



**PROFESSIONAL LIABILITY | EMPLOYMENT PRACTICE |  
DIRECTORS & OFFICERS CLAIM NOTICE FORM**

**(PLEASE FILL OUT)**

**INSURED INFORMATION**

Named Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REASON FOR NOTIFICATION**

Potential Claim     Formal Claim/Claim Letter     Notice of Intent     Summons & Complaint

Date Notice Received: \_\_\_\_\_

**CLAIMANT INFORMATION**

Name of Claimant: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Attorney Contact, if applicable: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**OCCURRENCE INFORMATION**

Date of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Injuries (if known): \_\_\_\_\_

Other Significant Information: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Email copy of this report to:**

[claimsreport@sullicurt.com](mailto:claimsreport@sullicurt.com)

*If you have any questions after submission of claim form, please call (800) 427-3253.*

*Please confirm when you receive confirmation of your claim and adjuster assignment from your carrier.*