury and treatment:)
Name of the provider?

Have you had a Worker's Compensation claim before?

Have you injured (insert alleged injured body part) before (ie. Sports, fall, etc.)?

Insurance

Health Insurance Carrier Name:
Health Insurance Carrier Name Address:
Medicare Recipient, Medicare Number:
Medicaid Recipient, Medicaid Number:

Lost Wages:

Have you had to take any time off work as a result of the accident?
Were you directed to take time off of work?
If yes, by whom?
Employer name/phone:
What are your job duties?
How many days have you missed?
If still out of work, when will you be returning to work?
How many hours per day/week do you normally work?
Hourly Wage/Salary:

Impact to ADLs:

Is there anything you did prior to the loss that you are currently having difficulties with (ie. Sports, hobbies, volunteering, etc.)?
If yes, What activities?
How often did you participate in this activity prior to the loss?
Since the loss?
How are you feeling today?

Recorded Statement:

Agent Statement

Recorded Statement: Agent Statement

Could you please state your full name?
Could you please state the name of the agency where you are employed?
What is the address & phone # to the agency?
What is your position at the agency?
How long have you been employed at this agency?
What type of license do you hold?
May I have your agent license #?
May I have your Date of Birth?

When was this application written and bound for coverage?
Do you recall who came to your office to purchase this policy?
Did this person go alone to the agency at the time the application was written?
Was this person a new customer or renewal business?
Do you personally know this person? If yes, for how long?

What is the procedure that you use when quoting and or writing a new business policy?
Ask general questions: name, DOB, address, vehicles
Ask about HHM, children, who drives the vehicle

Did you go over every question on the application before the applicant signed it? Yes

Did you provide the applicant with a copy of the signed application?
Did you specifically asked if all the household members, licensed or not, had been disclosed on the application?

Was there an Additional Driver Form generated on the application (Driver Verification Form)?
Under DO NOT INCLUDE who was listed?
Did you ask NI who these individuals were?

Detailed Questions Regarding Coverage issue being investigated:

Ask follow up question secure detail information needed to proceed with conclusion of claim investigation…

Example:

Were you aware that _____ is NI's Mother and she lives with him?
Were you aware that _____ was living in the Household at policy inception?
Were you aware that the insured vehicle is not garaged at the policy address?
Were you aware that the insured vehicle is not registered to the named insured?
Were you aware that _____ is s frequent driver of IV?
Were you aware that the insured vehicle is used for Business? / Commercial use?
Were you aware that the insured was married / single?

Be courteous yet thorough!

Recorded Statement:

E-Signature Statement

GAINSCO CLAIMS UNIVERSITY

Recorded Statement: E-Signature - INSURED R/S

Additional Questions that need to be asked when dealing with E-Signature policies

Insured R/S – Addition Items to address when dealing with E-Signature Policy

The objective of the recorded statement from the policyholder is to acquire a thorough understanding of how the eSignature transaction occurred. The adjuster should begin by asking general questions along the lines of "Tell me how you completed the e-Sign process?

The claims representative should avoid asking leading questions at this point, and allow the policyholder to use their own words to describe the purchase.

If the policyholder is insufficiently specific about how he/she bought the policy using eSignature, the rep will need to ask more focused questions.

At the end of the interview, we need to be certain to have elicited the following information from the policyholder:

Date they first made contact with their agent?
If prior to date of application, how did it occur, in person, phone, prior quote over the phone?
How was application completed?
(In person at agent desk, over the phone, over the internet etc…)

When was application completed? (Date & Time)

Identify who answered the Questions on the Application?
If not Named Insured, who? What was their relationship to the Named Insured?
Did they have the Named Insured's permission?
Was Agent aware they were answering for Named Insured?
Who completed the E-signature confirmation of application?
If completed in the Agent's Office, attempt to confirm that the Named Insured physically pressed the key to sign the E-signature option on computer.
If done over the internet, determine who signed Acknowledgement and Consent forms.
Did they use their own PC, the agent's PC or a smart phone?
(Confirm ownership & type of any device used)
When and how was payment made?
Was a receipt provided?

Recorded Statement: E-Signature - AGENT R/S

Additional Questions that need to be asked when dealing with E-Signature policies

Agent R/S – Addition Items to address when dealing with E-Signature Policy

Similar to the recorded statement of the policyholder, the recorded statement from the agent should begin with broad questions asking them to describe how they sold the e-Signature policy, how the application was completed, etc.

If they are also insufficiently exact, we will need to be sure to obtain the follow specifics from them:

Who in the agency assisted the Named Insured with the Application Process?
What is their Name, Title and License Number?
Date of first contact with Named Insured?
If prior to date of completing application, content of discussion –
Quote given?
Quote #?
Any representations made?

If previously conducted business with Named Insured, how long have they known insured?
What was used to confirm the identity of the policyholder?
Obtain copy of the document
Any prior policies with Named Insured, Listed Drivers or Household Members of Named Insured?

When was application completed (date and time).
In person? Traditional or eSign Signature?
How was the eSign process accomplished?
Agent's PC? **(Ask detail questions who had control of computer?)**
Insured's smart phone?
Insured's PC?
Fax confirmation available?
Email? (Secure a copy of documents provided to insured.)
Receipt provided? If so, request copy of receipt.
When and how was down payment made?
Form of down payment? (Cash, debit, or something else?)
Did they see the vehicles? Get photos? Get copies of Registration?
VIR completed properly? Ask for it.
Any discussion since?
Anything unusual?
Obtain copy of insured's cashed premium check (front and back)
Obtain entry into Agent's checkbook register where possible.
Obtain copy of agent's log

Recorded Statement:

Witness Statement

Recorded Statement: Witness Statement

What is your full name?
What is your;
- Business phone number?
- Home phone number?
- Cell phone number?

Which is your primary phone number?
What is your address?
What is your date of birth?
What is your marital status?
What is your occupation?
What is your driver's license number
Please give me the date, time, place of this loss.
Was this a residential or commercial area?
Are you familiar with this area?
What brought you to the area on the date of loss?
Please describe the accident location, all vehicles and parties involved
- Streets/Direction of travel/Type-Condition of roads
- Vehicles – Year/Make/Model/Color
- Drivers/Passengers/Other Witnesses or Other Relevant Party(s)
- Obstructions, Special Hazards, Speed Limit

What drew your attention to this matter?
In your own words, please tell me what you saw happen. Note: Make sure to clarify the following;
- Streets/direction of travel of all vehicles/party(s)
- Speeds
- Point of impacts/Severity of impacts
- Evasive actions
- Skid marks/debris
- Any fixed property damage – Injuries to involved party(s) – any visible injuries?
- Police on scene – did you speak with police? Was anyone given a citation?

Who do you believe is at fault? Why?
Was there any other contribution by the other driver(s)? If so, please describe why and how.
Did you overhear any conversations? If so, what did you hear?
Did you or anyone take any photos at the scene? If so, request copies.
Do you drive? How long?
Do you wear glasses? Were you wearing them at the time?
Any impairment to your hearing?
Any medication and/or alcohol observed?
Are you related to or acquainted with any party(s) involved?

Recorded Statement:
Insured Vehicle Theft

Recorded Statement:
Insured Vehicle Theft

Important Personal Information: If you do not already have, secure the Personal Data information **(Name, DOB, Marital Status, Social Security Number, Driver License...etc.)**

** Formal Introduction **

What is your full name?
What is your business phone number? Home number? Cell phone number?
Which is your primary phone number?
What is your email address?
What is Mailing your address?
Residence address?
Length of time person has lived at current address.
Description of Residence (apt, house… etc.)
Names and ages of all people 16 years or older that reside at residence address.
How long city of residence?
Address where stolen vehicle is normally garaged?

Business address?
Occupation and Employer — Income?
Employer's Address and phone number
Work hours?
How long employed?

Vehicle Information:

Vehicle Involved in Theft - (YEAR,MAKE, MODEL,TAG,VIN,COLOR)
Style (2-4 door, sedan, van, pickup, etc.)
Engine size (cc's or number of cylinders)
Transmission - automatic or standard
Mileage on vehicle at time of theft
Tires (Brand of tires/ mileage on tires or age of tires)
Keys? How many copies?

Equipment Options

A/C
Cell phone - mounted or portable
AM-FM radio/cassette/CD player/TV
Copy of receipt for all additional equip.
Power assisted seats, windows
Security system - name of installer
- remote ignition
- VAT/Passkey system
"Club" or other passive anti-theft device
Airbags (passenger side/side impact)
After market tires & wheels?

Recorded Statement:
Insured Vehicle Theft

Recent Repairs or Maintenance:

Condition of vehicle
Any recent repairs?
Any physical damage to vehicle?
Any needed repairs?
Work performed by what repair facility

Where was the car last serviced?
Date of last maintenance
Any mechanical problems?
Type of work performed

Prior accidents or damage
Areas damaged and cost of damage
Who repaired the damage
When was the damage incurred
Insurer paying for the repairs?, if any

Identifiable marks or unrepaired damage?
Stickers?
Scratches?
cracked glass?
Dents?

Vehicle Financial Information:

Vehicle Owner
Where was vehicle purchased from? (Specific location of place purchased...Dealer or Individual?)
Purchase Date?
Purchase Price?
Purchased/Leased?
New or Used? If used - Any prior damage?
Lienholder?
Name of Lien Holder (Address /Account Number)
Amount of outstanding lien?
When last payment was made on car'?
Are payments current?
Monthly payment amount?
What is vehicle loan balance?
Have you tried to trade cars in recent months?
How many other cars do you own? Are other cars financed?
Any Other insurance on the vehicle? (GAP?)
Previous thefts? Insurance coverage?
Previous fires? Insurance coverage?

Recorded Statement:
Insured Vehicle Theft

Essential Information to Secure

Who had care, custody, and control of the vehicle prior to the loss:
Identify every place the vehicle was - **in chronological order** -

- From the point it was last moved from its place of primary garaging to the point it was stolen.
- Specific location of each stop - have the customer either provide an address or detailed description of the location.
- Specific time each stop was made.
    * Identify anyone who might have been with the vehicle driver prior to theft.
    * Note details of places and times they were with the vehicle driver prior to theft.
    * Secure full names, addresses, and phone numbers for each person who can confirm.

Circumstances of the Theft

Exact location of vehicle at time of theft **(*be precise in describing location, e.g. was car in front of house, back of house, is area residential or commercial, lighting conditions etc.)***
Date and time vehicle parked at this location.
Date of theft,? Time of day?
Place of theft, how **entered?**
When did you last see car?
When did you notice it missing?
Person first discovering the vehicle stolen
Vehicle locked or secured?
Vehicle locks fully functional?
Alarm or security system turned on?
Alarm or security system fully functional?
Were keys in car?
Was it locked?
Who had keys to your car?
Are there any extra keys?
Location of all sets of keys **at present**
Who drives the vehicle?
Who else has a copy of the car keys?
Identity of all people who have keys to the vehicle regularly available to them.
Where stolen from?
Who was with you when theft occurred?
How did you get home (if stranded)?
Person that last saw vehicle?
Last person driving vehicle — relationship?
Address of that person? And, if missing, how long you have known him, where was he from, how long has it been since you've seen them?
Manner in which vehicle owner was notified of theft if they did not discover it themselves.
Do you know who stole your vehicle? If so, please explain.
Do you know of any suspects? Who are they and have you reported this information to the police?
Are you aware of any other vehicles in the same locale that had been stolen, vandalized or burned?
What personal belongings did you have in vehicle?
Insurance on those items? (What company? Has this been reported to them?)

Recorded Statement:
Insured Vehicle Theft

Police:

Was theft reported to the police?
Name of police department theft reported.
Manner in which police were contacted (e.g. pay phone, cell phone, residence phone, in-person).
Request copy cell phone records.
When was theft reported to police? (Date and time of theft report to police.)
Who reported it?
Did the police respond to the scene?
Was a theft report filed?
Were Any charges filed? (Against who?)

If theft occurred away from residence...

Means of returning home following theft's discovery (if not at home).
Identity of person(s) involved in getting customer home.
Location of any stops between location of theft and residence.
Explore the reason for any gap in time between thefts discovery and report to police.

Customer Version of Facts of Loss

Allow the customer to describe the facts of loss (theft) in their own words. **Do not *prompt* or *interrupt*** the person as they describe the facts of loss. **Listen** carefully to what the customer tells you as you can use this as an important source of follow-up questions. Let each answer led you to the next question?

Recorded Statement:
Insured Vehicle Theft

Concluding General Questions

Prior Theft Claim History
- Type of vehicle stolen
- Date of theft
- Location of theft
- Vehicle recovered or unrecovered

Insurer handling theft loss

Identity of any person(s) soliciting customer to purchase the vehicle when it was not offered for sale.

Any Prior repossessions of vehicles.
Type of vehicle repossessed
Date of repossession

Ask if there is any other information that they believe the adjuster should know concerning the theft.

Ask the insured to produce copies of any documentation needed in the theft investigation:
(Bill of Sale, Cell phone records, Maintenance, Receipts for stereo, TV's or tires & wheels).
Be sure & repeat on tape prior to closing of what the customer has agreed to provide.
Explain that all documentation requested is needed to be able to proceed with claim resolution.

** Formal Conclusion **

Recorded Statement:
Insured Vehicle Fire

Recorded Statement:
Insured Vehicle Fire

Important Personal Information: If you do not already have, secure the Personal Data information **(Name, DOB, Marital Status, Social Security Number, Driver License...etc.)**

What is your full name?
What is your business phone number? Home number? Cell phone number?
Which is your primary phone number?
What is your email address?
What is Mailing your address?
Residence address?
Length of time person has lived at current address.
Description of Residence (apt, house… etc.)
Names and ages of all people 16 years or older that reside at residence address.
How long city of residence?
Address where stolen vehicle is normally garaged?

Business address?
Occupation and Employer — Income?
Employer's Address and phone number
Work hours?
How long employed?

Vehicle Information:

Vehicle Involved in Theft - (YEAR,MAKE, MODEL,TAG,VIN,COLOR)
Style (2-4 door, sedan, van, pickup, etc.)
Engine size (cc's or number of cylinders)
Transmission - automatic or standard
Mileage on vehicle at time of fire
Tires (Brand of tires/ mileage on tires or age of tires)
Keys? How many copies?

Equipment Options
A/C
Cell phone - mounted or portable
AM-FM radio/cassette/CD player/TV
Copy of receipt for all additional equip.
Power assisted seats, windows
Security system - name of installer
- remote ignition
- VAT/Passkey system
Airbags (passenger side/side impact)
After market tires & wheels?

Recorded Statement:
Insured Vehicle Fire

Recent Repairs or Maintenance:

Condition of vehicle
Any recent repairs?
Any physical damage to vehicle?
Any needed repairs?
Work performed by what repair facility

Where was the car last serviced?
Date of last maintenance
Any mechanical problems?
Type of work performed

Prior accidents or damage
Areas damaged and cost of damage
Who repaired the damage
When was the damage incurred
Insurer paying for the repairs?, if any

Identifiable marks or unrepaired damage?
Stickers?
Scratches?
cracked glass?
Dents?

Vehicle Financial Information:

Vehicle Owner
Where was vehicle purchased from? (Specific location of place purchased...Dealer or Individual?)
Purchase Date?
Purchase Price?
Purchased/Leased?
New or Used? If used - Any prior damage?
Lienholder?
Name of Lien Holder (Address /Account Number)
Amount of outstanding lien?
When last payment was made on car'?
Are payments current?
Monthly payment amount?
What is vehicle loan balance?
Was the vehicle for sale?
Have you tried to trade cars in recent months?
How many other cars do you own? Are other cars financed?
Any Other insurance on the vehicle? (GAP?)
Previous thefts? Insurance coverage?
Previous fires? Insurance coverage?

Recorded Statement:
Insured Vehicle Fire

Essential Information to Secure

Who had care, custody, and control of the vehicle prior to the loss:

Circumstances of the Fire

Exact location of vehicle at time of the fire ***(be precise in describing location, e.g. was car in front of house, back of house, is area residential or commercial, lighting conditions etc.)***
Date and time vehicle parked at this location.
Date of fire? Time of day?
Weather conditions?
Where was the vehicle found? (area, surface description)
Were there burn marks around the vehicle?
Description of interior and exterior damage.
Was someone driving the vehicle when the fire started?
- If yes, who?
- Where was vehicle headed at time of loss?
- Was anyone in vehicle smoking?
- What actions were taken by occupants when fire noticed?
- Where were occupants seated in vehicle and what were they doing?

Was vehicle parked/unoccupied prior to the fire?
- If yes, where was the vehicle parked?
- When was the vehicle parked in this location?
- For how long was the vehicle parked in this location?
- Was the vehicle locked?
- Who was the last person to drive?
- When was the vehicle last driven?
- Was anything removed from the vehicle when it was parked?
- Was the vehicle recently cleaned out? If yes, describe,

Have you ever made a vehicle-related claim? Describe.
Has anyone in your family ever made a vehicle-related claim? Describe.
Have you ever had a vehicle fire before? Describe.
What prior claims have you had with this vehicle? Describe.
Where did the fire start?
If you discovered the fire:
- Where did you observe the fire?
- What color was the smoke?
- What color were the flames?
- Was there an odor? Describe it.
- Did you notice anything unusual pertaining to the fire? Explain.
- Did you see/hear any explosions?
- What actions did you take when you noticed the fire?
- Who was with you when the fire occurred?

How were you notified of the fire?
- Who notified you?
- When were you notified?
- Where were you when you were notified?

When was the vehicle last serviced?
- What was serviced?
- Did you notice any issues following the service?

Recorded Statement:
Insured Vehicle Fire

Who drives the vehicle?
Identity of all people who have keys to the vehicle regularly available to them.
What were your activities during the 48 hour period prior to the fire?
- Where did you go?
- Who did you see?
- Did anything unusual happen?

What were your activities during the 48 hour period after the fire?
- Did you talk to the police?
  - If yes, dates, times, names and what was discussed
- Did you talk to the fire department?
  - If yes, dates, times, names and what was discussed
- Do you have a replacement vehicle?

How did you get home (if stranded)?
Person that last saw vehicle?
Last person driving vehicle — relationship?
Address of that person? And, if missing, how long you have known him, where was he from, how long has it been since you've seen them?
Are you aware of any other vehicles in the same locale that had been stolen, vandalized or burned?
What personal belongings did you have in vehicle?
Insurance on those items? (What company? Has this been reported to them?)
Do you believe the fire was accidental? Why or why not:
Is there anything else you would like to add regarding the fire?
Do you have any additional knowledge pertaining to the fire or of anyone who may be involved with it?

Ask the insured to produce copies of any documentation needed in the fire investigation:
(Bill of Sale, Cell phone records, Maintenance, Receipts for stereo, TV's or tires & wheels).
Be sure & repeat on tape prior to closing of what the customer has agreed to provide.
Explain that all documentation requested is needed to be able to proceed with claim resolution.

**** Formal Conclusion ****


GCU
GAINSCO CLAIMS UNIVERSITY