

DAS RISK MANAGEMENT STARS REPORT REQUEST FORM

* Reports will be produced as an Excel Spreadsheet

* Reports will be produced based on Report Date unless otherwise specified

* Normal processing time for report production set-up is 2-3 business days from Date Requested

Date Requested:		Due Date:	
Requested By:		Phone:	
Email:			
Agency Name:		Agency No.:	
Report Frequency <i>(Choose one)</i>	<input type="checkbox"/> One Time <input type="checkbox"/> Monthly	Date Range:	
	<input type="checkbox"/> Quarterly <input type="checkbox"/> Other	Valuation Date:	

Choose All That Apply																																											
Available Report Fields <i>NOTE: Employment and Workers' Comp Claims are Excluded</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Agency: Overall</td><td>Main agency number</td></tr> <tr><td><input type="checkbox"/> Agency: Department/Division</td><td>Sub-agency number under main number</td></tr> <tr><td><input type="checkbox"/> Claim Number</td><td>Unique ID in the system for each claim</td></tr> <tr><td><input type="checkbox"/> Claimant Full Name</td><td>Full name of claimant as reported</td></tr> <tr><td><input type="checkbox"/> Loss Date</td><td>Actual date of the loss/accident/incident</td></tr> <tr><td><input type="checkbox"/> Report Date</td><td>Date loss/accident/incident reported to DAS RM</td></tr> <tr><td><input type="checkbox"/> Coverage: Auto Liability</td><td>Injury/property damage, operation of state vehicle - AL</td></tr> <tr><td><input type="checkbox"/> Coverage: General Liability</td><td>Injury/property damage, agency activities - GL</td></tr> <tr><td><input type="checkbox"/> Coverage: Auto Property</td><td>Related loss/damage, state-owned cars/trucks - PV</td></tr> <tr><td><input type="checkbox"/> Coverage: General Property</td><td>Related loss/damage, real/personal state property - DD</td></tr> <tr><td><input type="checkbox"/> Coverage: Citizen Report</td><td>Related to driving/inappropriate use of state vehicle - CC</td></tr> <tr><td><input type="checkbox"/> Auxiliary Type</td><td>Sub-layer under coverage for type of claim (RG, FC, etc)</td></tr> <tr><td><input type="checkbox"/> Claim Type</td><td>Sub-layer under Auxiliary type of claim (RRP, ABI, CIV, etc)</td></tr> <tr><td><input type="checkbox"/> Primary Cause</td><td>Main cause assigned to the claim</td></tr> <tr><td><input type="checkbox"/> Current Adjuster</td><td>Name of adjuster currently assigned to claim</td></tr> <tr><td><input type="checkbox"/> Litigation</td><td>Identifies whether claim is in litigation (Yes, No)</td></tr> <tr><td><input type="checkbox"/> Claim Status</td><td>Current status of claim (Open, Reopened, Final)</td></tr> <tr><td><input type="checkbox"/> Last Close Date</td><td>Date of last closure of claim</td></tr> <tr><td><input type="checkbox"/> Paid: BI/PI</td><td>Paid bodily injury/personal injury on the claim</td></tr> <tr><td><input type="checkbox"/> Paid: Legal Plaintiff</td><td>Paid settlement/judgement to claim plaintiff</td></tr> <tr><td><input type="checkbox"/> Paid: Total</td><td>Paid net total of claim. (Expenses minus Recovery)</td></tr> </table>	<input type="checkbox"/> Agency: Overall	Main agency number	<input type="checkbox"/> Agency: Department/Division	Sub-agency number under main number	<input type="checkbox"/> Claim Number	Unique ID in the system for each claim	<input type="checkbox"/> Claimant Full Name	Full name of claimant as reported	<input type="checkbox"/> Loss Date	Actual date of the loss/accident/incident	<input type="checkbox"/> Report Date	Date loss/accident/incident reported to DAS RM	<input type="checkbox"/> Coverage: Auto Liability	Injury/property damage, operation of state vehicle - AL	<input type="checkbox"/> Coverage: General Liability	Injury/property damage, agency activities - GL	<input type="checkbox"/> Coverage: Auto Property	Related loss/damage, state-owned cars/trucks - PV	<input type="checkbox"/> Coverage: General Property	Related loss/damage, real/personal state property - DD	<input type="checkbox"/> Coverage: Citizen Report	Related to driving/inappropriate use of state vehicle - CC	<input type="checkbox"/> Auxiliary Type	Sub-layer under coverage for type of claim (RG, FC, etc)	<input type="checkbox"/> Claim Type	Sub-layer under Auxiliary type of claim (RRP, ABI, CIV, etc)	<input type="checkbox"/> Primary Cause	Main cause assigned to the claim	<input type="checkbox"/> Current Adjuster	Name of adjuster currently assigned to claim	<input type="checkbox"/> Litigation	Identifies whether claim is in litigation (Yes, No)	<input type="checkbox"/> Claim Status	Current status of claim (Open, Reopened, Final)	<input type="checkbox"/> Last Close Date	Date of last closure of claim	<input type="checkbox"/> Paid: BI/PI	Paid bodily injury/personal injury on the claim	<input type="checkbox"/> Paid: Legal Plaintiff	Paid settlement/judgement to claim plaintiff	<input type="checkbox"/> Paid: Total	Paid net total of claim. (Expenses minus Recovery)
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NOTE: If any information/data appears inaccurate, please let us know immediately. Email Request To: Risk.Management@oregon.gov For Information: 503-373-7475
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Office Use Only	
Completed By:	Date Completed:

FIELD	FIELD DESCRIPTION
Date Requested	Date the request for the Custom Report is received in DAS Risk Management.
Due Date	Date the requested report is to be completed and forwarded to person requesting the report.
Requested By	Person that is requesting the report.
Phone	Phone number of the person requesting the report.
Email	Email of person requesting the report.
Agency Name	Name of agency of person requesting the report.
Agency Number	Agency number of person requesting the report.
Report Frequency	How often do want to receive the report.
Date Range	Dates that are to be included in the report. Start date to end date.
Valuation Date	Date that the claims data is to be valued as other than the day the report is run.

Agency: Overall	This is the main agency name without breaking it down into departments or divisions.
Agency: Specific Dept.	This is the main agency department or division within the main agency.
Claim Number	A unique ID for each claim in the system.
Claimant Full Name	Full name of claimant as reported in the system.
Loss Date	This is the actual date of the loss/accident/incident.
Report Date	This is the date that the loss/accident/incident was reported to DAS Risk Management.
Cov: Auto Liability	Injury/property damage claims arising out of agency operation of a state vehicle. AL
Cov: General Liability	Injury/property damage claims arising out of agency activities excluding vehicle liability. GL
Cov: Auto Property	Claims related to loss or damage to state-owned cars and trucks. PV
Cov: General Prop	Claims related to loss or damage to real or personal state property. DD
Cov: Citizen Reports	Claims related the to driving/inappropriate use of a state vehicle. CC
Auxiliary Type	This is a sub-layer under the coverage for classifying a type of claim. (RG, FC, etc)
Claim Type	This is a sub-layer under the Auxiliary type for classifying a type of claim. (RRP, ABI, CIV, etc)
Primary Cause	The description of the cause that was main cause assigned to the claim.
Current Adjuster	Name of adjuster currently assigned to claim.
Litigation	Identifies whether claim is in litigation (Yes, No)
Claim Status	Indicates claim status (Open, Reopened, Final)
Last Close Date	The date of last closure of claim.
Paid: Bodily/Personal	Paid bodily injury/personal injury on the claim.
Paid: Legal Plaintiff	Paid settlement or judgement to the plaintiff of the claim.
Paid: Total	Paid net total on the claim. (Expenses minus Recovery)