

Date of Report:

Notice of Potential Claim:**OR****Claim Notice:****Insured Information:**

A. Corporate Name : _____

B. Contact Person : _____

C. Telephone : _____

D. Email : _____

Loss Information:

A. Alleged Employee : _____

B. Description/Allegations:

C. Date of Crime Discovery: _____

D. Has the Police Been Notified? _____

E. Amount of Loss _____

Notes:

- Please do NOT make any offers of settlement or retain any attorney until you speak to the insurance carrier representative
- Please include a copy of any summons and complaint with this incident report