

NOTIFICATION OF CLAIM / INCIDENT

Date: _____

Insured Name: _____ Phone No: () _____

Address: _____

City, State: _____ Zip: _____ Policy No. _____

Date you received first Notice of Claim: _____

Was your first notice by:

- () Telephone
- () Receipt of Suit Papers
- () Receipt of Arbitration Papers
- () Receipt of a Letter
- () Other _____

Please provide copies of all correspondence and the name, address and type of project involved in this claim:

Please describe the services you rendered on this project and include the date(s) you rendered the services which resulted in the allegations:

Does this claim involve a written contract? () Yes () No

If so, please list the date the contract was signed: _____

If so, please provide a copy of this contract for our review.

Does this claim involve a verbal contract or agreement? () Yes () No

Claimant

Name: _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

Has a suit been filed against you? () Yes () No

Date served: _____

Court in which suit filed: _____

Address: _____

Number of days to answer: _____

