Professional Liability Reporting Form

Please attach any pertinent documents or correspondence, including internal incident reports (if applicable).

INSURED INFORMATION		Policy Number:	
Insured Name:			
Address: *(Include County)*		Phone:	
		Fax:	
Main Contact:		Main Contact Phone:	
		Main Contact email:	

REPORTER INFORMATION		Relationship to Insured:	☐ Insured ☐ Agent ☐ Claimant ☐ 3rd Party
Name:			
Company:		Email:	
Address:		Phone:	
		Fax:	
Will you be the Main Contact to the Claim?	☐ Yes ☐ No	Would you be the recipient for customer service surveys?	☐ Yes ☐ No

INCIDENT INFORMATION					
Claimant Name:					
Claimant Address:			Phone:		
			Email:		
Date of Incident:		Date Insured was Notified:			
Brief description of the incident:					
Has one of the following been filed:	☐ Lawsuit ☐ Subpoena ☐ Disciplinary Action	If a law suit was filed: city, state and zip code where it was filed:			
Claimant Attorney:	Phone:		Claimant Law Firm:	Phone:	
	Fax:			Fax:	
	Email:			Email:	
	Address:			Address:	
Is the loss location the same as the insured company address? Y/N:	☐ Yes ☐ No				
If Loss Location address is different: *(Include County)*					
Is this report Cyber related?	☐ Yes ☐ No				