



Claim                       Circumstance

Circumstance Reported By: \_\_\_\_\_ Agent Name \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

Insured's Contact Name: \_\_\_\_\_ Email \_\_\_\_\_

Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Project Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Project Location (City/State): \_\_\_\_\_ End Date: \_\_\_\_\_

Project Type/Description: \_\_\_\_\_

Insured's Scope/Services: \_\_\_\_\_

Insured's Client: \_\_\_\_\_

Claimant (If Not Client): \_\_\_\_\_

Owner: \_\_\_\_\_ Developer: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

AR: \_\_\_\_\_ CV: \_\_\_\_\_

ST: \_\_\_\_\_ MC: \_\_\_\_\_

GT: \_\_\_\_\_ EL: \_\_\_\_\_

MEP: \_\_\_\_\_ Survey: \_\_\_\_\_

CM: \_\_\_\_\_ Other: \_\_\_\_\_

Lawsuit: \_\_\_\_\_ Insured Named: \_\_\_\_\_ Date Served \_\_\_\_\_

Subpoena: \_\_\_\_\_ Date Served: \_\_\_\_\_

Description of Problem or Issue:

\_\_\_\_\_

\_\_\_\_\_

(Please use additional pages, if needed. Please also attach any relevant documents, including but not limited to the lawsuit, subpoena, claim or demand letter, emails of concern, and contracts.)