



## New Matter Report Form

Claim? \_\_\_\_\_ Circumstance? \_\_\_\_\_

Date: \_\_\_\_\_ Date of Notice to the Insured: \_\_\_\_\_

Agency Reported By: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Insured 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.)