

FAC 52 – Large Claim Closure Report Effective November 1, 2022 - V 1.0

Company Numbe	r·	FA Claim	Number:					Type of Claim Summary is Submitted For:							
Date Form Is Com	FA Claim Number: Reporting Period Form Pertains To:							Completed By:							
Insured Name:	Legal Reimbursment Pending?: (FARM ONLY) Yes No							Underwriting Jursidiction:							
Optional Benefits:				Endorsements:							Fraud Identified (If Yes, Provide Details):				
Private Passenger				Company Claim Number: Company Policy Number:							,				
Initial Report	Commercial														
Update Other Servicing Carrier RSP Member															
Company Name and Add	dress:													Degree of Liability	
													Insured		%
Insured Address:													Third Party		%
													Other		%
T.P. Liability Limits: Policy Effective Date (MMDDY			YYY): Policy Expiry Date (MMDDYYY): Loss					Date (MMDDYYYY):			Fraud Indicators: Yes No		2		
										Fraud Ind	icators Resolved:	Yes No			
Describe Circumstances of Accident & Liability Issues:				I											
Please provide details of the reserve history:															
Location of Loss (City, Pr	ovince/Or State):											Date I	Masthia	
									Was the Fil	le Settled W	ith A Structured Set	ttlement? No	Yes (MME	Effective: DDYYYY)	
				NOTE: Drawi	da sha Daid	1 aaa aad 5		Frak Claim 1	ima Fuan Cl	anned Clarin	ns and/or Claimo				
			OPTIONAL: I										d.		
		· ·						t information or if significant change(s) have occurred. Amount to Date							
Name of Claimant				Type of Loss Accident Third Party							Paid Expense	Paid Expense		Recense Increase For	
(1 Claimant + 1 Type o	of Loss Per Line)	Bodily Injury	Passenger Hazard	Physical Damage	Underinsured	Uninsured	Accident Benefits	Third Party Property Damage	Other	Paid Loss	(Charged to FA)	(Not Charged to FA)	Reserve Take Down	Final Payment	Claim Closed
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											+				
											+				
		<u> </u>						l .	Total						
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	Comments (Provide Explanation for any Reserve Increases Required For Final Payment. Provide Breakdown of Settlement Lump and/ or Partial Sum by Coverage Heading. Provide Details on Any Structured Annuities).														
or Partial Sulli by	/ Coverage i	neading. P	rovide De	talls on An	y Structure	a Annui	ties).								
If a alaim na lan															
If a claim no longer meets Facility Association's Large Loss Reporting Criteria or if a claim is now settled and only remains open for subrogation or recovery															
purposes, please provide details below.															