

‘Claims and/or Circumstances Information Advice’ (including Precautionary Notifications)

Private, privileged and confidential for the exclusive use of insurers and their advisers

Name of Insured:

Address:

Contact Name of Partner/Director/Other for Communications:

Telephone Number:

Email Address:

Type of Policy:

Name of Insurer:

Policy Number:

Expiry Date of Policy:

Please provide the date that the incident occurred or alternatively, the date the Insured first became aware that an incident occurred:

If relevant, please advise if an allegation has been made or action threatened and if so, by whom:

Please provide full details of the claim or potential claim, including, if applicable, what you think the amount of the loss could be/or the actual loss(es):

(please continue on additional paper if more space is required)

I/we confirm that this information is correct and complete to the best of my/our knowledge.

Signed:

Print name:

Position in Firm:

Date:

This information will be disclosed to your insurers and their legal advisers.

Specialists in

- Professional Indemnity
- Commercial Legal Expenses
- Intellectual Property
- Employment Disputes
- Directors & Officers Liability
- Title Defects, Warranties, Property and Land Issues
- Asset Protection

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