



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", Please Attach Copies of All Suit Papers)*

If "Yes", How Were Suit Papers Received? Mail Email In Person

Date Suit Papers Received: _____

Plaintiff/Claimant: _____

Phone: _____ Email: _____

Plaintiff/Claimant Attorney (if applicable): _____

Phone: _____ Email: _____

Witness' Name (if applicable): _____

Phone: _____ Email: _____

Insured Attorney (if applicable): _____

Phone: _____ Email: _____

Please Share Any Other Pertinent Details:



Named Insured: _____

Name of Employee: _____

Allegations (check all that apply):

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

Fill Out Fields Relevant to The Allegation:

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

If "No", Date of Termination: _____

Description/Explanation of Accusation:

Employer Position Statement Attached (if applicable): Yes No

Employer Name (Print): _____

Phone: _____ Email: _____

Attorney Name (if applicable): _____

Phone: _____ Email: _____

Preferred Insured Contact to Discuss Claim: _____

Phone: _____ Email: _____

Please Share Any Other Pertinent Details:



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", Please Attach Copies of All Suit Papers)*

If "Yes", How Were Suit Papers Received? Mail Email In Person

Date Suit Papers Received: _____

Plaintiff/Claimant: _____

Phone: _____ Email: _____

Plaintiff/Claimant Attorney (if applicable): _____

Phone: _____ Email: _____

Witness' Name (if applicable): _____

Phone: _____ Email: _____

Insured Attorney (if applicable): _____

Phone: _____ Email: _____

Please Share Any Other Pertinent Details: