



PROFESSIONAL INDEMNITY CLAIMS / CIRCUMSTANCES NOTIFICATION FORM

This form must be completed by a Partner / Director / Principal of the insured. All questions must be answered as fully as possible using additional sheets if necessary. Copies of relevant documentation should be attached.

1.	Full Insured Name	
	Address	
	Phone	
	Fax	
	Email	
2.	JUA Policy Number	
	Policy Expiry Date	
3.	Claimant's Full Name	
	Claimant's Address	
4.	When did the insured perform the work out of which the claim arises or may arise?	
5.	Who at the company actually performed the work or against who the claim or possible claim is principally directed?	
6.	What date did the insured first become aware of the matter?	
7.	a) What date was the allegation of negligence or the intimation of a claim (by the claimant) first made against the insured?	
	b) Was the first intimation verbal or in writing? (If in writing, please attach a copy)	
	c) If Verbal, please give a "first person" account of the conversation	
8.	What are the insured's comments on the claimant's allegation?	



9.	a) What is the amount claimed?	\$
	b) What are the insured's comments on the amount of the claimant's claim and what is the insured's estimate of its potential monetary liability to the claimant?	
10.	a) What was the insured retained (contracted) to do? (If the work giving rise to the claim was sub-contracted to someone else, please provide details)	
	b) Was the insured's retainer (contract of/for service/s) evidenced in writing? If so, please attached a copy. If NOT, please provide appropriate particulars.	
11.	What action / steps, if any would you recommend be taken to deal with the situation you have described and are notifying to us?	
12.	Are there any additional details about which you wish to advise, or which may be of interest to the insurer to provide them with a better understanding of this matter?	
DECLARATION		
I, _____ (Print name in full), Partner/Director/Principal and on behalf of the insured declare the above answers to be true and acknowledge that Underwriters may take their decision on indemnity having regard to these answers.		
Signature:		Date:
Reminder – Please ensure you comply with the reporting requirements as stipulated in the policy wording.		