Claim Form

Professional Liability Insurance

New Claim Notification Form

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PROFESSIONAL LIABILITY INSURANCE CLAIM FORM

1. Policyholder Information

Policy Number:

Contact Person

Policyholder/Company Name:

Position held

Policyholder's Address

Email address

Phone number

2. About Claimant

Claimants name | Claimant is: SELECT | Claimant has: NO LEGAL REP.

3. Claim Description

Date of **Wrongful Act** | Date **Claim** made against **You** | Has a compensation demand been made? SELECT

Please provide a detailed description of the allegation or **Wrongful Act** in the box below

How much has been demanded? **£**

4. Legal proceedings

Is there any legal action pending: UNKNOWN | Date filed

Legal counsel details if retained

Firm's name

Lawyer's name

Contact details

Have you attached:?

Copy of the claim or legal complaint: SELECT

Correspondence related to the claim: SELECT

Any other relevant documents: SELECT

minutes of meetings or internal reports: SELECT

5. Declaration:

I/We declare that the information provided is true and correct to the best of my/our knowledge and belief. SELECT

Name | **Position** | **Date**

Signature

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