



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: