



Name Insured: _____

Insured Contact Person: _____

Phone: _____ Email: _____

Date you became aware of potential claim: _____

Description/Explanation of Accusation

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

Name of Claimant(s)/Plaintiff(s): _____

Date of Seepage, Spill, or Incident: _____

Location of Seepage, Spill, or Incident: _____

Witness' Name: _____

Plaintiff Attorney name/contact (if applicable): _____

Phone: _____ Email: _____

Is a subcontractor involved? Yes No If yes, please provide:

Subcontractor name/contact: _____

Address: _____

Phone: _____ Email: _____

Certificate of Insurance (COI): _____

Any other pertinent information: