

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 Claimant : \_\_\_\_\_

B. Description/Allegations:

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C. Lawsuit/Written Demands?    YES    NO

D. Have you been served?        YES    NO

E. Date you were served/Receipt of Demand Letter?

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**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