

**PRIVILEGED: CREATED FOR THE PURPOSES
OF OBTAINING LEGAL ADVICE**

Professional Indemnity Insurance

CLAIM NOTIFICATION FORM

For advice, or assistance with
this form please contact:-



contractsure

Contractsure Limited
9-13 Fenchurch Buildings
Fenchurch Street
London EC3M 5HR
Tel.: 020 7709 1366
Fax.: 020 7709 1367

SECTION 1 – NOTIFICATION DETAILS

1) Name of Employee involved:

2) Name of supervising Partner / Director (if applicable):

3) Please advise the date you first became aware of or discovered this claim or circumstance:

4) Date of loss / incident if appropriate or different to above:

4a) If there has been any delay between the date of discovery or receipt of a circumstance / claim and this notification, please provide a brief explanation why:

5) Have you received a written or verbal complaint? Please delete as appropriate **YES/NO**

5a) If a written complaint has been received please provide copies of all relevant correspondence that you have received and any other relevant or supporting documents / information.

If a complaint has been received please answer the questions in Section 2 and then go to Section 4.

If you are notifying a circumstance please answer the questions in Section 3 and then continue from Section 4.

SECTION 2 – CLAIM DETAILS

1) Please identify all potential claimants:

2) Are the claimants represented by Solicitors? Please delete as appropriate **YES/NO**

3) Is the claim being made by your client? Please delete as appropriate **YES/NO**

4) If no, please identify your client:

5) What was the scope / purpose of your instructions?

6) Please give brief details of the complaint that has been made:

6a) What are your own views on the allegations that have been made?

7) Do you consider you were at fault or may have some liability, if so why?

SECTION 2 CONTINUED

8) Were any other professionals acting for / advising your client on this matter e.g. Solicitors?
Please delete as appropriate and give details **YES/NO**

8a) Did you obtain and / or rely on any reports, information or factual statements from any other party in order to prepare your advice?
Please delete as appropriate and give brief details **YES/NO**

8b) Do you consider that any other advisor or party may be at fault, if so why?

9) In your opinion, can any action be taken at this stage to resolve matters?

10) If known, what is the potential quantum of any claim?

11) Do you consider that you require, or would benefit from, legal advice at this stage? **YES/NO**

SECTION 3 – DETAILS OF CIRCUMSTANCE

1) Please identify your client or potential claimant:

2) What has occurred to prompt this notification?

3) Is your client / potential claimant aware of the situation? **YES/NO**

4) Was any other professional also instructed to advise your client, e.g. a solicitor?
Please delete as appropriate **YES/NO**

If yes are they aware of the current situation? Please delete as appropriate **YES/NO**

5) Do you consider you are at fault or may have some liability if a claim should be pursued?
Please delete as appropriate **YES/NO**

If yes, please state why:

5a) Do you consider that any other party may be at fault? Please delete as appropriate **YES/NO**

If yes, please state why:

6) What action, if any, can be taken by yourselves at this stage to resolve the situation?

7) If known, what is the potential quantum of this matter?

8) Do you consider that you may benefit from legal advice at this stage? **YES/NO**

SECTION 4 – FUTURE ACTION

1) What action do you consider should now be taken by yourselves and/or Insurers?

2) Are there any ongoing commercial factors that should be taken into consideration or that may effect the future conduct of this matter? Please delete as appropriate and give details **YES/NO**

IMPORTANT NOTE:

All relevant information known and / or correspondence available at the time of completing this form must be provided for disclosure to Underwriters as it may prejudice your right to indemnity under the policy if it is later discovered that any such information has been withheld at the time of notification.

SIGNED:

DATE:
