**\*\* IMPORTANT \*\***

**Process for reporting a potential claim or subpoena**

You purchase insurance to protect your practice from potential claims. When a claim, or subpoena, does arise it is important to report it correctly to your carrier to ensure the appropriate response and coverage. Each policy has specific requirements on the information required to report a claim, potential claim, and/or subpoena. It is important to read the specific requirements of your policy. The information below is intended as a generic guide to assist you with this process.

**Provide as much detail as possible.**

The individuals who receive this information are not familiar with the specifics of your firm, your clients, or the potential allegations against you. Suit papers may list potential allegations, but have limited background if any. Subpoenas typically list only required documents or testimony with no background. Providing this important background information is not only required by your policy (and can result in a declination of claim if not provided) but, provides insight to claim counsel and can assist in expediting the process.

**Provide the required information as listed in your policy conditions.**

Each policy is different, but generally requires:

1. Reasons for your decision to report this as a potential Claim.
2. Details with dates of the services provided, and the allegations.
3. Potential amount of injuries or demand arising from the Covered Act.
4. The names of potential claimants.
5. The manner in which you first became aware of the specific Covered Act.

**Use the attached form to provide this information.**

McGowanPRO uses the attached form to summarize the above information for the carrier. Some carriers specifically require this form to be completed, along with any correspondence, suit papers, or subpoenas which you have received.

**If you have questions contact us.**

As your agent, we are here to assist you with the process. Please contact us with any questions.

**Claim/Incident Notification Report**

1. Name of Applicant or Insured:
2. Contact Person:
3. Address:

1. Telephone:
2. Email Address:
3. Name of Insurance Carrier:
4. Policy Number:
5. Policy Period:
6. Is this an Extended Reporting Period Claim, (ERP)? [ ]  YES [ ]  NO

Effective Date of Extended Reporting Period:

Extended Reporting Period Term:

1. Name of Claimant(s)/Potential Claimant(s):
2. Type of Services Rendered:
3. Date of Services Rendered:
4. Additional Defendants:
5. Suit Papers Attached? [ ]  YES [ ]  NO
6. Client’s Demand Amount:
7. Was an Engagement Letter used? [ ]  YES [ ]  NO
8. Provide a description of the allegations made (please attach any relevant correspondence):

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**OR**

Please provide an explanation of why you consider this incident will potentially develop into a claim:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_