

Professional Errors & Omissions Liability Report

Named Insured: _____

Best Contact to Answer Questions on the Claim: _____

Phone: _____ Email: _____

Date of Loss/Occurrence: _____

Date of Allegation: _____

Description/Explanation of Accusation: _____

List of Relevant Documents/Contracts (please attach copies): _____

Lawsuit filed? Yes No

If yes, attach copies of all suit papers. Date papers received: _____

If yes, how were suit papers received?: Mail Email In person

Plaintiff/Claimant: _____

Phone: _____ Email: _____

Plaintiff/Claimant Attorney (if applicable): _____

Phone: _____ Email: _____

Witness' Name (if applicable): _____

Phone: _____ Email: _____

Insured Attorney (if applicable): _____

Phone: _____ Email: _____

Any other pertinent information: _____



Employment Practices Liability Report

Named Insured: _____

Name of Employee: _____

Allegations (check all that apply):

- Wrongful Termination Harassment Discrimination Breach of Contract Emotional Distress
 Libel/Slander Family/Medical Leave Act Other(specify) _____

Fill out fields relevant to the Allegation:

Age: _____ Gender: _____ Sexual Orientation: _____ Religion: _____

Nationality: _____ Unlisted Item: _____

Copy of EEOC Charge of Discrimination attached, if applicable: Yes No

Date EEOC Charge of Discrimination received: _____

Date of alleged allegation(s): _____ to _____

Date of hire: _____

Is the claimant still employed?: Yes No Date of Termination (if applicable): _____

Description/Explanation of accusation: _____

Employer Position Statement attached (if applicable): Yes No

Employee Name (please print): _____

Phone: _____ Email: _____

Attorney Name (if applicable): _____

Phone: _____ Email: _____

Preferred Insured Contact to discuss claim: _____

Phone: _____ Email: _____

Any other pertinent information: _____



Directors and Officers Liability Report

Named Insured: _____

Best Contact to Answer Questions on the allegation(s): _____

Phone: _____ Email: _____

Date of First Occurrence: _____

Date Insured first became aware of allegation(s): _____

Date allegation(s) occurred: _____

Description and documents Involved: _____

Lawsuit filed? Yes No

If yes, attach copies of all suit papers. Date papers received: _____

If yes, how were suit papers received?: Mail Email In person

Plaintiff/Claimant: _____

Phone: _____ Email: _____

Plaintiff/Claimant Attorney (if applicable): _____

Phone: _____ Email: _____

Witness name (if applicable): _____

Phone: _____ Email: _____

Insured Attorney (if applicable): _____

Phone: _____ Email: _____

Any other pertinent information: _____

