



Named Insured: \_\_\_\_\_

Insured Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date You Became Aware of Potential Claim: \_\_\_\_\_

Did Theft Occur:

By Employee

By Unknown Person

On Premises

Off Premises

Electronically

Description/Explanation of Accusation:

*(Please attach any documentation received and/or kept internally)*

Have Police or Law Enforcement Been Contacted Regarding This Incident?      Yes      No  
If "Yes", Please Provide the Contact Information and Case Number:

Is Surveillance Equipment in Place at or Near the Location of the Incident?      Yes      No  
*If "Yes", Please Take Necessary Steps to Preserve Video from the Day and Time of the Incident.*

Please Share Any Other Pertinent Details: