



Named 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 Allegation: _____ Witness' Name: _____

Plaintiff Attorney Name and Contact Information (if applicable):

IT Contact Name and Information:

Have You Contacted a Forensic Firm? Yes No

If "Yes", Please Provide Contact Information:

Was Personal Data Compromised? Yes No

If "Yes", Please Explain:

Please Share Any Other Pertinent Details: