



## Captive Insured Online Loss Reporting Instructions:

Thank you for using the National Interstate online tool for claims reporting. The following instructions will assist in guiding you through the reporting process, including how to obtain your login information, specific to your company.

### Please note:

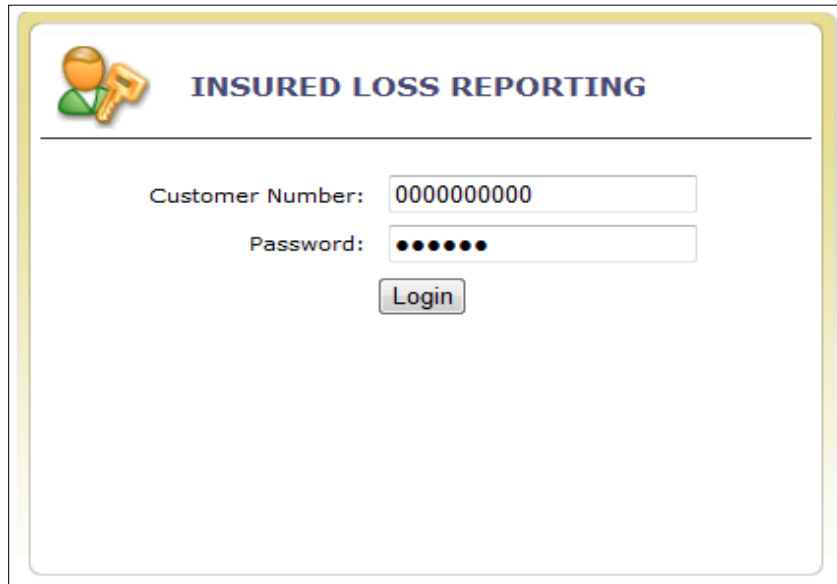
- Your company's 10-digit customer number is used for login. The 6-digit password for new claim reporting is company-specific and obtained by e-mailing a request to [onlineaccess@natl.com](mailto:onlineaccess@natl.com).
- You are only able to report Auto or Workers' Compensation claims online.
- If you are not currently set up for reporting Auto Policy claims, you will be taken directly to the Workers' Compensation Claim reporting section upon login.
- If you have an Auto claim and a Workers' Compensation claim from the same incident, you must file two separate reports.
- If your loss is catastrophic in nature and requires immediate attention, please call our 24 hour hotline number 800-929-0870 to report the claim.

### Log in:

- [www.natl.com](http://www.natl.com)
- Under the 'Services Center' tab, select 'Alternative Risk Transfer' from the menu.
- Under the 'Claim Reporting' heading, click the link for online reporting.

The screenshot shows a web browser window displaying the National Interstate website. The page title is "SERVICE CENTER: ALTERNATIVE RISK TRANSFER". The browser address bar shows "http://natl.com/ART.aspx". The page content includes a photo of a white bus with a green and yellow logo. Below the photo, there is text about claims and service teams, contact information (Phone: 866-294-8264, 24-Hour Hotline: 800-929-0870, Fax: 877-303-3832, Email: [newclaims@natl.com](mailto:newclaims@natl.com)), and links for Claims Reporting (<https://claims.natl.com/nic.claims.insuredreporting/login.aspx>) and Get Loss Runs (<http://www.nationalinterstate.com/loss/>). A sidebar on the right contains a "VIEW YOUR CLAIMS ONLINE" section with instructions on how to check claims and a link to "go here" for login access.

- Alternative methods of reporting a claim also listed include phone, fax or e-mail.
- Users are required to log in, using your **Customer Number** and **Password**:



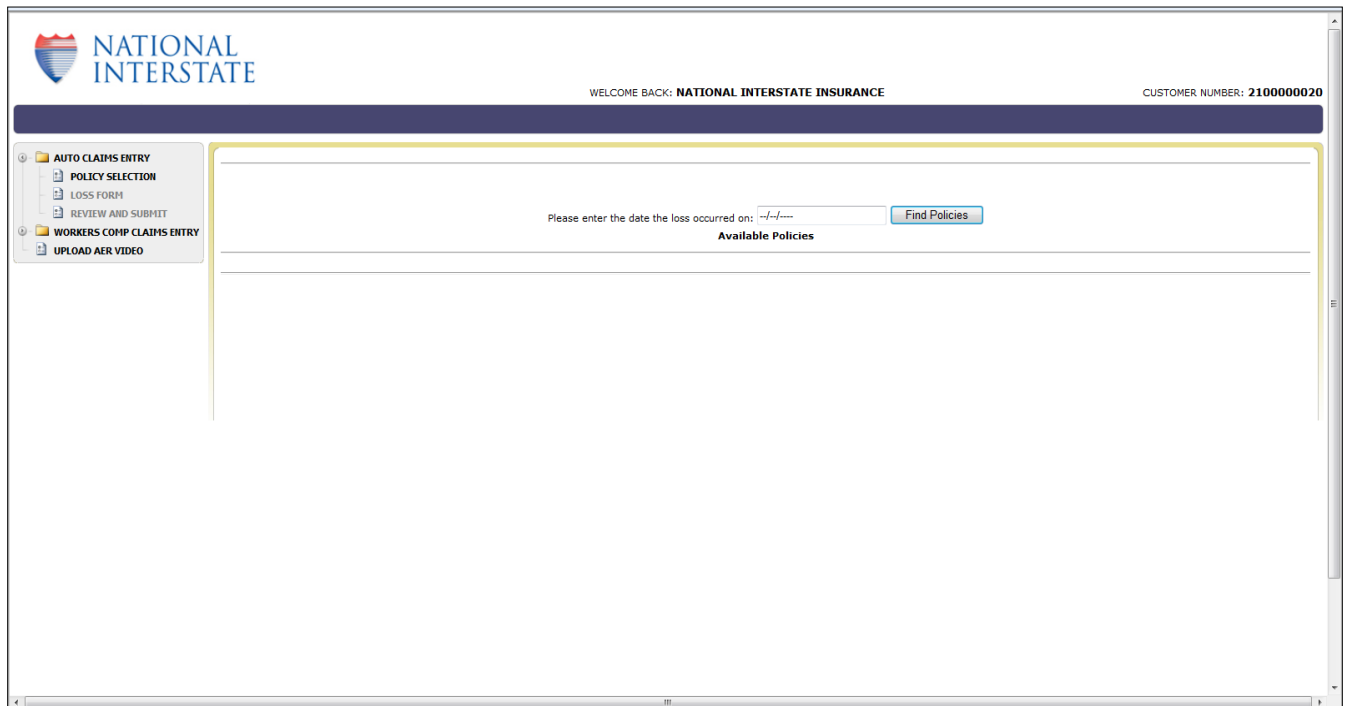
**INSURED LOSS REPORTING**

Customer Number:

Password:

## Auto Policies Loss Reporting Instructions

- Upon logging in to the Insured Information page, you can enter the date of the loss you would like to report:



**NATIONAL INTERSTATE**

WELCOME BACK: NATIONAL INTERSTATE INSURANCE

CUSTOMER NUMBER: 210000020

**AUTO CLAIMS ENTRY**

- POLICY SELECTION
- LOSS FORM
- REVIEW AND SUBMIT

**WORKERS COMP CLAIMS ENTRY**

- UPLOAD AER VIDEO

Please enter the date the loss occurred on:

Available Policies

- After entering the date of the loss, click the 'Find Policies' button to retrieve a list of the available policies.

- On the 'Available Policies' page, you need to select the policy you are reporting a claim on by clicking the text 'Select' next to the appropriate policy:

WELCOME BACK: NATIONAL INTERSTATE INSURANCE CUSTOMER NUMBER: 2100000020

Please enter the date the loss occurred on:

Available Policies

	Customer Name	Alt Name	Policy Number	Effective Date	Expiration Date
Select	NATIONAL INTERSTATE INSURANCE		XTR 0000001-00	01/01/14	01/01/15

- **Note:** if there are no policies available to select for the date of loss you entered, you can proceed by clicking on the text 'Click here to continue without one':

We were unable to find a policy number for the loss date you entered. [Click here to continue without one.](#)

- This will take you to the first of three tabs in the Auto Loss reporting form:

GENERAL INFORMATION ACCIDENT FACTS PERSONS OF INTEREST

- **REQUIRED FIELDS** are marked in red with the word 'required'. If not filled in with some data, the report will not move forward. Errors will be noted and need corrected before moving to the next tab.

**Errors were found**

Please correct these errors and submit the form again:

- Employer Contact Person must be filled in.
- Preparer's Email Address has an invalid value in it.

- **Note:** you can enter the word 'unknown' to satisfy the requirement for data, if the information is not available for completion.

1. First tab: **General Information:**

INSURED:	NATIONAL INTERSTATE INSURANCE 3250 INTERSTATE DRIVE, RICHFIELD, OH 44286				
POLICY NUMBER:	XTR 0000001-00	INCEPTION DATE:	1/1/2014	EXPIRATION DATE:	1/1/2015

**GENERAL INFORMATION** ACCIDENT FACTS PERSONS OF INTEREST

**Loss Report Form**

**Preparer Information**

First Name:  (Required) Last Name:  (Required)  
Phone Number:  (Required) Email:

**Insured Information**

Who Reported:  (Required) Location Code (If Applicable):   
Date of Loss:  (Required) Insured's Incident/Claim Number (If Applicable):   
Date Reported:  (Required) Time of Loss:  AM  
Time Reported:  AM (Required)

- Enter information and click the 'Next' button to access the second tab.

2. Second tab: **Accident Facts:**

INSURED:	NATIONAL INTERSTATE INSURANCE 3250 INTERSTATE DRIVE, RICHFIELD, OH 44286				
POLICY NUMBER:	XTR 0000001-00	INCEPTION DATE:	1/1/2014	EXPIRATION DATE:	1/1/2015

**GENERAL INFORMATION** **ACCIDENT FACTS** PERSONS OF INTEREST

**Loss Report Form - Accident Facts**

Accident Facts:  Example: Accident Facts

Location of Loss:

Street:  123 Example Dr.  
City:  Akron State:  (Required)

Police Report:  No  
Citations:  No

- To enter information about a police report, select 'Yes' in the 'Police Report' drop-down field and complete the additional fields:

Police Report:  Yes

Police Dept:  Precinct:   
Phone #:  Report #:   
Officer's Name:  Badge #:

- To enter information about a citation issued at the time of the loss, select 'Yes' in the 'Citations' drop-down field and complete the additional fields:

Citations:  Yes

Offense:  Who:

- After entering all available information, click 'Next' to access the third tab.

3. Third tab: **Persons of Interest**

- You will add one person or multiple people to the claim report from this tab. Each person needs to be added separately:

- The 'Persons of Interest' fields differ from the other pages. The information being captured on this page varies based upon the selection in the 'Select Type' drop-down field:

- Complete the fields with all available information. 'Select Types' will have drop-down fields that will reveal further questions, if 'Yes' is selected (ex. 'Attorney,' 'Injury,' and 'Hospitalized' will bring up fields to enter information about each):

- After all available information is entered, click the 'Add Person of Interest' button to add the information to the report:

GENERAL INFORMATION ACCIDENT FACTS **PERSONS OF INTEREST**

Loss Report Form - Persons of Interest

Select Type: Driver Other

First Name: Example Middle Initial:

Last Name: Driver

Address: 123 Example Dr

City: Akron

State: OH Zip Code: 44313

Phone #: (330) 555-1234 Cell #: (330) 123-4566

Drivers License #: RT111111111 State: OH

Date of Birth: 06/20/1981 SS #: 111-11-1111

Employer: Example Employer

Address: 123 Example Dr

Insurance Co: National Interstate

Policy #: TST 1234567

Phone #: ( ) - -

Attorney: YES Claim #: 1

Injured: YES Attorney Name: Example Attorney Phone #: (330) 555-8888

Hospitalized: YES Type of Injury: Example Injury

Is a Claimant: NO Taken to: Example Hospital

Claimant Vehicle Number: 12

Please complete a separate entry for each "Person of Interest" before clicking to the "Next" Button.

Add Person of Interest Clear Person of Interest Next

- Person Added:

INSURED: NATIONAL INTERSTATE INSURANCE 3250 INTERSTATE DRIVE, RICHFIELD, OH 44286

POLICY NUMBER: XTR 0000001-00 INCEPTION DATE: 1/1/2014 EXPIRATION DATE: 1/1/2015

Persons of Interest

Type	Name		
Driver Other	Example Driver	<a href="#">Edit</a>	<a href="#">Delete</a>

- Once a person has been added, you can click the 'Edit' link to edit their information, or the 'Delete' link to delete them:

Persons of Interest			
Type	Name		
Driver Other	Example Driver	<a href="#">Edit</a>	<a href="#">Delete</a>

- After entering all available people involved in the claim (i.e. 'Persons of Interest'), click the 'Next' button to continue to the 'Review and Submit' page.

- From the 'Review and Submit' page, you have the ability to edit any information prior to final submission. When editing, you will be taken to that tab to make changes and have to click the 'Next' button to continue to the final submission:

**Review and Submit**

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**General Information**

Policy #:	XTR 0000001-00	Customer #:	2100000020	<a href="#">Edit</a>
Preparer Name:	John Doe	Preparer Phone:	(330) 555-4422	
Preparer Email:				
Who Reported:	Jane	Location Code:		
Date of Loss:	1/1/2014	Time of Loss:		
Date Reported:	2/24/2015	Time Reported:	11:14 AM	
Insured's Incident/Claim #:				

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**Accident Facts**

Type of Claim:					<a href="#">Edit</a>
Accident Facts:	Example: Accident Facts				
Location of Loss:					
Street:	123 Example Dr.	City:	Akron	State:	OH
Police Report:					
Police Dept:		Precinct:			
Phone #:		Report #:			
Officer's Name:		Badge #:			
Citations:					
Offense:		Who:			

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**Persons of Interest**

Driver Other [Edit](#)

Example Driver  
 123 Example Dr Akron, OH 44313  
 Phone: (330) 555-1234 Cell: (330) 123-4566  
 DOB: 06/20/1981 SSN: 111-11-1111  
 Gender:  
 Lic#: RT11111111 State: OH

Employer: Example Employer  
 Address: 123 Example Dr  
 Insurance Co: National Interstate Phone:  
 Policy #: TST 1234567 Claim #: 1  
 Attorney Name: Example Attorney Phone: (330) 555-8888  
 Type of Injury: Example Injury  
 Taken to: Example Hospital  
 Claimant: NO

- Prior to the final submission, please enter your e-mail address to receive a confirmation of the report submitted. Finalize the submission by clicking the 'Submit' button:

Enter an email address to send a confirmation to:

[Submit](#)

- You will receive a *Thank You* message to verify the report was successfully submitted:

WELCOME BACK: NATIONAL INTERSTATE INSURANCE

CUSTOMER NUMBER: 2100000020

## Thank You

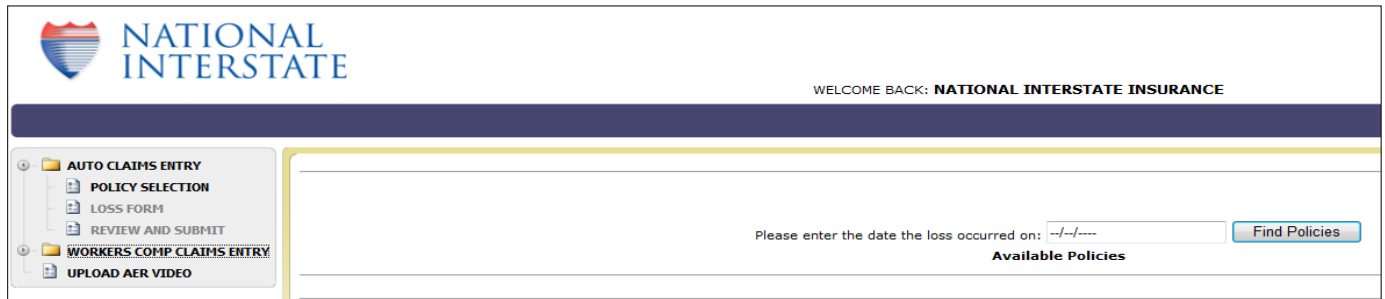
Your claim for policy XTR 0000001-00 has been submitted

A representative will contact you with a claim number.  
[Click here to start a new claim](#)

- If you have a second claim to report, you can click the "*Click here to start a new claim*" link to begin a new claim.
  - **Note:** If you filed an auto claim in which your driver was injured, you need to file a separate workers' compensation claim to file a report under your WC policy.

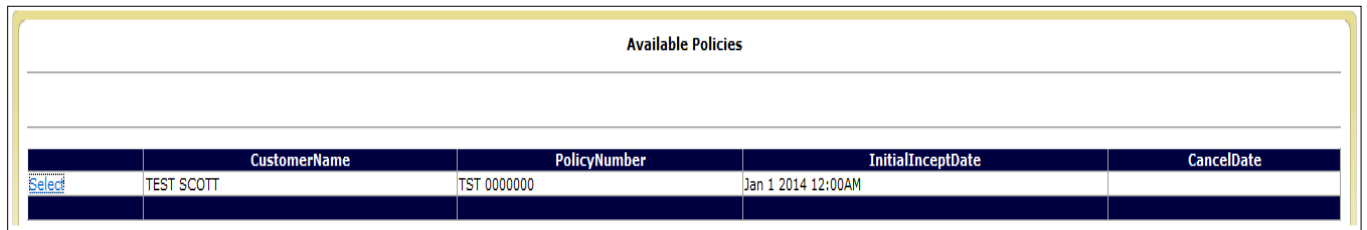
## Workers' Compensation Policies Loss Reporting Instructions

- To report a **Workers' Compensation Claim**, select the '*Workers Comp Claims Entry*' link:



The screenshot shows the National Interstate Insurance website. The logo is in the top left. A navigation menu on the left includes 'AUTO CLAIMS ENTRY', 'POLICY SELECTION', 'LOSS FORM', 'REVIEW AND SUBMIT', 'WORKERS COMP CLAIMS ENTRY' (highlighted), and 'UPLOAD AER VIDEO'. The main content area has a search prompt: 'Please enter the date the loss occurred on: --/--/----' with a 'Find Policies' button. Below the search area, it says 'Available Policies'.

- This will take you to the '*Available Policies*' page. Select the policy you are reporting a claim on by clicking the text '*Select*' next to the appropriate policy:



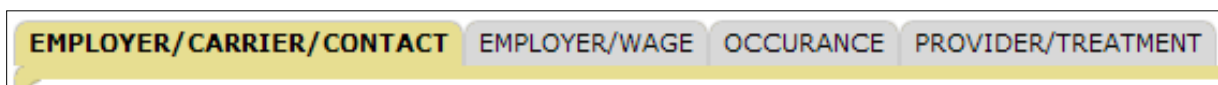
The screenshot shows the 'Available Policies' page with a table. The table has the following columns: CustomerName, PolicyNumber, InitialInceptDate, and CancelDate. The first row contains the data: TEST SCOTT, TST 0000000, Jan 1 2014 12:00AM, and an empty cell. A 'Select' link is positioned to the left of the first row.

	CustomerName	PolicyNumber	InitialInceptDate	CancelDate
Select	TEST SCOTT	TST 0000000	Jan 1 2014 12:00AM	

- **Note:** if there are no policies available to select, you can proceed by clicking on the text '*Click here to continue without one*':

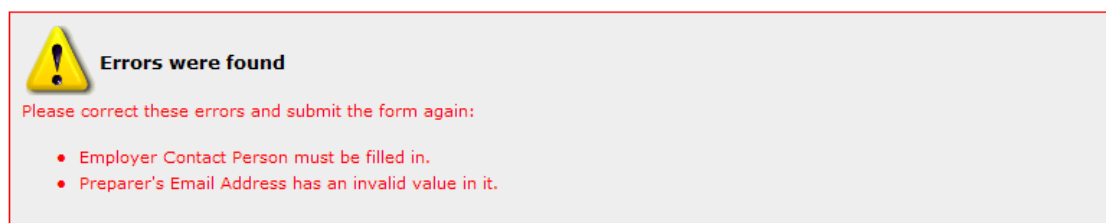
[Click here to continue without one.](#)

- You will be taken to the first of four tabs in the '*Worker's Compensation First Report of Injury or Illness*' reporting form:



The screenshot shows four tabs for the reporting form: 'EMPLOYER/CARRIER/CONTACT' (highlighted), 'EMPLOYER/WAGE', 'OCCURANCE', and 'PROVIDER/TREATMENT'.

- **REQUIRED FIELDS** are marked in red with the word '**required**'. If not filled in with some data, the report will not move forward. Errors will be noted and need corrected before moving to the next tab.



The screenshot shows an error message box with a yellow warning icon. The text reads: 'Errors were found. Please correct these errors and submit the form again:'. Below this, there is a list of errors:

- Employer Contact Person must be filled in.
- Preparer's Email Address has an invalid value in it.

- **Note:** you can enter the word 'unknown' to satisfy the requirement for data, if the information is not available for completion.



1. First Tab: **Employer/Carrier/Contact:**

- Most of the information is pre-filled, except for the 'Contact Person' and 'Phone Number' fields. Pre-filled information can be changed by using the lists in the drop-down menu or by typing over the name or address that is pre-filled.
- Under 'Carrier Information,' you can update the policy number if necessary; no other information can be changed on this screen:

- Enter your name, e-mail address and phone number for your contact information, then click 'Next' to move to the second tab:

## 2. Second tab: **Employer /Wage:**

The screenshot shows the National Interstate Insurance website interface. At the top, the logo and name 'NATIONAL INTERSTATE' are on the left, and 'WELCOME BACK: NATIONAL INTERSTATE INSURANCE' and 'CUSTOMER NUMBER: 210000020' are on the right. Below the header is a navigation bar with four tabs: 'EMPLOYER/CARRIER/CONTACT', 'EMPLOYER/WAGE' (which is highlighted), 'OCCURRENCE', and 'PROVIDER/TREATMENT'. On the left side, there is a sidebar menu with options: 'AUTO CLAIMS ENTRY', 'WORKERS COMP CLAIMS ENTRY', 'POLICY SELECTION', 'LOSS FORM', and 'UPLOAD AER VIDEO'. The main content area is titled 'Worker's Compensation - First Report of Injury or Illness' and contains a form for 'Employee / Wage'. The form fields include: Last Name (Required), First Name (Required), Middle Name, Address (Required), City (Required), State (Required), Zip (Required), Date of Birth (Required), Gender (Required) with a dropdown set to 'Male', Social Security (Required), Marital Status (dropdown set to 'N/A'), Phone Number, Date Hired, State of Hire (Required) dropdown, Job Title, Employment Status dropdown set to '(N/A)', Pay Rate, Per, No. days work per week, Full pay for day of injury? dropdown set to '(N/A)', and Did salary continue? dropdown set to '(N/A)'. A 'Next' button is located at the bottom center of the form.

- Complete the fields with the employee information and click the 'Next' button.

## 3. Third tab: **Occurrence:**

The screenshot shows the National Interstate Insurance website interface, similar to the previous one. The 'OCCURRENCE' tab is now highlighted in the navigation bar. The main content area is titled 'Worker's Compensation - First Report of Injury or Illness' and contains a form for 'Occurrence'. The form fields include: Date of Injury/Illness (Required), Time of Occurrence dropdown set to '(N/A)', Time Work Began dropdown set to '(N/A)', Date Employer Notified (Required), Last Date Worked, Date Disability Began, Contact Name of Person Notified, Phone Number of Person Notified, How the injury occurred (Describe the sequence of events), Still off work? dropdown set to '(N/A)', Date returned to work, Full or modified duty? dropdown set to '(N/A)', Was safety equipment provided? dropdown set to '(N/A)', Was the safety equipment used? dropdown set to '(N/A)', Department or location where exposure occurred, Cause of injury code dropdown set to 'N/A', Type of Injury/Illness dropdown set to 'N/A', Part of Body Affected dropdown set to 'N/A', Did Injury occur on Employer's premises? dropdown set to '(N/A)', Location of injury or illness (State) (Required), Witness Name, Witness Phone number, Date Report Prepared (2/24/2015), and If fatal, date of death. A 'Next' button is located at the bottom center of the form.

- Complete the fields with details about the incident and click the 'Next' button.

#### 4. Fourth tab: **Provider/Treatment**

The screenshot shows the 'Provider/Treatment' tab of the National Interstate Insurance website. The page title is 'Worker's Compensation - First Report of Injury or Illness'. The form is titled 'Provider / Treatment' and contains the following fields:

Physician / provider name	<input type="text"/>	Hospital name	<input type="text"/>
Physician / Provider Address	<input type="text"/>	Hospital Address	<input type="text"/>
Physician / Provider City	<input type="text"/>	Hospital City	<input type="text"/>
Physician / Provider State	<input type="text"/>	Hospital State	<input type="text"/>
Physician / Provider Zip	<input type="text"/>	Hospital Zip	<input type="text"/>
Physician / Provider phone number	<input type="text"/>	Initial treatment date	<input type="text"/>

Below the form is a large text area labeled 'Comments' and a 'Next' button.

- Complete the fields with information about the medical treatment and click the 'Next' button.
- You will receive a *Thank You* message to verify the report was successfully submitted:

The screenshot shows a 'Thank you for your submission!' message on the National Interstate Insurance website. The message includes the following text:

Thank you for your submission!

A representative will contact you in regards to your claim.

[Click here to view your submission in a PDF format.](#)

Please print a copy of your submission for your records.

[Click here to report a new Workers Compensation claim.](#)

- To view a PDF version of your submitted claim, click the '*Click here to view your submission in a PDF format*' link.
- If you have a second claim to report, you can click the "*Click here to start a new claim*" link to begin a new claim.

## General Notes for Insured Loss Reporting Site

**Toggleing:** Switching between the Auto and Workers Comp Claim forms may clear any data you have entered for the current claim.

**Automatic logoff:** If you do not interact with a loss report within 25 minutes once it starts, the system will shut down and not save your data. We recommend you print your loss report before submitting, in the event of computer failure. The printed loss report can then be faxed to **877-303-3832**.

**Phone numbers:** Any fields requiring a phone number will format itself automatically if only 10 digits are entered. If there are more or less than 10 digits, or if there are letters entered, the phone number field will show as INVALID PHONE NUMBER:

Phone Number (Required)

INVALID PHONE NUMBER

**Dates:** Any fields requiring a date must be entered as a MM/DD/YYYY format. When entering the date you can enter M/D/YY, and the field will automatically format to MM/DD/YYYY. If letters, or an invalid date is entered the date field will show Insert Date As 00/00/00,

Date Hired

Insert Date as 00/00/00

**E-mail address:** For an email address to be entered correctly it must be entered with an @ symbol and a period in it. If the proper format is not used, it will show INVALID EMAIL ADDRESS .:

Email Address (Required)

INVALID EMAIL ADDRESS

**Social Security Number:** The Social Security Number field will format itself automatically to XXX-XX-XXXX if 8 digits are entered. You may enter the dashes as you enter the number. If letters, or too few numbers are entered, the Social Security Number field will show INVALID SSN:

Social Security (Required)

INVALID SSN