

Our experienced Claims professionals are committed to working with our Brokers and insureds throughout the entire claims process. From initial response through final resolution, we strive to provide efficient, caring service while carrying out thorough due diligence and ensuring the safety of insureds at every step. Our goal is to ensure that each claim is handled with accuracy and fairness, and ultimately get our insureds back to normal as efficiently as possible.

At Echelon, we understand that experiencing a claim can be inconvenient and emotionally challenging, often causing stress due to feelings of overwhelm and uncertainty. Whether an insured experiences damage to their vehicle or property, sustains an injury, or is involved in a lawsuit, we are here to help and guide them through the claims process.

## Step One: First Notice of Loss

The first step is for an insured to report their claim as soon as possible to their Broker, so that we can begin the claims process. If their Broker is unavailable or it's after hours, an insured can report their claim to Echelon's 24-hour Emergency Claims Reporting Service. Our Claims Associates are available 24 hours a day, year-round to receive claim reports. [Click here](#) or visit our website for more information about our Emergency Claims Reporting Service.

Unsure of what information to include when preparing a first notice of loss? Our [Claims Reporting Checklist](#) is designed to assist insureds in understanding what information should be recorded and ready to share with a Claims Associate when first notifying Echelon of a claim.

## Step Two: Claim Assessment

A Claims Associate will be assigned to an insured's claim, and will assess coverage under their policy, determine liability when applicable, and take every step possible to move the claim forward in the resolution process. Insureds can anticipate working with their Broker, where required, to submit claim-related documents such as, but not limited to, photos and receipts.

**It's at this stage that the importance of a Broker's role, which, in part, is to ensure insureds understand their policy terms, truly shines.** Prior to binding, Echelon relies on its trusted Broker partners to educate their insureds about their coverage and help clarify complex policy language. It's critical that insureds understand their coverage to help reduce misunderstandings or disputes during the claim assessment process.

For example, it's imperative for Brokers to clarify with insureds that if they experience an insurable loss resulting in the total loss of their vehicle, under certain conditions (i.e., unrecovered theft, vandalism, or weather-related damager etc.) they may be eligible for reimbursement of only their car's actual cash value (ACV), regardless of any outstanding loans or amounts owned on the vehicle. ACV is based on several factors, including, but not limited to, the make and model of a vehicle, the kilometers driven, and the vehicle's current market value. Insureds should work directly with their Broker to assess their coverage and determine if updates need to be made.

At Echelon, we aim to be transparent throughout the claims process and work with our Broker partners to put our insured's minds at ease by providing support.

## Step Three: Track Claim Status

Echelon will keep insureds informed about their claim by periodically checking the status of repairs and addressing any further issues, such as additional damage, supplemental payments, or, in the case of physical damage, changes to the expected completion date. Questions related to the progress of a claim can be answered by Echelon's Claims team.

## Step Four: Claim Resolution

At all times, we will work to minimize inconveniences and do our best to deliver what is important to our insureds. Whether this is a vehicle repair, property replacement, treatment, benefits support, or defending a lawsuit, we will aim to bring our insured's claim to a resolution as quickly as possible while maintaining a quality experience and ensuring thorough due diligence is completed. Where appropriate, we have a network of third-party suppliers that we will recommend, ensuring that the services our insureds receive are of the highest quality.

### Common Factors Causing Delays Within the Claims Resolution Process

Many circumstances can delay the claims process. Though several factors that may cause delays can be managed by an insured or an insurer, some circumstances, such as supply chain interruptions, may not be. In either case, it's important for Brokers and insureds to be aware of common factors creating delays within the claims resolution process, which can include:

- Lack of key details or information submitted by an insured or other involved party (i.e., vehicle/driver) could cause delays. Key details can include, but are not limited to, photos, police and/or fire report, and invoices from companies retained to assist in remediating the cause of damage.
- Missing information from insureds or by other involved parties (i.e., vehicle/driver) could cause delays in processing a claim. Brokers can assist insureds in understanding which documentation is needed, as well as how to file a complete claim report.
- Supply chain constraints or interruptions, including supplier delays due to increased volumes during peak claim time periods or after unexpected events (e.g., catastrophic weather events), can lead to delays that are outside of an insurer's control.
- Changing regulations can impact how claims are assessed, which can delay processing times (e.g., new or updated environmental regulations etc.).

Insureds should complete a comprehensive coverage review with their Broker annually, or more regularly where appropriate, to ensure their policy continues to meet their evolving needs.