First Notice of Loss — Handling Standards

Meridian Mutual Insurance · Claims Operations · Document MM-CLM-108 · Revision 12 · Owner: VP, Claims

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1. Purpose

This standard governs the first contact between Meridian Mutual and a customer reporting a loss. It defines what must be captured, how the loss is tiered, who it is assigned to, how quickly, and what an intake representative must never say.

The objective at first notice is **an accurate, complete, correctly tiered file** — not a coverage decision and not a settlement. Intake that guesses at coverage to sound helpful creates more rework and more complaints than intake that says plainly what happens next.

2. Required intake fields

A file cannot be tiered or assigned until all of the following are captured. Where the caller cannot supply a field, record the gap explicitly rather than leaving it blank.

Field	Notes
Policy number	If unknown, identify by insured surname plus property address
Named insured	Confirm the caller's relationship to the named insured
Property address of loss	Must match the insured location on the policy
Date of loss	The date damage occurred, not the date reported or discovered
Time of loss	Approximate is acceptable
Peril reported	In the caller's own words, then mapped to a policy peril
Description of damage	Rooms, systems and contents affected
Habitability	Whether the dwelling remains occupiable
Emergency mitigation	Whether the customer has taken steps to prevent further damage
Other parties	Contractors, other carriers, public adjusters, attorneys
Contact preference	Phone, email, and best time

Date of loss governs everything downstream. Coverage is tested against it, the in-force check depends on it, weather corroboration depends on it, and the SLA clock is measured from the report date but the coverage position is fixed by the loss date. Capture it precisely and never infer it from the call date.

3. Severity tiers and assignment

Tier	Criteria	Assigned to	Contact within
T1	Dwelling uninhabitable; injury involved; estimated loss above $100,000; media or litigation exposure	Field adjuster, senior	4 hours
T2	Structural damage; estimated loss $25,000–$100,000; multiple systems affected	Field adjuster	1 business day
T3	Single-system or contents-only loss; estimated loss $2,500–$25,000	Desk adjuster	2 business days
T4	Estimated loss below $2,500, or below the applicable deductible	Desk adjuster, expedited close	3 business days

Tiering when the estimate is unknown. Tier on the description, not on a number the caller has guessed at. Roof damage from hail across a whole elevation is T2 regardless of whether the customer says "it's probably minor". When two criteria conflict, take the higher tier.

Losses at or below the deductible. Still open the file and still tier it. A customer is entitled to a documented position, and a loss that looks small at intake frequently is not once inspected.

4. Field dispatch versus desk handling

Dispatch a **field adjuster** when any of the following apply:

- The dwelling is uninhabitable, or habitability is in question.
- Structural elements are affected — roof, walls, foundation, load-bearing members.
- The loss involves more than two separate systems or areas.
- Estimated exposure exceeds $25,000.
- The peril is disputed, or the cause of loss is unclear from the description.
- A prior claim exists on the same property for the same peril within 24 months.

Otherwise handle at **desk**, using photographs supplied by the customer and, where available, a third-party inspection report.

5. Corroboration of weather-related losses

For any loss reported as **wind, hail, lightning, or weight of ice or snow**, corroborate the reported date and location against weather data before assigning the file.

Record the result in the file as one of:

- **Corroborated** — recorded conditions at that location and date are consistent with the reported peril.
- **Not corroborated** — no recorded conditions consistent with the peril. This is **not** a denial and must never be communicated to the customer as one. It routes the file to a field adjuster and, where a pattern exists, to Special Investigations.
- **Inconclusive** — data unavailable or ambiguous for that location and date.

A discrepancy of one or two days between the reported and recorded date is common and unremarkable; customers routinely report the date they noticed damage. Widen the check by 72 hours either side before recording a non-corroboration.

6. Fraud indicators

The following are **referral triggers**, not findings. Any one of them routes the file to Special Investigations for review. None of them may be raised with the customer, and none of them is a reason to delay opening the file or to withhold normal service.

- **Three or more claims on the same policy within a rolling 24-month period**, regardless of peril or outcome.
- Loss reported within 30 days of policy inception, or within 30 days of a coverage increase or endorsement addition.
- Loss reported more than 90 days after the stated date of loss without a plausible explanation for the delay.
- Reported peril not corroborated by weather data where corroboration would be expected.
- Caller declines inspection, or repairs are already complete with no pre-repair evidence.
- Contractor or public adjuster involved before the carrier was notified.
- Receipts that are sequentially numbered, undated, or from a single unfamiliar vendor.
- Prior claim on the same property for the same peril within 24 months.

7. Service level clocks

Milestone	Standard	Measured from
File opened and tiered	2 hours	First contact
Assignment to adjuster	Same business day	File opened
First customer contact by adjuster	Per tier, Section 3	Assignment
Coverage position communicated	10 business days	File opened
Inspection completed (field)	5 business days	Assignment
Payment issued after agreed scope	5 business days	Scope agreement

Clocks pause only while awaiting a documented item from the customer, and the pause must be recorded with what was requested and when.

8. What intake must never do

Never state that a claim is approved, covered, or denied. Intake establishes facts. Coverage positions are made by adjusters after review, and a casual assurance at first notice is treated as a coverage representation by regulators in several states.

Never estimate a settlement figure, including ranges, "usually about", or comparisons to other claims.

Never tell a customer their loss is below the deductible before the deductible has been confirmed against the policy record and the damage assessed. State the deductible as a figure from the record and let the adjuster apply it.

Never disclose fraud referral status, prior claim history, or the outcome of a weather corroboration check.

Never advise a customer to delay mitigation. Mitigation is their duty under the policy; failure to mitigate can prejudice their own claim.

9. Intake summary format

Every file closes intake with a structured summary containing: policy number, named insured, date of loss, peril as reported and as mapped, in-force confirmation, applicable deductible and any sublimit, prior-loss note, corroboration

result where applicable, assigned tier with the criterion that produced it, and the next action with its owner and due date.
