

Fiduciary Liability Report

Named Insured: _____

Insured Contact Person: _____

Phone: _____ Email: _____

Date you became aware of potential claim: _____

Description/Explanation of Accusation (please attach any documentation received and/or kept internally):

Name of Claimant(s)/Plaintiff(s): _____

Date of Allegation: _____

Plaintiff/Claimant Attorney (if applicable): _____

Witness' Name: _____

Plaintiff Attorney Name (if applicable): _____

Plaintiff Attorney Contact Information (if applicable): _____

Any other pertinent information: _____

