



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: