

PROFESSIONAL INDEMNITY NOTIFICATION FORM FOR THE REPORTING OF CLAIMS AND CIRCUMSTANCES

Privileged and confidential: for the purpose of
Professional Indemnity Insurers obtaining legal advice
for their own and our own benefit.

PROFESSIONAL INDEMNITY NOTIFICATION FORM

1. INSURED' S DETAILS

1.1. POLICY NUMBER

1.2. INSURED' S NAME

1.3. BUSINESS UNIT/DIVISION (if applicable)

1.4. NAME OF COMPANY ON THE JOB/CONTRACT IN QUESTION

1.5. SERVICES PROVIDED ON THE JOB/CONTRACT IN QUESTION

2. NOTIFICATION DETAILS

2.1. PROJECT TITLE

2.2. EMPLOYER ON CONTRACT

2.3. PROJECT VALUE AND INSURED' S FEE

2.4. BRIEF DESCRIPTION OF PROJECT

2.5. INSURED' S TYPE OF APPOINTMENT

2.6. CLAIMANT / POTENTIAL CLAIMANT (if different from 2.2)

2.7. OTHER PARTIES INVOLVED IN THE CONTRACT, INDICATE THEIR ROLE

2.8. DATE YOU FIRST BECAME AWARE OF CIRCUMSTANCE

2.9. HAS ANY INTENTION TO CLAIM OR AN ACTUAL CLAIM BEEN MADE?

2.10. DATE YOU RECEIVED A CLAIM

3. BACKGROUND TO CIRCUMSTANCES OR CLAIM

Please provide brief details and attach a copy of any relevant information, such as letters of claim or intention to claim. Continue on a separate sheet if necessary.

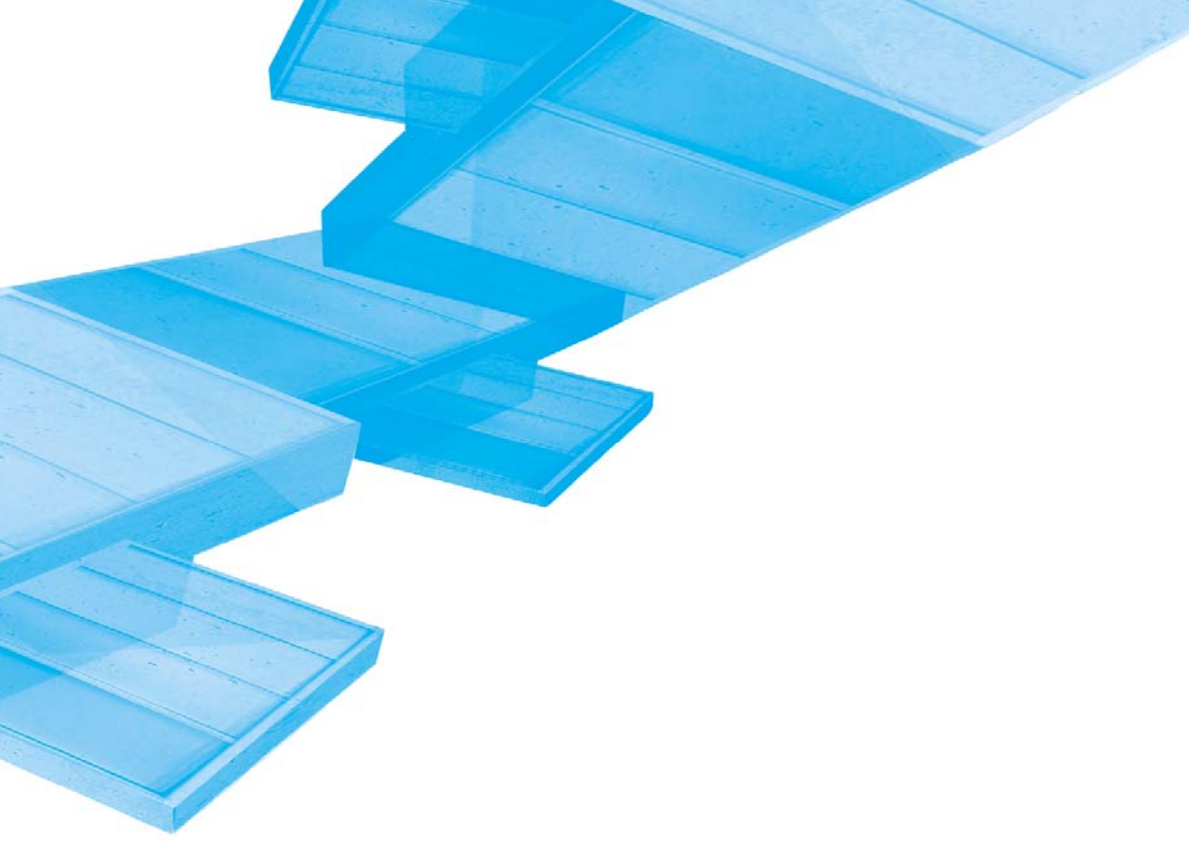
4. LIABILITY

4.1. DO YOU THINK YOU ARE POTENTIALLY LIABLE? IF SO, WHY?

4.2. WHICH OTHER PARTIES MAY BE LIABLE, AND WHY?

5. QUANTUM

5.1. PLEASE GIVE YOUR ESTIMATE OF POTENTIAL QUANTUM AND WHERE POSSIBLE APPLY QUANTUM TO SPECIFIC FACTORS



NAME
STATUS
SIGNATURE
POSITION
DATE
ADDRESS
TEL NO.
EMAIL

