PMA COMPANIES

RADIUSR

PMA's Enhanced Online Report a Claim Solution

Claim Reporting Guide

October 2025

Version 1.03

OLD REPUBLIC INSURANCE GROUP

Welcome to

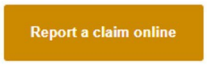
RADIUSR

PMA's Enhanced Online Report a Claim Solution featuring

- New look and feel to PMA's online claim reporting functionality
- User self-registration
- Multi-factor authentication for greater client data security
- Ability to save draft claims to complete during a later session

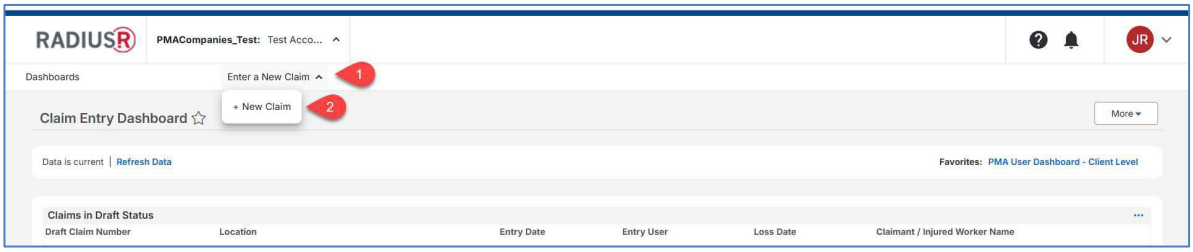
Claim Reporting Guide

Go to https://www.pmacompanies.com/support/report-a-claim and click on the gold "**Report a claim online"** button at the bottom of the page.

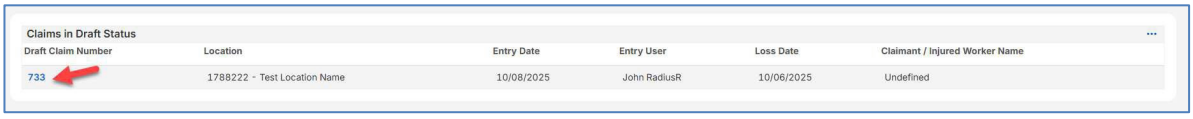


Please review the Self Registration and Multi-factor Authentication Guide for log in assistance.

You know you have logged in successfully, when you see the RadiusR Claim Reporting Dashboard. Please note, if you have access to file claims for more than one account, you will be asked to select an account before the RadiusR Claim Reporting Dashboard is displayed.



Click **Enter New Claim** in the upper right corner and then click **+ New Claim** to file a new claim. To continue working on a claim draft from a prior session, click the temporary Claim Number listed in the Claims in Draft Status list.



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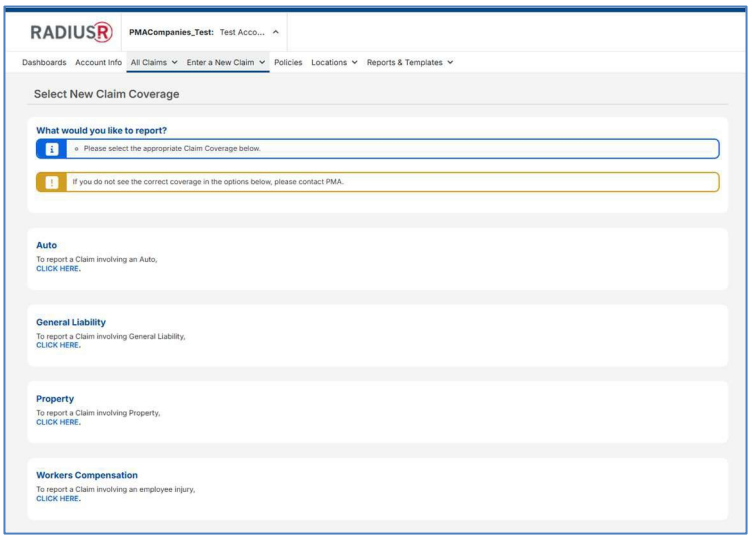
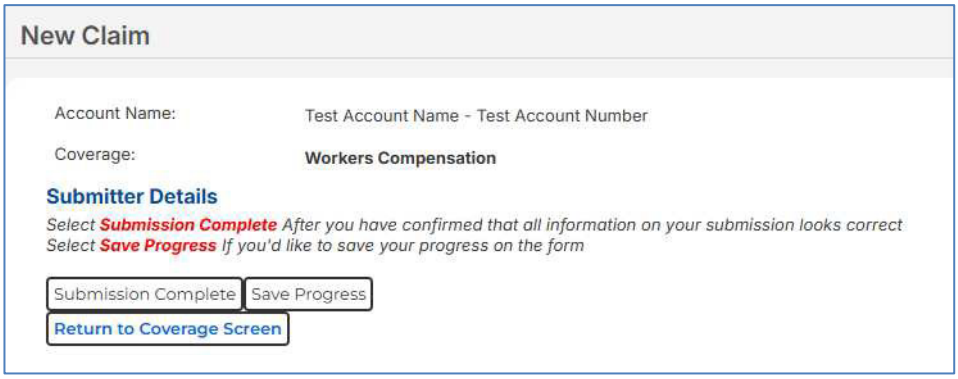
You will see the New Claim Coverage screen. Select the coverage desired. Please note, your coverage selections will be limited to the coverage available for the selected account number.



Select the coverage desired.

After selecting the coverage needed, you will see the entry screen for that coverage.

Required Fields are listed in **bold font** and contain an asterisk (*).

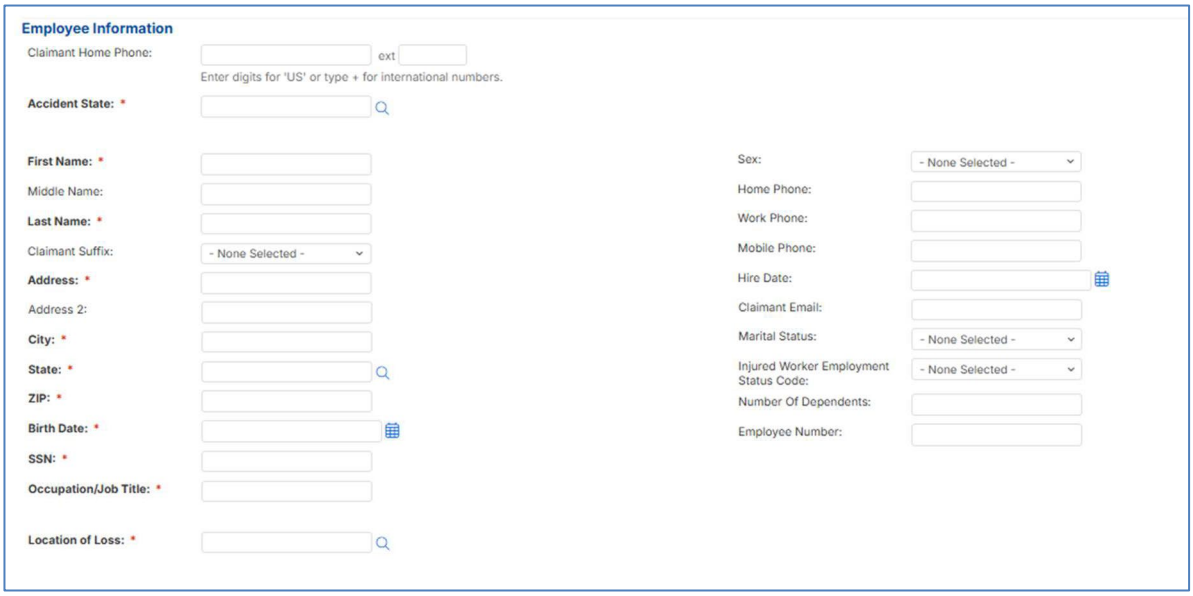


Please note the buttons under the **Submitter Details**.

- Click **Submission Complete** to submit your claim.
- Click **Save Progress** to save a draft of the claim. Your entry will be assigned a temporary claim number will it remains in draft status. You will be able to come back to complete the claim later. Drafts will be automatically deleted after 30 days. If your claim remains in draft status for an extended period of time, you will receive email reminders at 7 and 28 days.

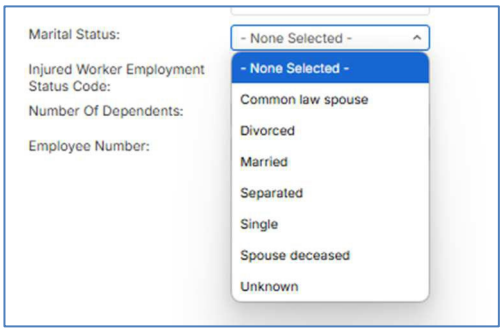
Return to Coverage Screen will bring you back to the coverage selection screen.

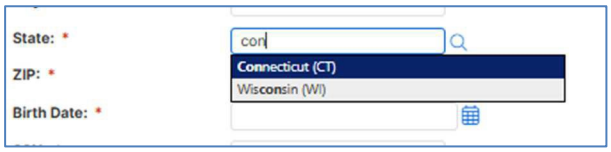
Employee Information



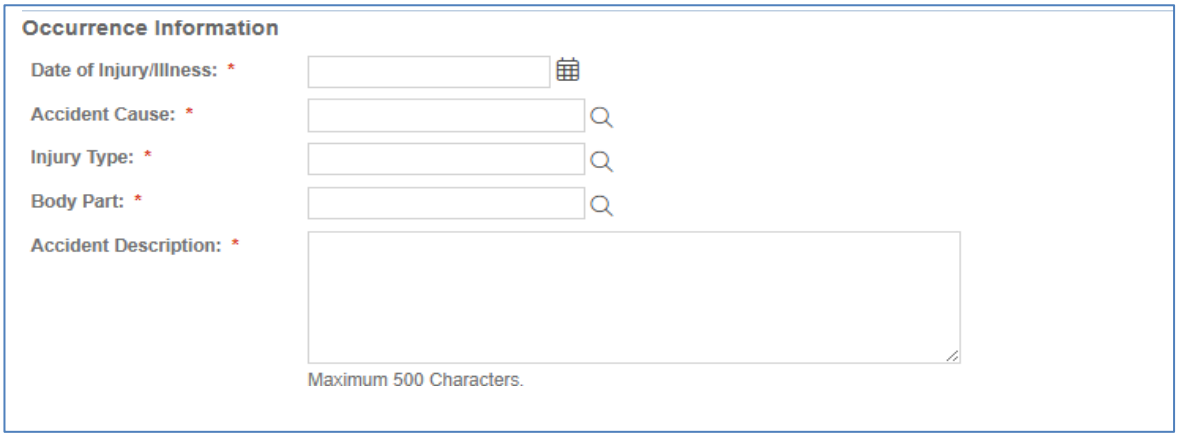
Complete as much information about the injured worker as possible. Adding contact information like home phone, mobile phone and email address, when available, will allow multiple options for communication between the adjuster and the injured worker.

Fields with an arrow or a magnifying glass icon contain a list of predefined values. Click the arrow or magnifying glass to see a list of available options for that field. Fields with a magnifying glass, like **Location of Loss**, allow you to type a portion of the name or code to narrow the list of options. For more details refer to the **Helpful Hints** section on at the end of this guide.





Occurrence Information



Body Part (Fingers or Toes)
For claims with a Body Part of Fingers or Toes, an additional drop down will appear. Select the affected finger or toe from the list. If unknown, select one and then provide Comments on the Claim Submission page to indicate the actual toe or finger is currently unknown.

Injury Information

Work Week Type

Standard
The default for **Work Week Type** is Standard. Standard applies when the employee works five days per week and the work days are Monday - Friday.

Fixed
Fixed indicates that the employee works a fixed schedule, but the days worked are not Monday - Friday. When selected, **Work Days Scheduled** becomes required. The default for **Work Days Scheduled** is blank and you will need to indicate the days the employee works - for example an employee may only work Monday, Wednesday and Friday or they may work a five-day week but the days worked are Wednesday - Sunday.

Varied
When selected, the **Days Worked Per Week** field, rather than the **Work Days Scheduled** field, becomes required. Since the work days vary there is no need to complete **Work Days Scheduled**. You should indicate the number of days the employee works each week in the **Days Worked Per Week field**. If the days worked per week is not consistent, indicate the average number of days per week.

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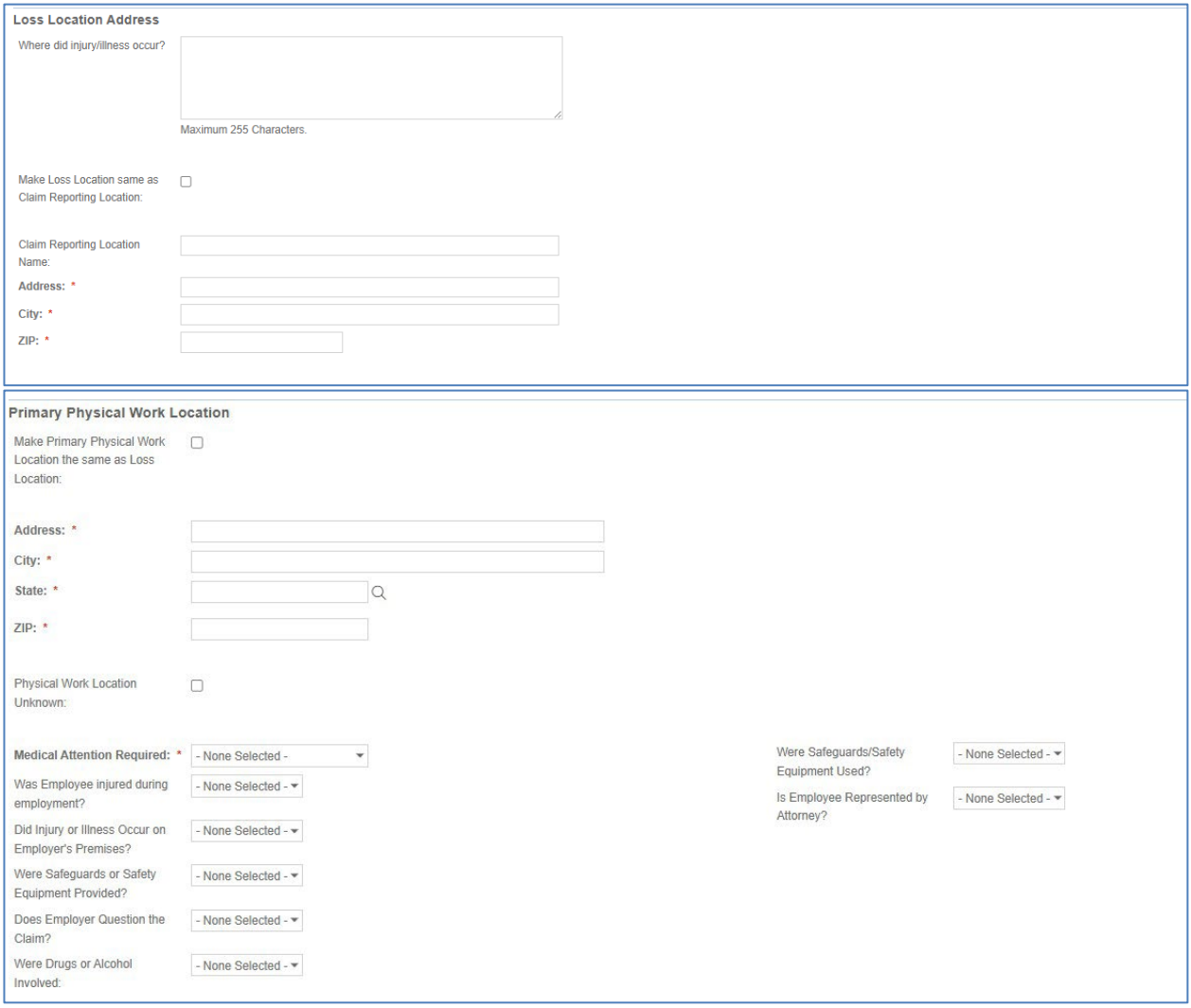
Loss Location/Primary Physical Work Location



Where did injury/illness occur? is a freeform field. Use this field to indicate the specific location of the injury such as “Rear stairwell” or “Patient Room 27A”.

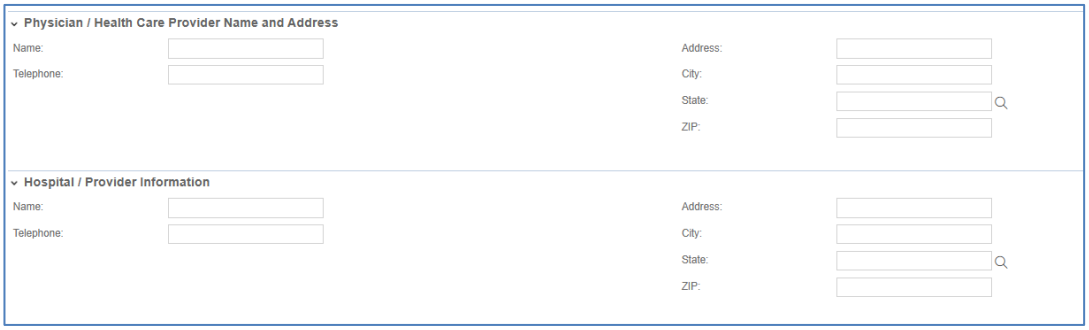
Check the **Make Loss Location same as Claim Reporting Location** box if the injury occurred at the same physical address as the loss location. If not, complete the address.

If the injured worker’s primary physical work location is the same as the loss location address, check the box. If not, complete the address. If the primary physical work location is unknown, check the **Primary Work Location Unknown** box.

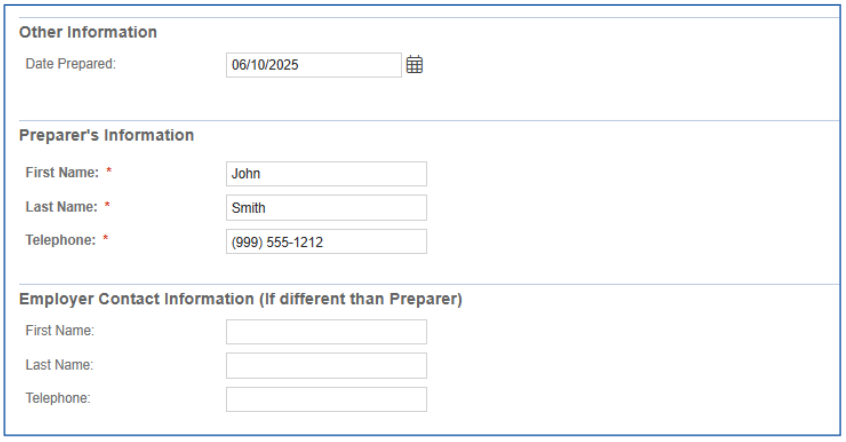
Complete the **Medical Attention Required** field. If you are unsure, select Unknown.

Physician/Health Care Provider and Hospital/Provider Information

If you know the injured work was treated at an occupation health center, clinic or hospital, expand the appropriate section and complete the provider information. Any information you can provide will be helpful.



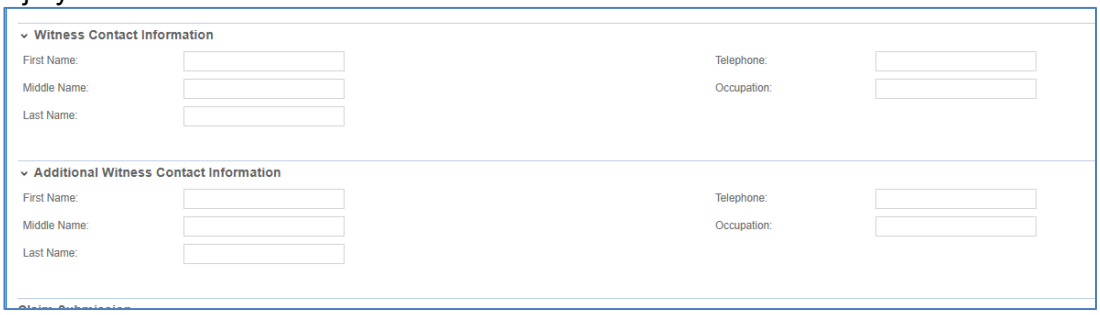
Preparer and Contact Information



Your name and phone number will prefill in the Preparer section. Please complete the **Employer Contact Information** if we should reach out to someone other than you to discuss the claim.

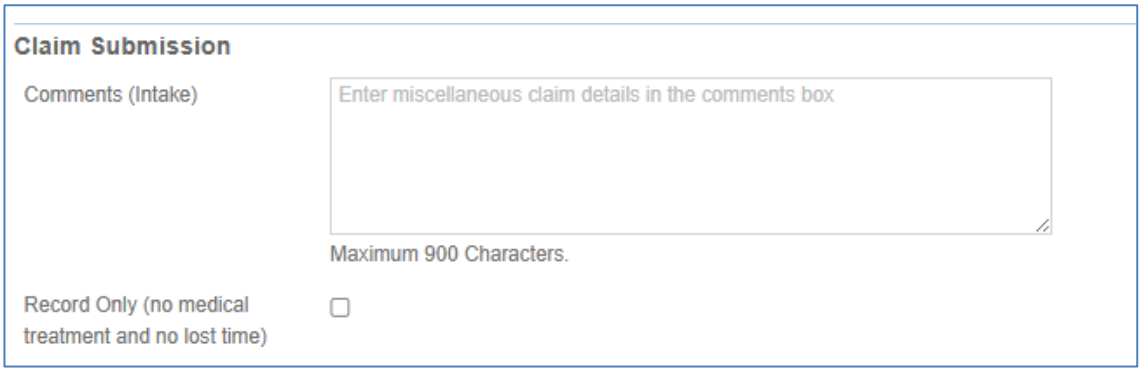
Witness Information

Please expand and complete the witness information section if there were witnesses to the injury.



PMA COMPANIES

Claim Submission

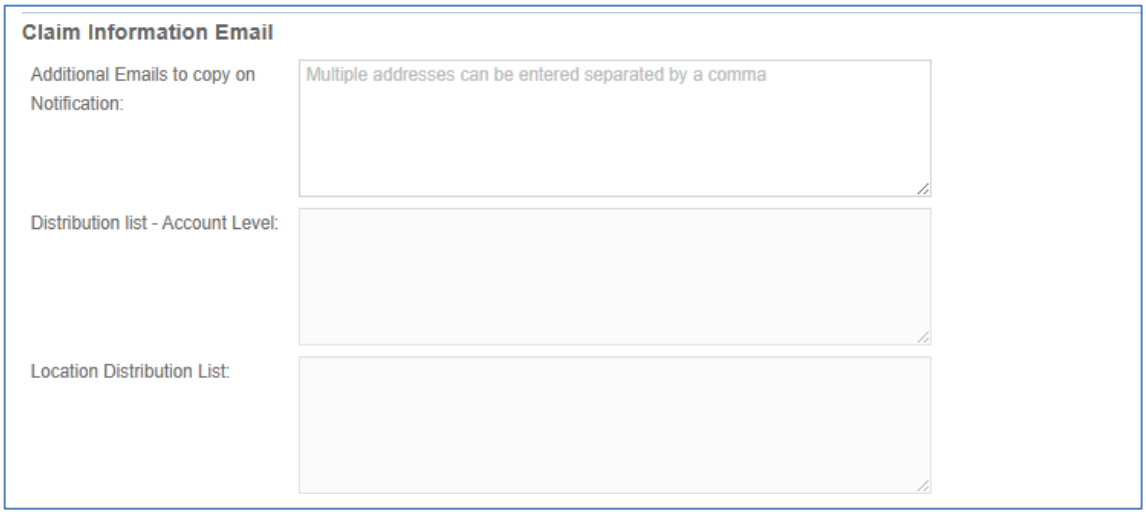


Type any additional information about the claim in the **Comments** box. Your comments will become the first log note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

For Workers' Compensation, this means an injured worker will not be seeking medical treatment and will not be losing any time from work. If you submit a Record Only claim, and the situation changes, please contact us at 888-476-2669 to have the claim assigned to an adjuster.

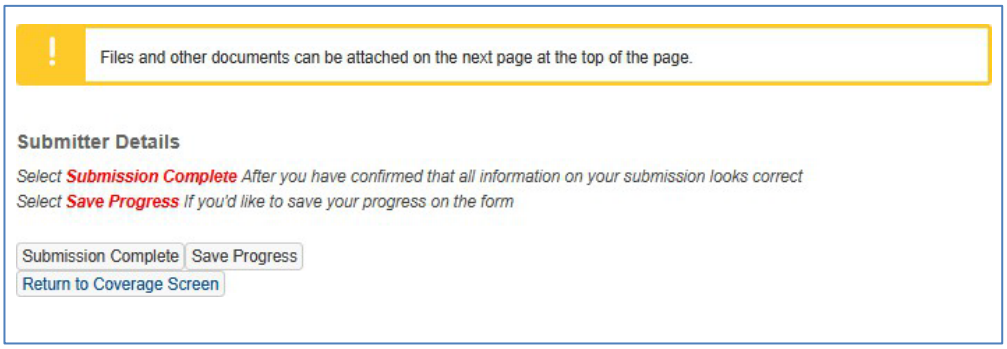
Claim Information Email



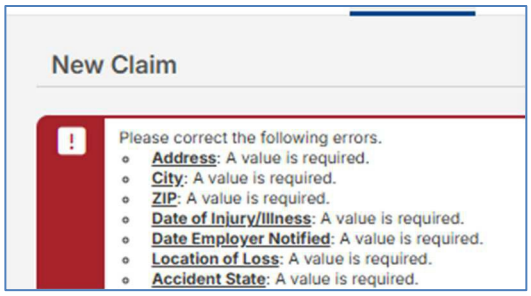
You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

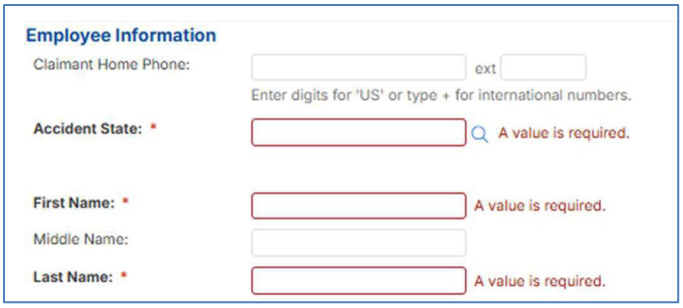
Claim Submission

When you are finished, click **Submission Complete** at the top or bottom of the page.

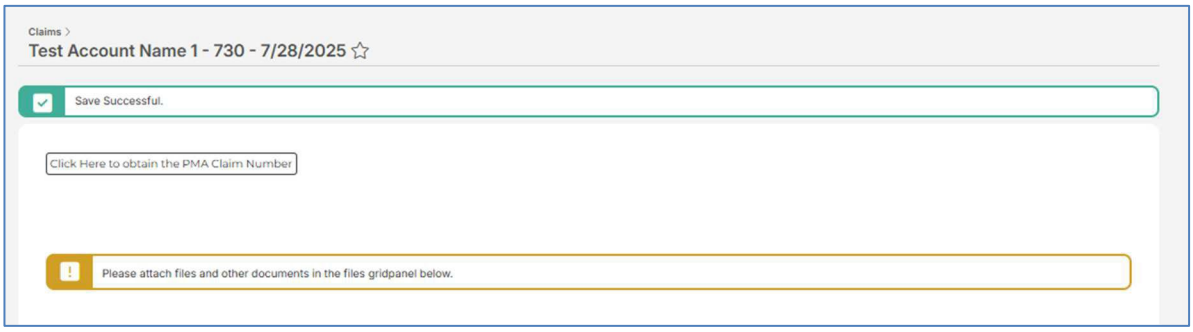


After clicking **Submission Complete**, you may see a notification indicating missing required fields. If so, complete the missing information and click Submission Complete to file the claim.



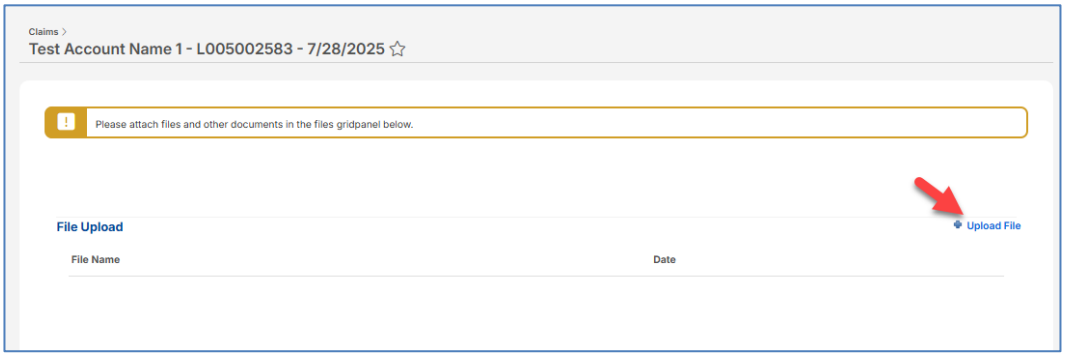


You will see a notification that your claim was saved successfully. To view the PMA claim number, click the **Click Here to obtain the PMA Claim Number** button. The claim number will appear in the blue banner next to the account name and number. Please note, even if you do not click that button, the PMA Claim Number will be assigned and will be included in the email notification.



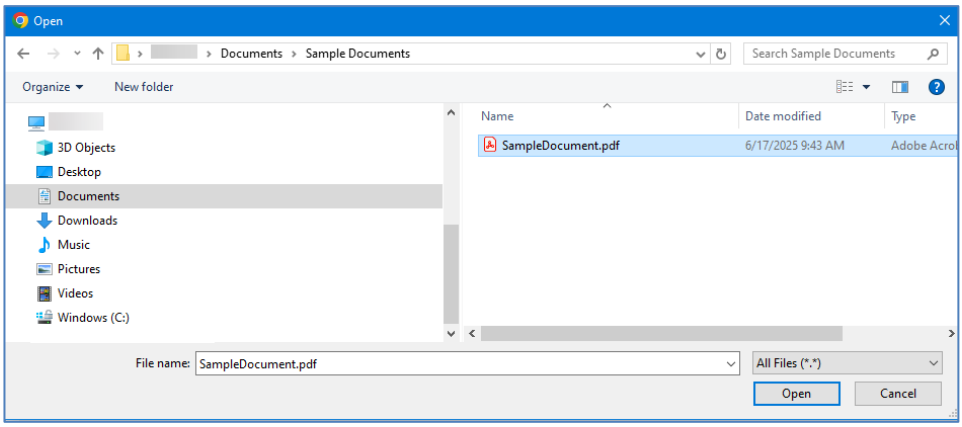
Uploading Documents

To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports or photographs, click the **Upload File** link.



Click the **Choose File** button to upload a single document or the **Upload Multiple Files** button to attach multiple documents.

The File Explorer window will open. Navigate to the folder where you have stored the document(s) you want to upload. Select the file(s) you would like to submit and click **Open**.
Please note, your corporate IT policy may prohibit this step. In that case, you can email your document(s) to PMA at claimsmail@pmagroup.com. Be sure to include the claim number in the subject line.



When uploading a single document, the name of the selected document will appear next to

the **Choose File** button. Click **Save** to upload the document.

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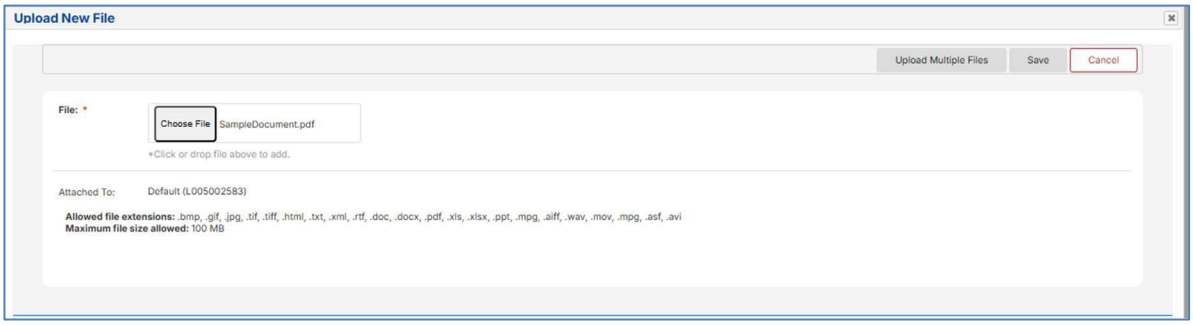
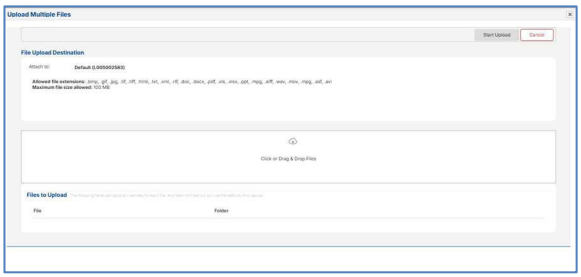
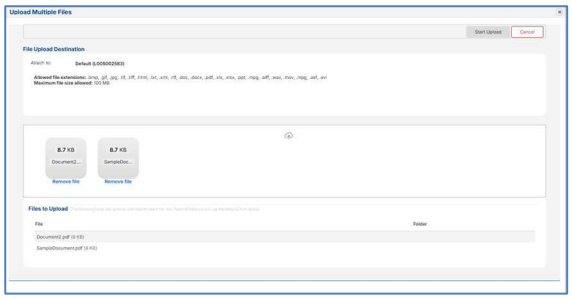


When uploading multiple documents, the name of the documents will appear in the list under the **Click or Drag & Drop Files** box. Click **Start Upload** to upload the documents.





When the upload is complete, you can attach more files, close the application, or enter a new claim.

Any documents uploaded will be scanned for viruses. You will see the status of the virus scan in parentheses after the file name.

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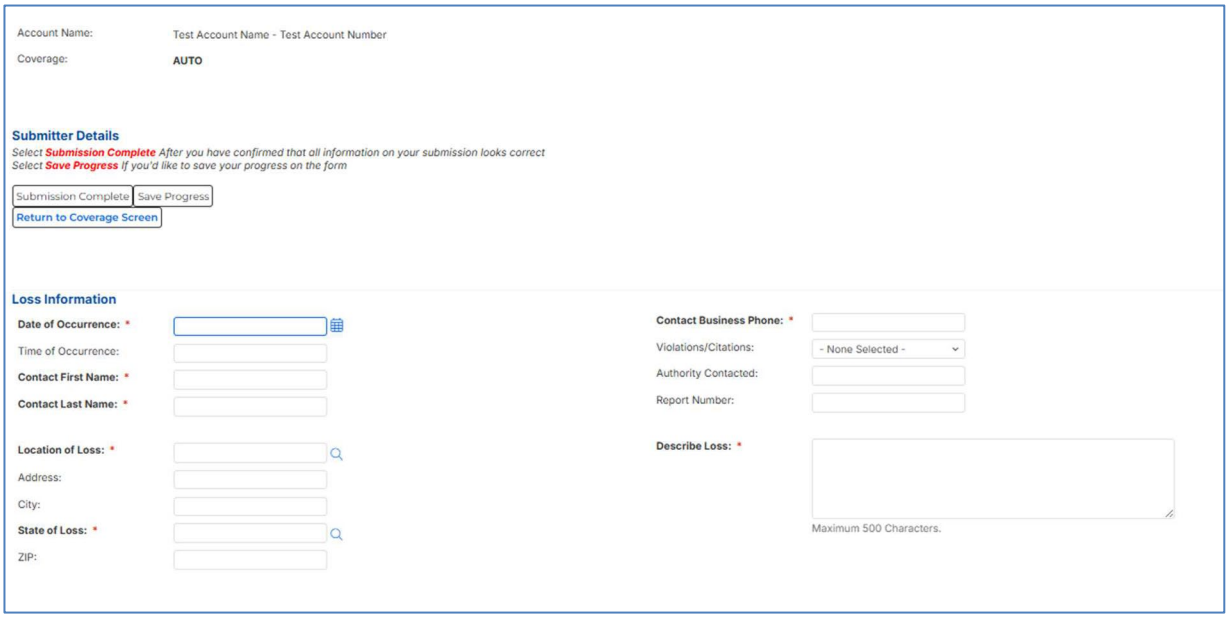
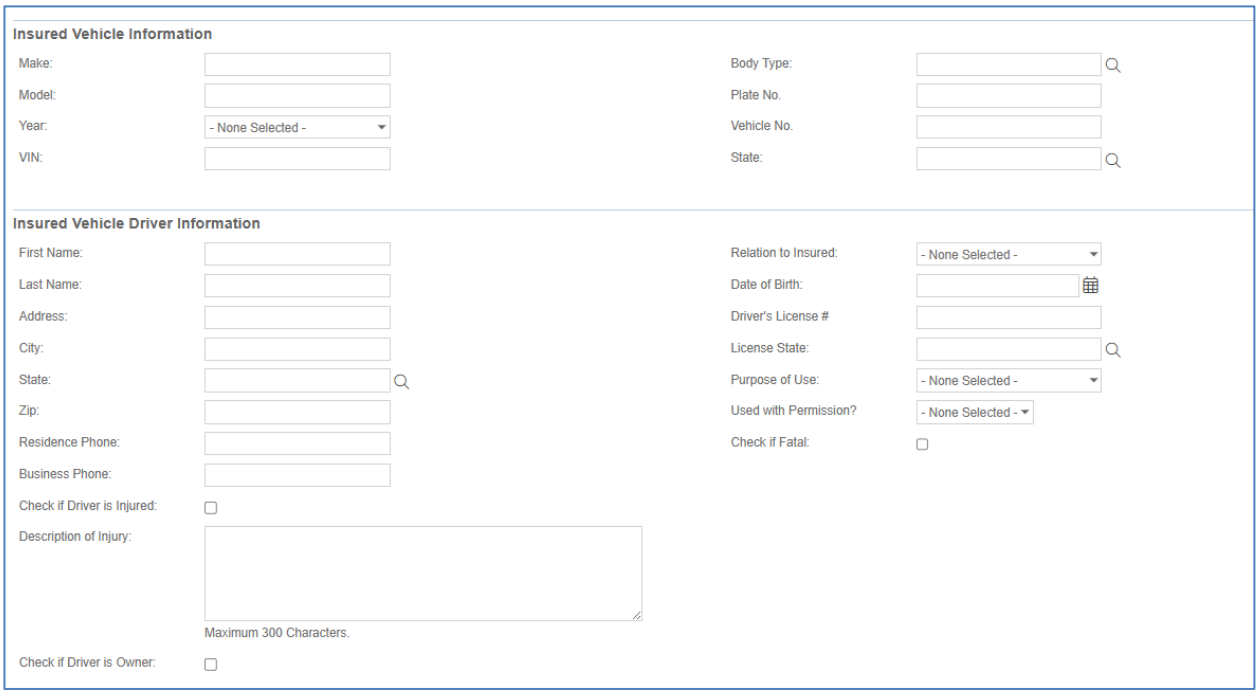
Auto Claims

Loss Information

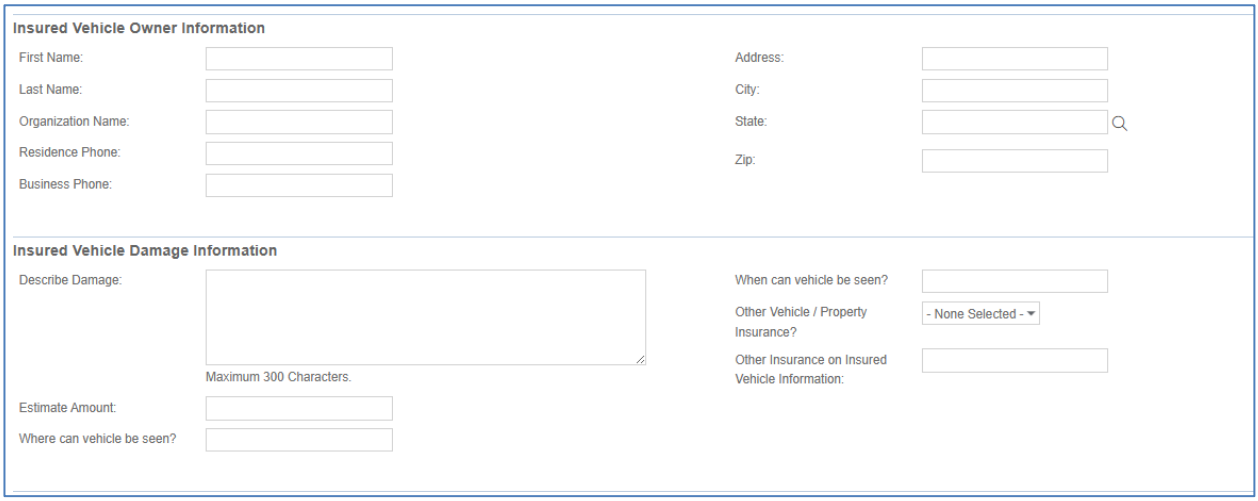


Insured Vehicle/Insured Driver Information



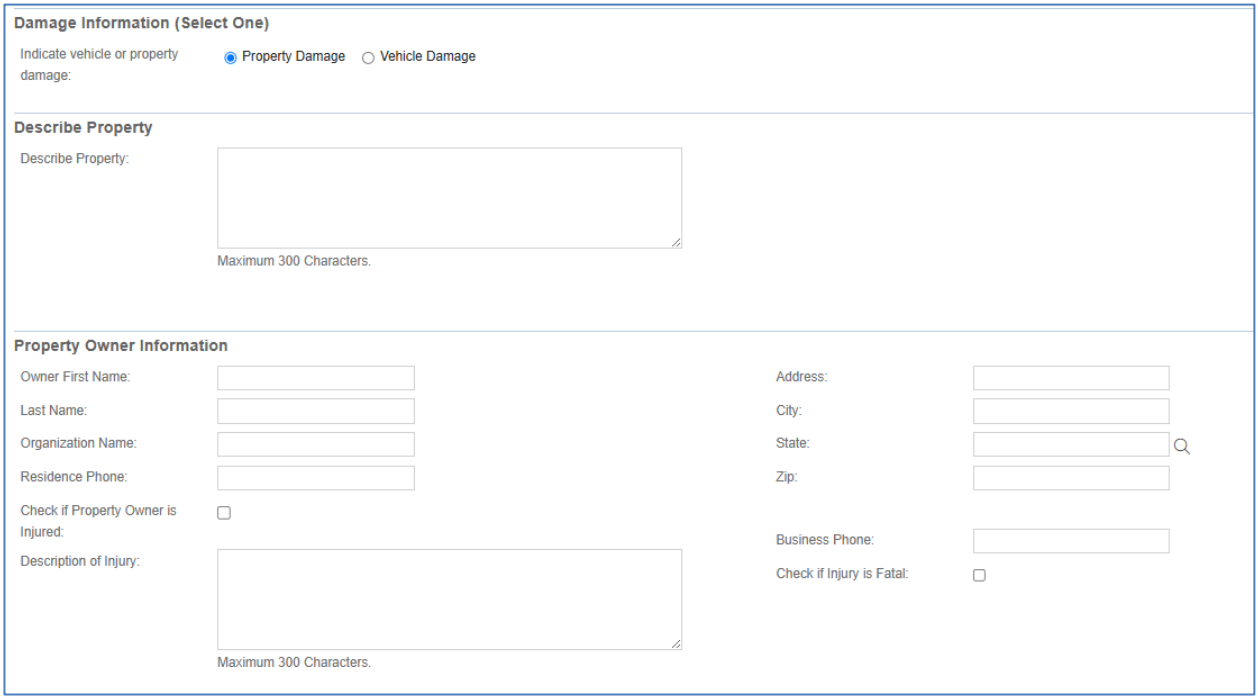
PMA COMPANIES

Insured Vehicle Owner/Insured Vehicle Damage Information



Property Damage Information

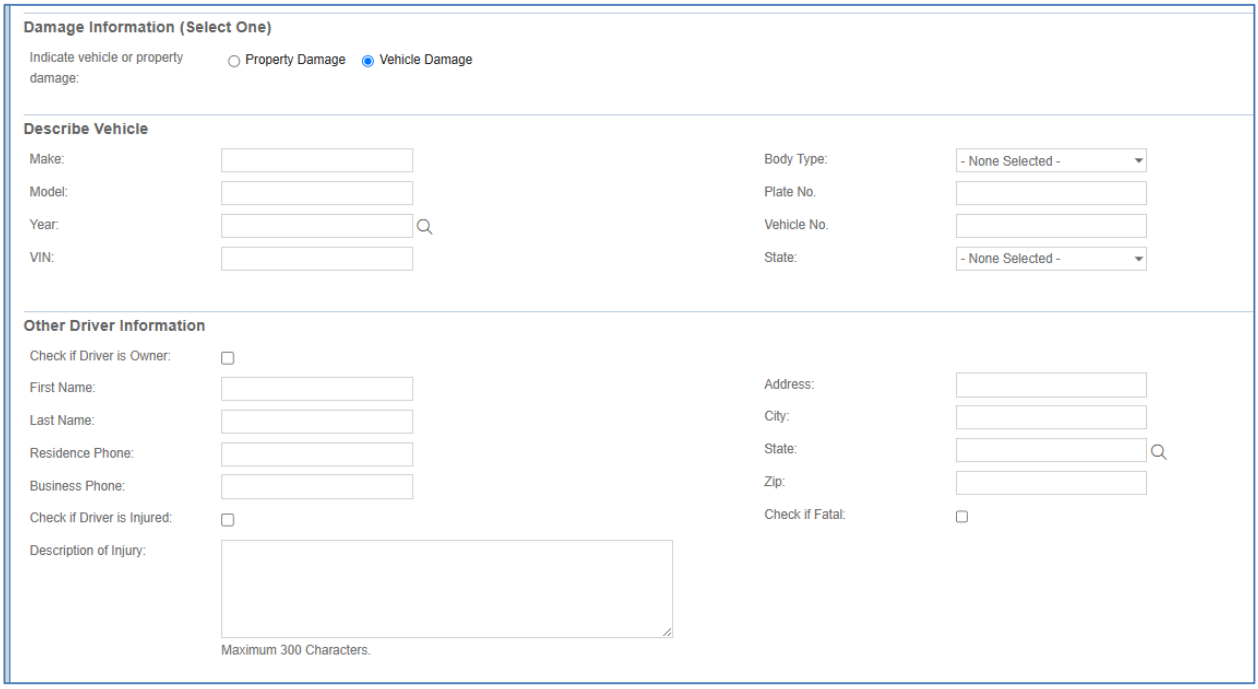
To report property damage, select Property Damage



PMA COMPANIES

Property Damage Information

To report other vehicle damage, select Vehicle Damage



Property/Other Vehicle Damage Information

Describe damage to the property or other vehicle and include estimate information if available.

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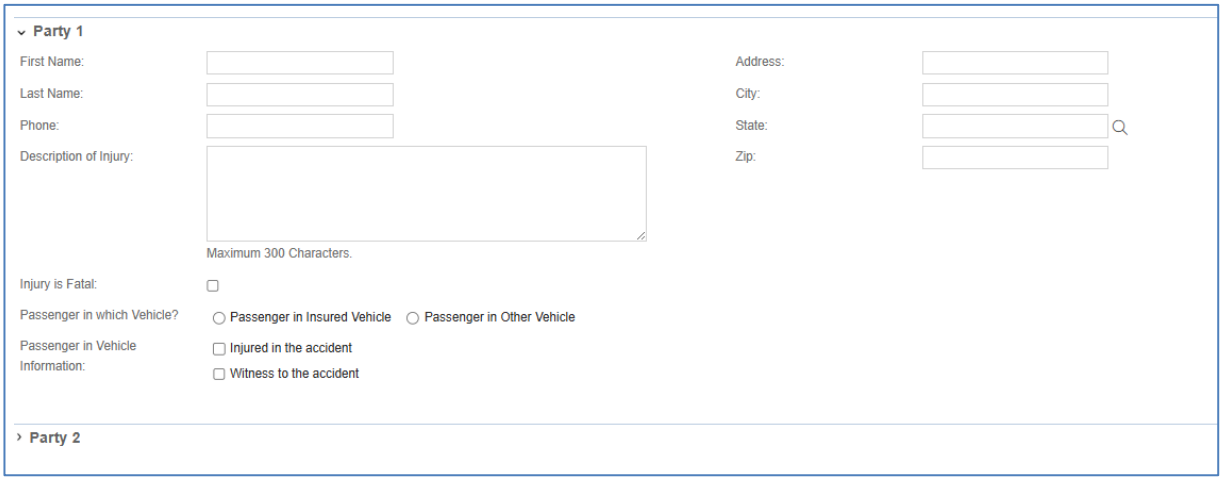
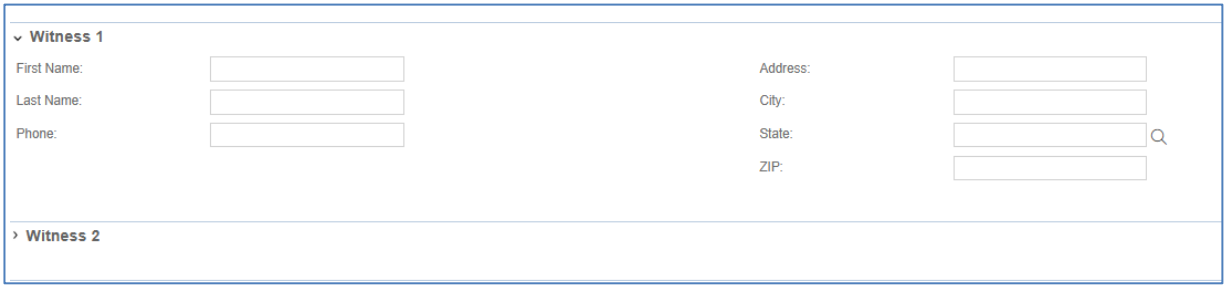
Party Information

Expand and complete information for Party 1 and Party 2, if details are available.



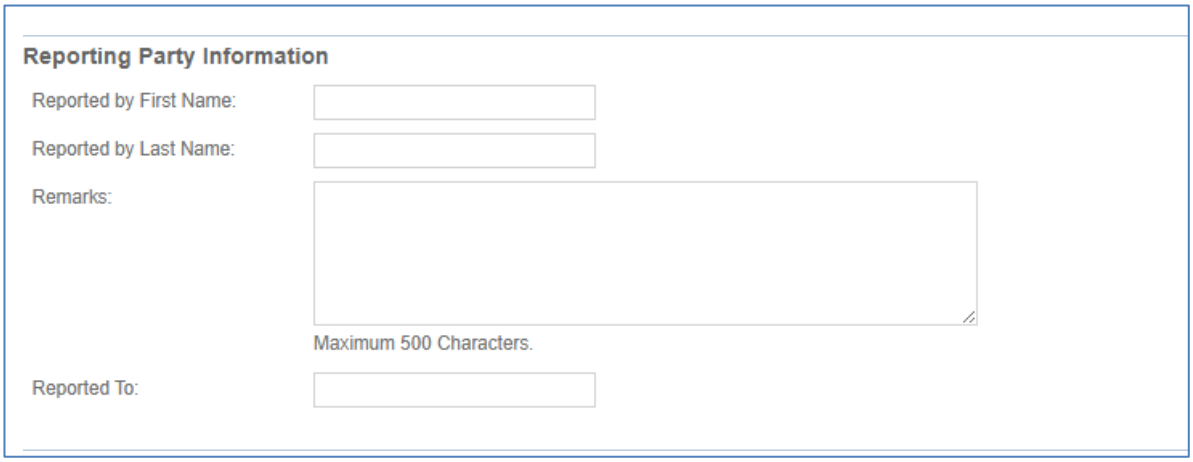
Witness Information

Expand and complete information for Witness 1 and Witness 2, if details are available.

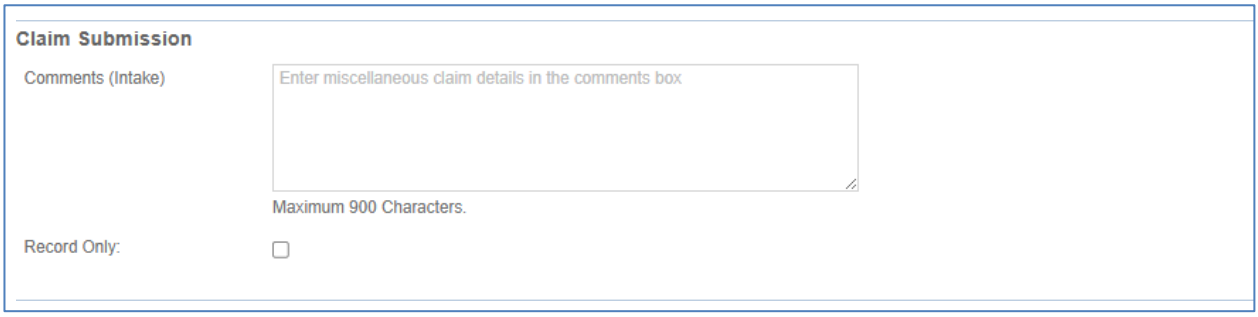


Reporting Party Information

Complete reporting party information, if available.



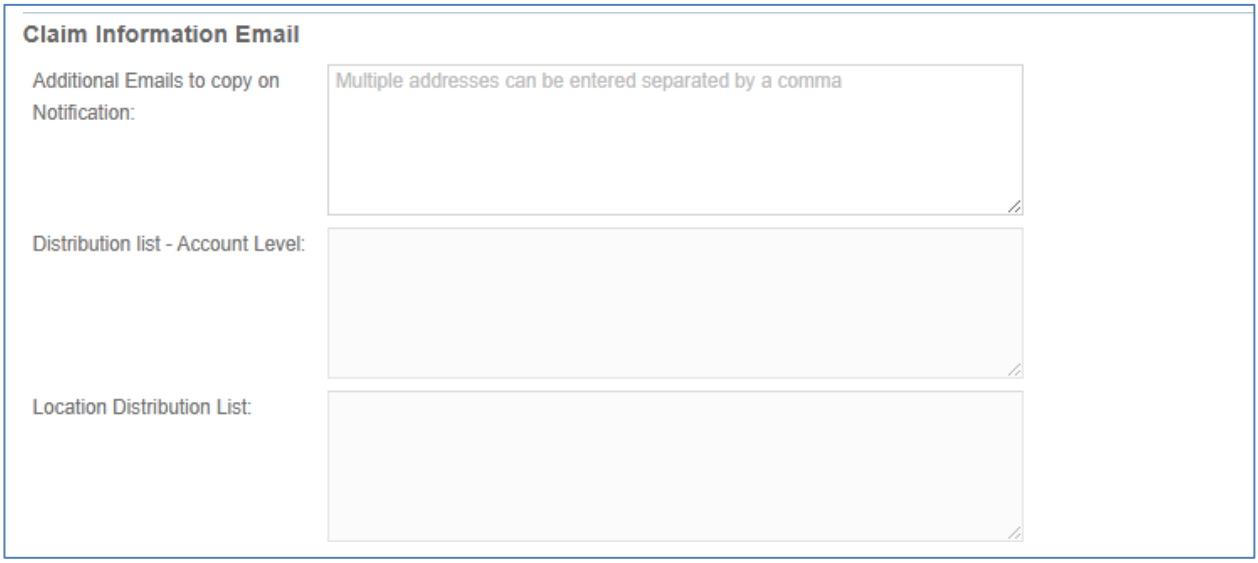
Claim Submission



Type any additional information about the claim in the **Comments** box. Your comments will become the first log note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

Claim Information Email



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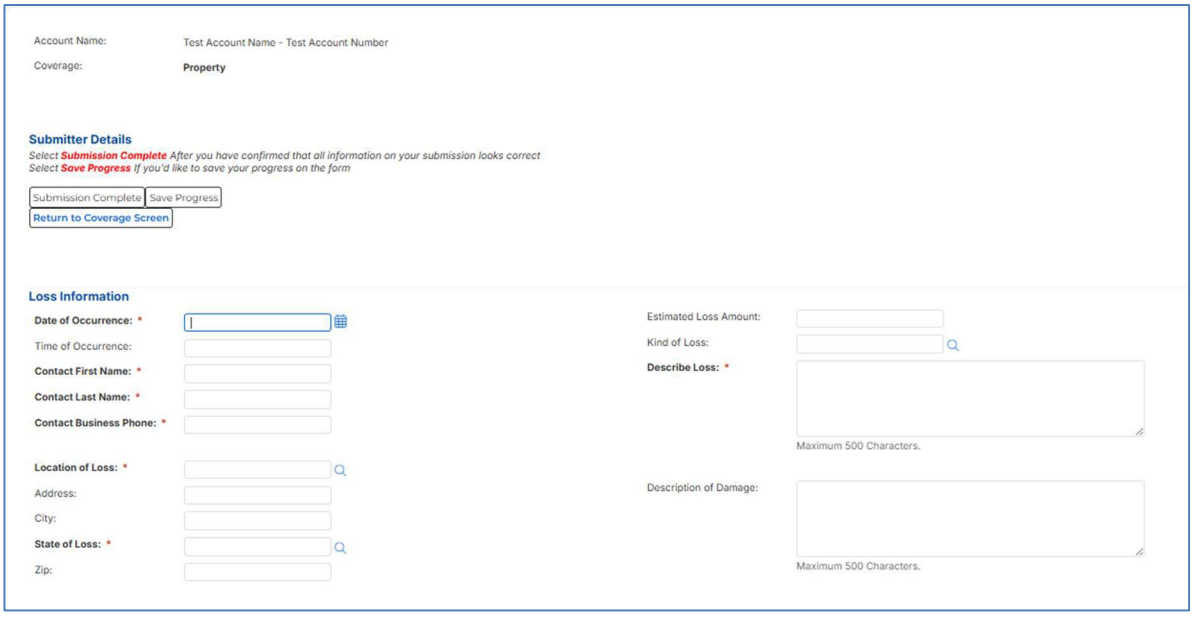
When you are finished, click **Submission Complete** at the top or bottom of the page. You will then receive the PMA claim number and have the opportunity to upload documents.

PMA COMPANIES

Loss Information



Claim Submission

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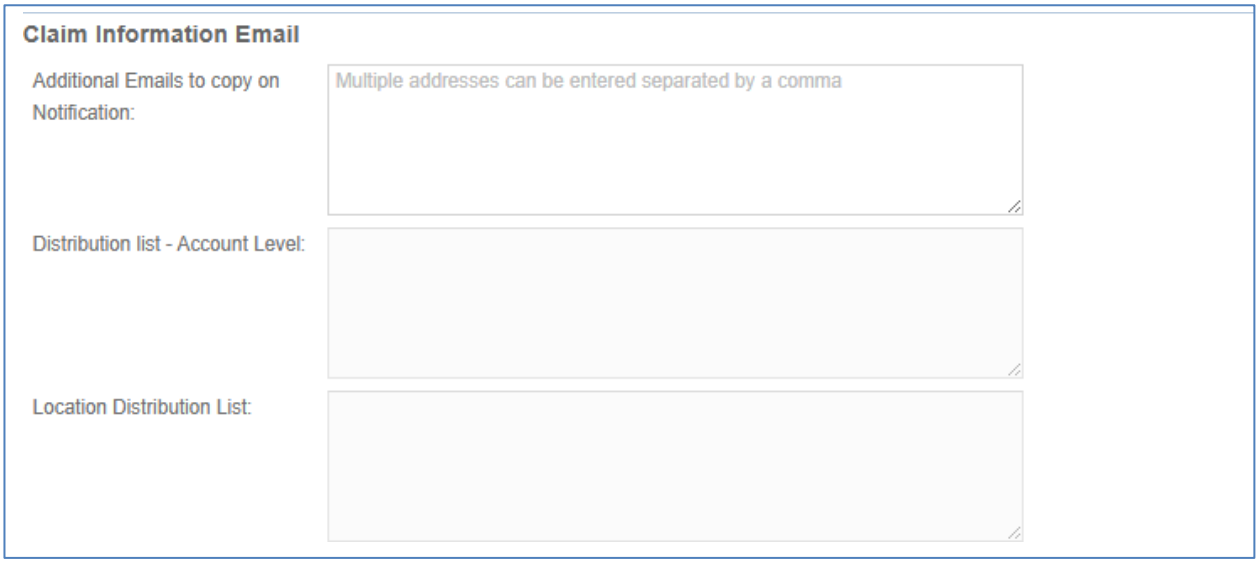
Claim Information Email



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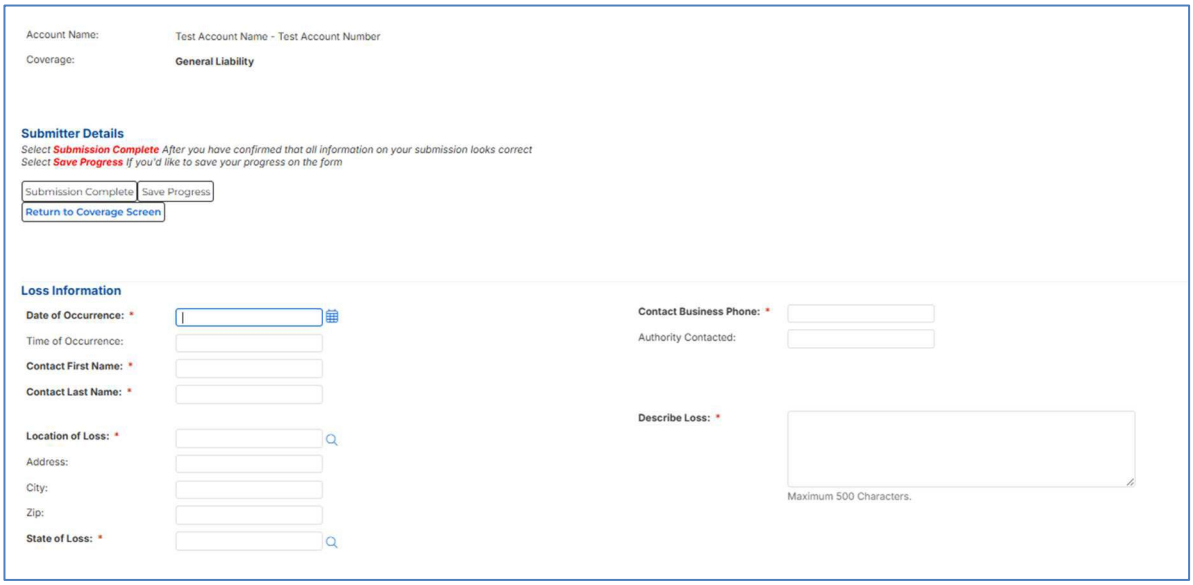
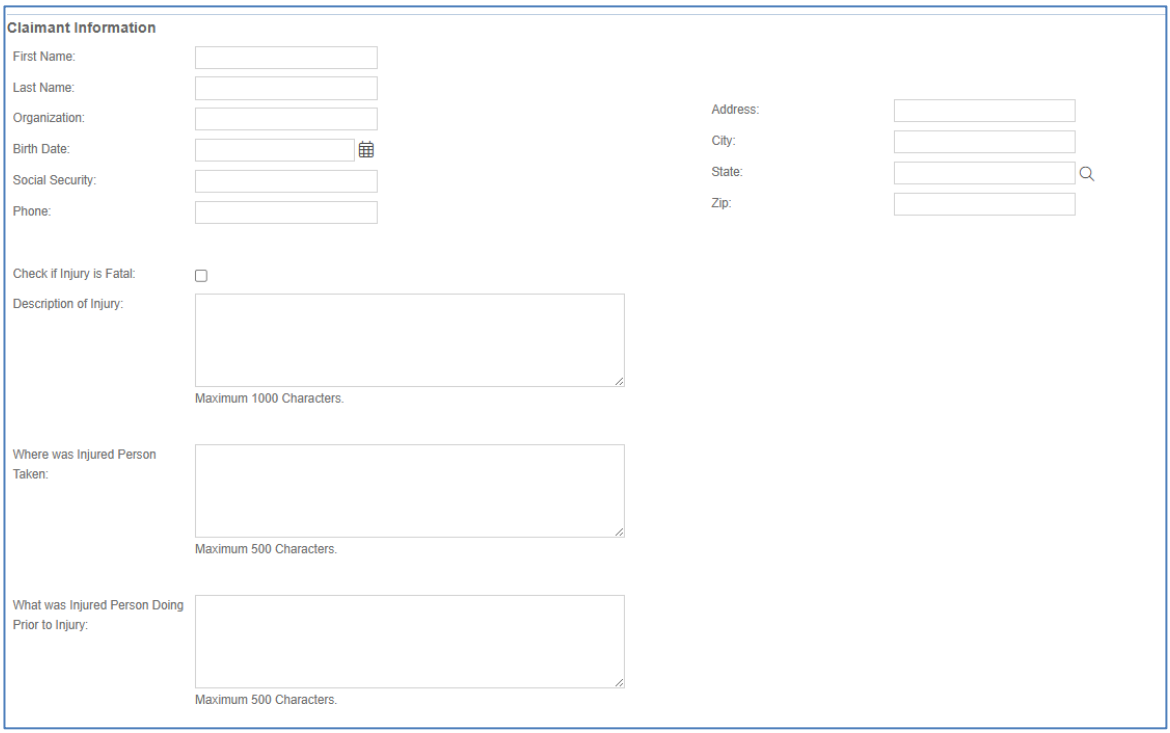
General Liability Claims

Loss Information



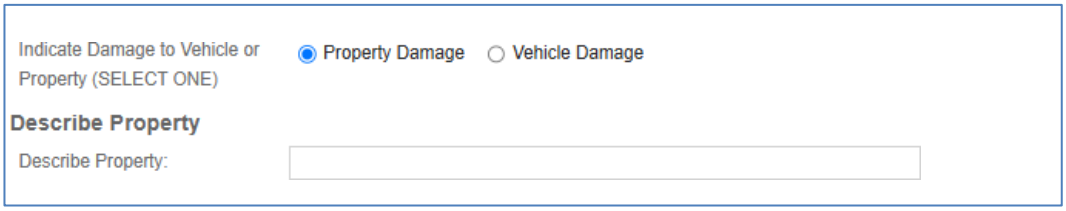
Claimant Information



PMA COMPANIES

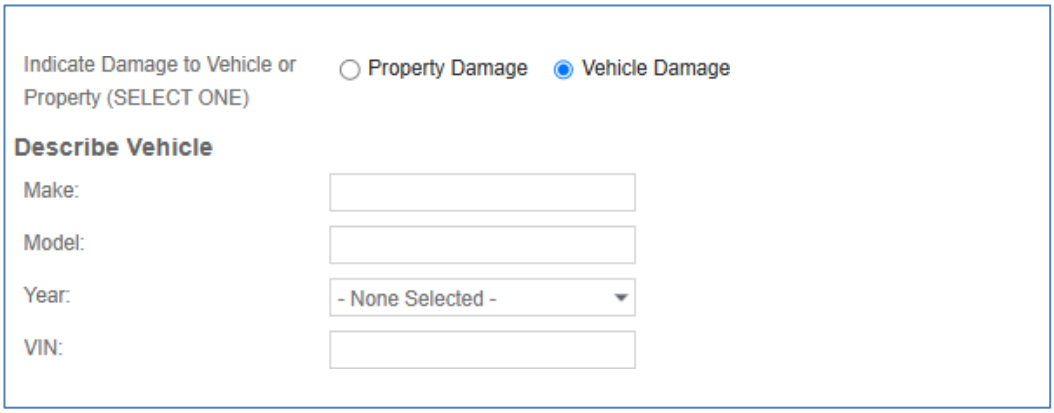
Property Damage Information

To report property damage, select Property Damage



Vehicle Damage Information

To report property damage, select Property Damage

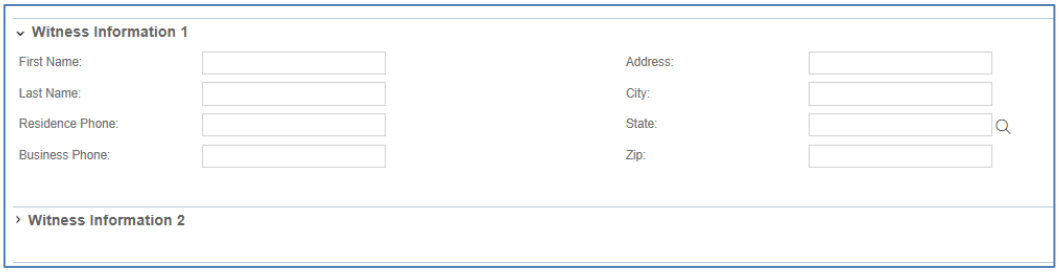


Property/Vehicle Damage Information

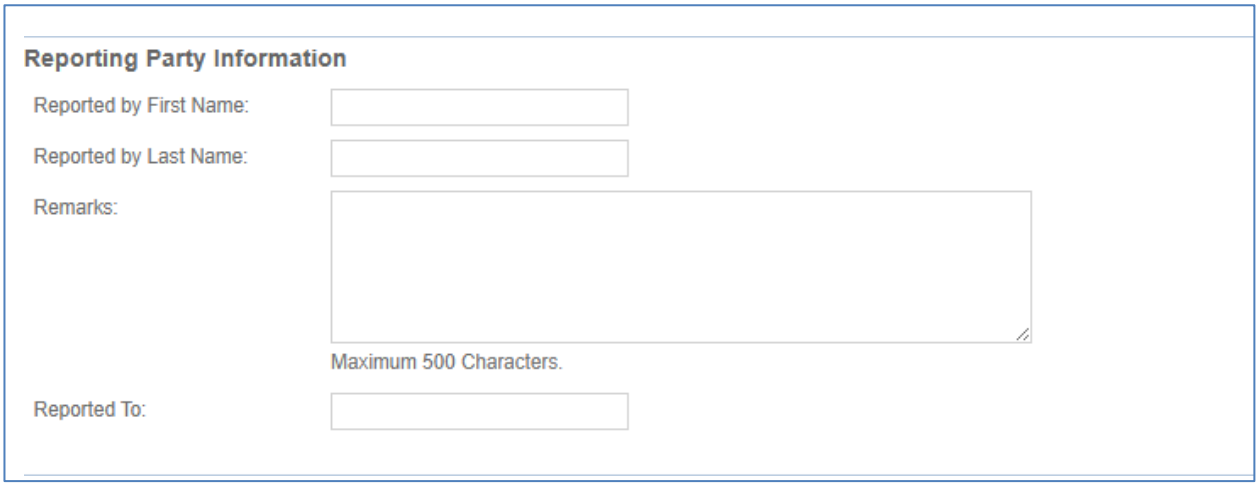
Describe damage to the property or other vehicle and include estimate information if available.

Witness Information

Expand and complete information for Witness 1 and Witness 2, if details are available.



Reporting Party Information

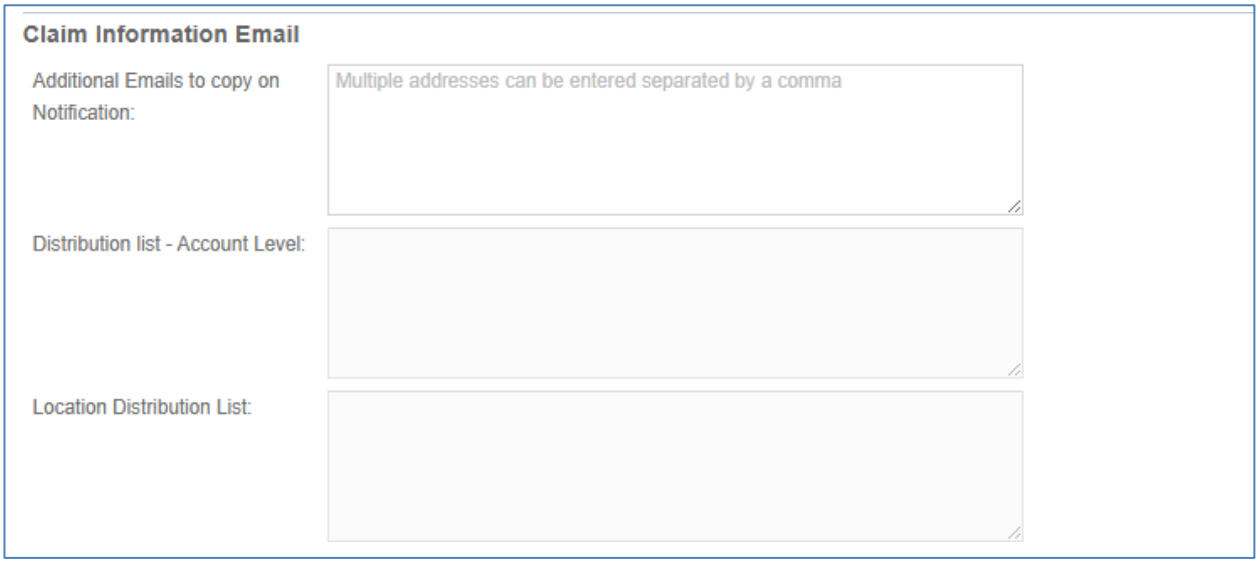


Claim Submission

Type any additional information about the claim in the **Comments** box. Your comments will become the first log note in the file. Treat this information as legally discoverable.

Check the **Record Only** box when the claim is for informational purposes only. Record Only claims will not be assigned to an adjuster.

Claim Information Email



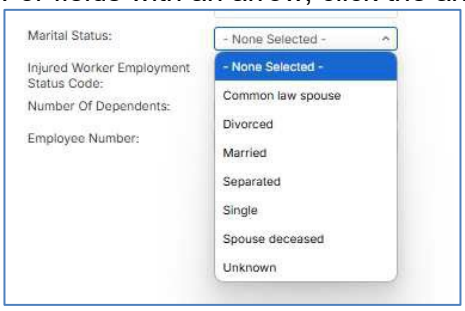
You will automatically receive an email copy of the claim information provided. This email will include our claim number. If you would like to send a copy of the claim information to someone else, enter the email address in the **Additional Emails to copy on Notification** field. Your employer may have a standard distribution list for these new claim emails. If so, you will see email address(es) in the Account Level or Location Distribution List.

When you are finished, click **Submission Complete** at the top or bottom of the page. You will then receive the PMA claim number and have the opportunity to upload documents.

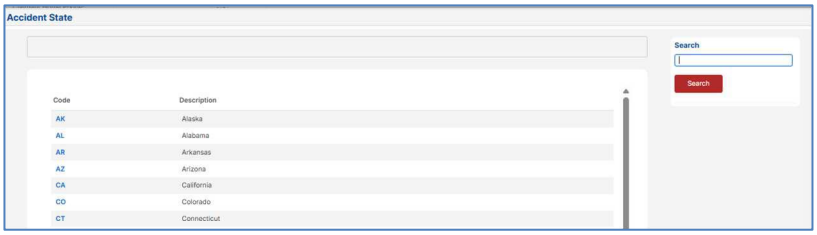
Claim Reporting

Fields with an arrow or a magnifying glass icon contain a list of predefined values.

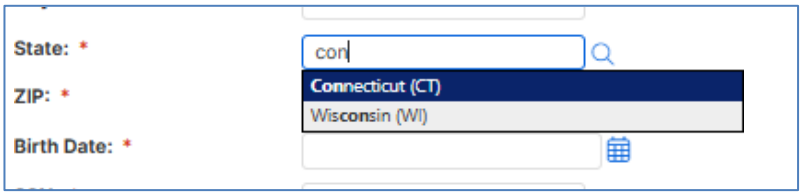
For fields with an arrow, click the arrow to display a list of options.



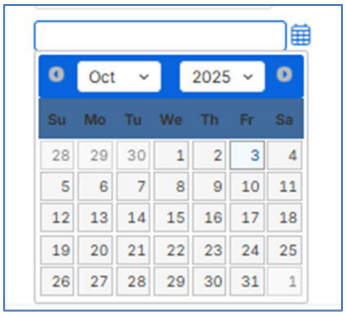
To search for a value in a field with the magnifying glass, click the magnifying glass to view the full list of options and click the blue item desired.



For a smaller list of options, type a portion of the name or code and select the value desired.

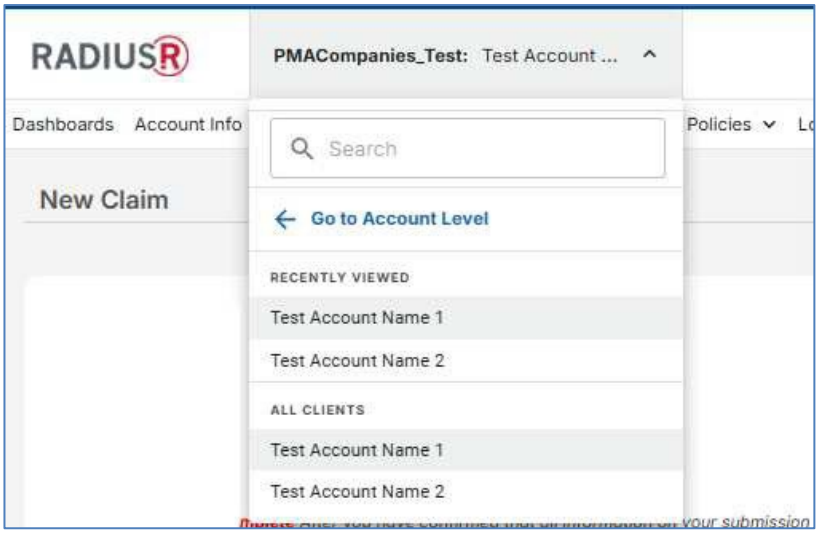


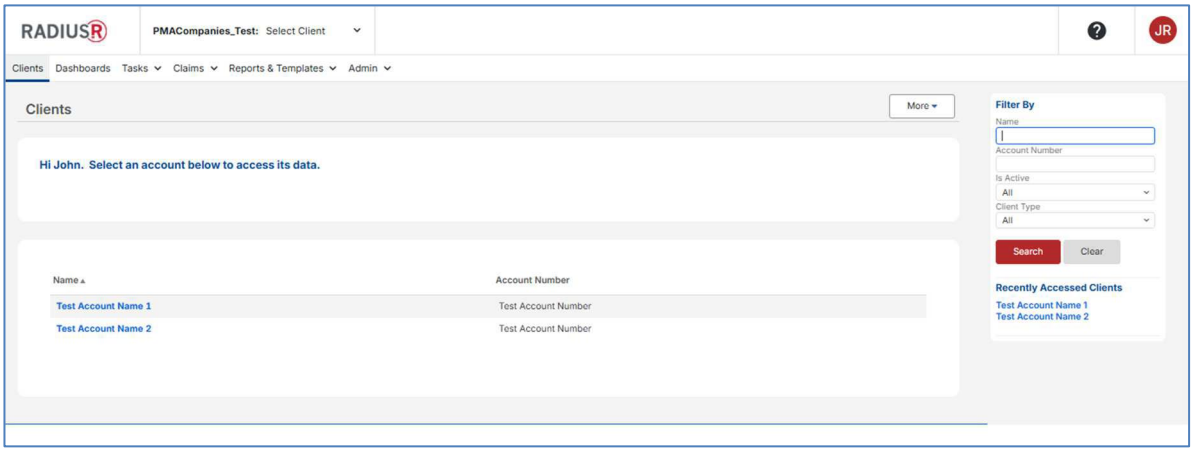
Date fields are indicated by a calendar icon. You can click on the calendar icon to select a date or, if you prefer, you can enter the date manually using the 4-digit year.



Multiple Accounts

If you have access to multiple accounts and would like to switch to a different account, click the drop down at the top of the screen. You can search or select from anything listed in the drop down or you can click Go to Account Level to see a list of options.





PMA COMPANIES