

Subrogation Process & Procedures

- **Accident Reporting**
- **Driver Accident Trifold**
- **Subro Demand Letter to Claimant (template)**
- **Subro Demand Letter to Other Insurance Carrier (Template)**
- **Car Accident Statute of Limitations**

What to do if you are in an accident?

1. **Move to a safe location:** Should the accident scene pose a dangerous environment for you, move vehicles to a safe location. If not possible, evacuate the accident scene and take safe haven away from traffic.
2. **Check to see if you or anyone is injured** – assist them if you can (up to your qualifications)
 - **If there are injuries: Call 9-1-1.** Tell them your location, nature of the accident, and extent of injuries.
 - **If there are no injuries: Contact local highway patrol or city police** (9-1-1 works here too). Regardless, get a police report is crucial to the claims process.
2. **Exchange information with the other driver.** Make sure to obtain their:
 - Full Name
 - Phone Number(s)
 - Driver's License # and State
 - License Plate #
 - Insurance Information

REMINDER: Do not admit fault or make promises of payment. Statements may be given to police or highway patrol. Do not post anything related to the accident or injury on social media.

3. While you are waiting for the police to arrive: **Collect necessary information.**
 - **Claimant Information:** Driver's license, vehicle registration and proof of insurance.
 - **Witness Information:** Name, address, phone number, and what they saw.
 - **Photos/Video:**
 - Photos of all claimant documents and witness information (if applicable)
 - Damage Photos: both close and at a distance
 - It is important to take full 360 photos of both vehicles to document the areas that are not damaged as well.
 - Take photographs of the accident scene, including road conditions, lights/signage as applicable, road debris or skid marks, and final positions of all vehicles.
4. Contact your Safety Officer – per your companies' guidelines.
5. **Call your Claim Consultant with Flood and Peterson: Heidi Sauer – 970.266.7106,**
 - Explain what happened and provide copies of all photos and documentation gathered at the accident scene.
6. Fill out the Driver Accident Report as soon as possible following the accident, so the details are fresh in your mind.



Flood and Peterson

4687 W. 18th St., Greeley, CO 80634

Toll Free: 800.356.2295

Fax: 970.506.6820

www.floodpeterson.com

Filing the 3rd Party Claim

Information you will need:

- Name, phone number, and address for the other party.
- Year, make, model, and license plate number of the other party's vehicle.
- If commercial vehicle, you will also need:
 - Company of employment and address
 - Commercial driver's license (CDL) information
 - DOT number
 - Truck license plate and identification number
- Copy/photo of the other party's insurance card showing:
 - Name of the insurance company
 - Name of the insured
 - Insured vehicle (matching the vehicle involved in the loss)
 - Policy Number
 - Effective Dates



- Damage and Scene Photos
 - Damage to your vehicle – up close and at a distance,
 - Damage to other vehicle(s) – up close and at a distance,
 - Damage to any other property.
 - Scene photos/video – light sequences, skid marks, road signs, weather conditions, etc.
- Description of the facts of loss
 - Location of accident, including street names, road markings and traffic controls
 - Time of day and weather conditions
 - Direction of travel and actions of all vehicles prior to impact
 - What happened after the impact?
- Police report number and copy of report (if available)

How to File:

- Know the Statute of Limitation in your state: Colorado is 3 years to settle a claim or file suit for most auto damage or bodily injury claims.
- Call the other party's carrier or file online: Most, if not all, carriers have a way to file the claims online. This will allow you to send in your supporting documents as well. Provide the above information:

WE ARE HERE TO HELP

NEED TO FILE A CLAIM?

Call us at **800.228.8040** in the United States or Canada, 24 hours a day, any day of the year.



Examples pulled from Great West Casualty Insurance website.



Driver Accident Report

What to do if you are in an accident?

1. Check to see if you or anyone is injured. Assist them if you can.
2. If there are injuries, call 9-1-1. Tell them your location, nature of the accident and extent of injuries.
3. Do not admit fault or make promises of payment.
4. Check the damage to your vehicle and surroundings.
5. Call the police and get a police report from the responding officer.
6. Take a photograph of the damage to your vehicle and other vehicles or property that has been damaged.
7. Call Heidi Sauer, your Flood and Peterson Claims Consultant, 970.266.7106, and explain what happened.
8. Determine if there are any witnesses and obtain their:
 - Full Name
 - Phone Number(s)
 - Address
9. Exchange information with the other driver. Make sure to obtain their:
 - Full Name
 - Phone Number(s)
 - Driver's License # and State
 - License Plate #
 - Insurance Information
10. Fill out the Driver Accident Report as soon as possible following the accident so the details are fresh in your mind.

Named Insured Contact Information

Name:
 Phone:
 Email:
 Insurance Carrier:
 Policy Number:

Please contact Heidi Sauer to report a claim. Send a copy of the accident report to your supervisor and Heidi.

Heidi Sauer, Claims Consultant

970.266.7106
 claims@floodpeterson.com



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Date Time AM / PM

Location

Light Condition	daylight	dusk	dawn	dark
Weather	rain	snow	clear	fog
Road Surface	dry	wet	snow	ice
Number of Lanes	1	2	3	4+
Highway	divided		undivided	

VIN / Truck #

Model Make

Year Plate #

Was a trailer in tow? Yes / No

If yes, who is the owner?

VIN / Truck #

Model Make

Year Plate #

The Driver Information

Name

Address

Driver License # State

Personal Phone

Work Phone

Other Driver(s)

Name of Owner

Name of Driver

Address

Personal Phone

Work Phone

Model Make

Year Plate #

Insured By

Policy Number

of People in Car

Type of Damage

Name of Owner

Name of Driver

Address

Personal Phone

Work Phone

Model Make

Year Plate #

Insured By

Policy Number

of People in Car

Type of Damage

Additional Information

Investigating Officer

Name

Badge #

Witness Information

Name

License Plate # state

Address

Phone Number

Description of Accident

Your Speed

Any Warning Given

Details

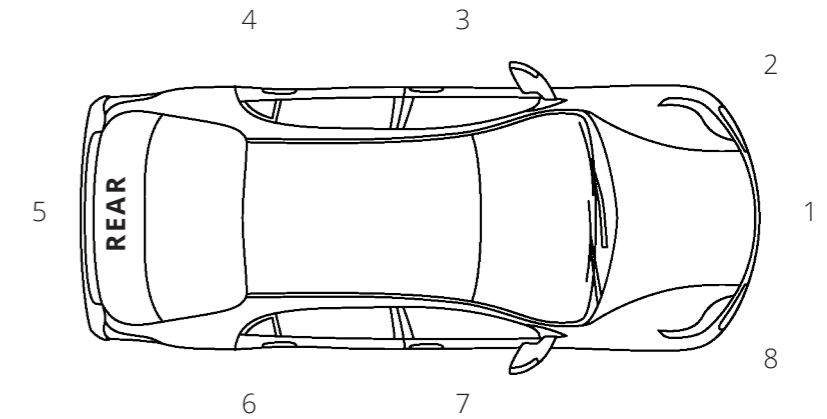
Narrative

Damage to Property? Yes / No

If yes, please attach additional paperwork describing the damage in detail. Include photographs.

Diagrams

Mark the numbers closest to the damaged areas on your vehicle.



Draw a basic picture of the accident. Include street names and arrows indicating the direction of travel for each vehicle.

September 6, 2023

{CLAIMANT}
{CLAIMANT ADDRESS}
{CLAIMANT ADDRESS}

To {CLAIMANT}:

This letter is a follow up to the demand notice sent on {DATE}. Please consider this a formal demand for full reimbursement of property damage caused by the collision on {ACCIDENT DATE}. Had you carried the legally required liability insurance, we would have submitted this claim for damages to your insurance carrier. However, as you chose to drive negligently without this required coverage, we are seeking to recover these damages from you direct.

ECONOMIC DAMAGES:

As a result of your negligence, both {CLIENT} and {DRIVER} have incurred costs for damage to both person and property. **{INCLUDE IF ONLY PARTIAL REPAIRS MADE - As it was discovered early on that you did not carry the legally required automobile liability coverage, repair decisions were made to mitigate the damages and repair costs. Please understand, the repair costs would be much higher had my client taken the vehicle to an outside body shop and had all damages repaired to pre-accident status.}**

I have attached the repair invoices, rental bills, and medical expenses directly related this crash. Attached, see supporting documentation and photos for your review:

ITEM	COST
Completed Repair total	\$XXXXXX
Estimate for remaining damage	\$XXXXXX
Estimated Diminished Value	\$XXXXXX
{DRIVER} Medical Provider Bills	\$XXXXXX
{DRIVER} – General Damages	\$XXXXXX
TOTAL	\$XXXXXX

SETTLEMENT DEMAND:

The total cost of damages is {DEMAND TOTAL}. We demand the sum of {DEMAND TOTAL} to settle all claims against you as a result of this collision. If we are unable to reach a settlement, we retain the right to take further legal action against you and the demand may be considerably higher. **Please contact my office or remit payment in above amount no later than 30 days from the date of this letter.**

We request that all payments for property damage are sent directly to _____.

Sincerely,

January 31, 2024

{CARRIER}
{Address line one}
Address line 2}

Your Claim Number: #####
Date of Loss: {DATE OF LOSS}
Your Insured: {Claimant Driver/Owner Name}
My Client: {Your Driver Name}.

To Whom it May Concern:

Please consider this a formal demand for full reimbursement of the damages caused by the collision on {DATE}. Our liability investigation determined your client to be 100% at fault for the crash. Should you deny payment, we will seek to recover these damages from your insured, {CLAIMANT} direct.

ECONOMIC DAMAGES:

As a result of your client's negligence, {CLIENT} and {DRIVER} have incurred costs for damage to both person and property. The damages total \$\$\$\$\$, as detailed below.

(Repairable Paragraph): Attached, please see the repair invoices, rental bill, and medical expenses directly related to this crash. The supporting documentation and photos are also attached for your review.

(Total Loss Paragraph): The severe nature of the damages as resulted in the vehicle being a total loss. I have attached the market valuation report showing a settlement valued at \$\$\$\$\$. As discussed previously, {CLIENT} self-insures their vehicles so the entirety of this loss has come out of pocket for them.

(Limits Issue): We understand your insured carries liability limits of \$\$\$\$\$. As the damages caused by your client's negligence exceed the available policy limits, we hereby demand full policy limits of \$\$\$\$\$.

ITEM	COST
Market Valuation Report	\$\$\$\$\$\$
Repair Invoice	\$\$\$\$\$\$
Rental Invoice	\$\$\$\$\$\$
Loss of Use	\$\$\$\$\$\$
Medical Bills	\$\$\$\$\$\$
TOTAL	\$\$\$\$\$\$

SETTLEMENT DEMAND:

The total cost of damages is \$\$\$\$\$. **We demand the sum of \$\$\$\$\$\$ to settle all claims against your client as a result of this collision.** If we are unable to reach a settlement, we retain the right to take further legal action. **Please contact my office or remit payment in above amount no later than 30 days from the date of this letter.**

We request that all payments for property damage are sent directly to _____.

Sincerely,

State-by-State Car Accident Statutes of Limitations

Time limit for bringing a claim or lawsuit after a car accident

State	Time limit for personal injury claim	Time limit for property damage claim	Link to State Statute
Alabama	2 years	2 years	Alabama Code 6-2-1, et. seq
Alaska	2 years	2 years	Alaska State. §09.10.070
Arizona	2 years	2 years	Ariz. Rev. Stat. Ann. § 12-542 et seq.
Arkansas	3 years	3 years	(PDF) Ark. Code Ann. § 16-56-101 et seq.
California	2 years	3 years	Cal. Civ. Proc. Code § 312 et seq.
Colorado	3 years	3 years	C.R.S. 13-80-101(1)(n) (2009)
Connecticut	2 years	2 years	Conn. Gen. Stat. Ann. § 52-575 et seq.
Delaware	2 years	2 years	Del. Code Ann. tit. 10, § 8101 et seq.
DC	3 years	3 years	D.C. Code § 12-301 et seq.
Florida	2 years	2 years	Fla. Stat. Ann. § 95.011 et seq.
Georgia	2 years	4 years	Ga. Code Ann. § 9-3-32 et seq.
Hawaii	2 years	2 years	Haw. Rev. Stat. § 657-7 et seq.
Idaho	2 years	3 years	Idaho Code § 5-218 et seq.
Illinois	2 years	5 years	735 Ill. Comp. Stat. 5/13-201 et seq.
Indiana	2 years	2 years	(PDF) Ind. Code Ann. § 34-11-2-1 et seq.
Iowa	2 years	5 years	Iowa Code Ann. § 614.1 et seq.
Kansas	2 years	2 years	Kan. Stat. Ann. § 60-501 et seq.
Kentucky	1 years	2 years	Ky. Rev. Stat. Ann. § 413.080 et seq.
Louisiana	1 years	1 years	La. civil code § 3492 et seq.
Maine	6 years	6 years	Me. Rev. Stat. Ann. tit. 14, § 752
Maryland	3 years	3 years	Md. Courts & Jud. Proc. Code Ann. § 5-101
Massachusetts	3 years	3 years	Mass. Ann. Laws ch. 260, § 1 et seq.
Michigan	3 years	3 years	Mich. Comp. Laws § 600.5801 et seq.
Minnesota	2 years	6 years	Minn. Stat. Ann. § 541.01 et seq.
Mississippi	3 years	3 years	Miss. Code. Ann. § 15-1-1 et seq.
Missouri	5 years	5 years	Mo. Rev. Stat. § 516.097 et seq.
Montana	3 years	2 years	Mont. Code Ann. § 27-2-201 et seq.
Nebraska	4 years	4 years	Neb. Rev. Stat. § 25-201 et seq.
Nevada	2 years	3 years	Nev. Rev. Stat. Ann. § 11.010 et seq.

New Hampshire	3 years	3 years	N.H. Rev. Stat. Ann. § 508:1 et seq.
New Jersey	6 years	6 years	N.J. Stat. Ann. § 2a:14-1 et seq.
New Mexico	3 years	4 years	N.M. Stat. Ann. § 37-1-1 et seq.
New York	3 years	3 years	N.Y. Civ. Prac. Laws & Rules § 201 et seq.
North Carolina	3 years	3 years	N.C. Gen. Stat. § 1-46 et seq.
North Dakota	6 years	6 years	(PDF) N.D. Cent. Code § 28-01-01 et seq.
Ohio	4 years	4 years	Ohio Rev. Code Ann. § 2305.03 et seq.
Oklahoma	2 years	2 years	Okla. Stat. Ann. tit. 12, § 91 et seq.
Oregon	2 years	6 years	Or. Rev. Stat. § 12.010 et seq.
Pennsylvania	2 years	2 years	42 Pa. Cons. Stat. Ann. § 5501 et seq.
Rhode Island	3 years	10 years	R. I. Gen. Laws § 9-1-12 et seq.
South Carolina	3 years	3 years	S.C. Code Ann. § 15-3-510 et seq.
South Dakota	3 years	6 years	S.D. Codified Laws Ann. § 15-2-1 et seq.
Tennessee	1 years	3 years	Tenn. Code Ann. § 28-3-101 et seq.
Texas	2 years	2 years	Tex. Civ. Prac. & Rem. Code § 16.001 et seq.
Utah	4 years	3 years	Utah Code Ann. § 78-12-22 et seq.
Vermont	3 years	3 years	Vt. Stat. Ann. tit. 12, § 461 et seq.
Virginia	2 years	5 years	(PDF) Va. Code Ann. § 8.01-228 et seq.
Washington	3 years	3 years	Wash. Rev. Code Ann. § 4.16.005 et seq.
West Virginia	2 years	2 years	W. Va. Code § 55-2-1 et seq.
Wisconsin	3 years	6 years	Wis. Stat. Ann. § 893.01 et seq.
Wyoming	4 years	4 years	Wyo. Stat. § 1-3-102 et seq.

