

CLAIM REPORTING FORM

ALL NOTICES MUST BE SENT TO PRODUCER AND E&O CARRIER

PRODUCER

IAAC, INC.
5784 Widewaters Pkwy, 1st Floor
Dewitt, NY 13214
Phone: 800-962-7950
Fax: 888-431-1126

E&O CARRIER

Fireman's Fund Insurance Company
Professional Liability Claims Department
Attn: New Loss Setup Department
33 West Monroe St., Suite 1300
Chicago, IL 60603
Email: newloss@ffic.com
Phone: 1-888-347-3428

INSURED

Policy Number _____ Policy Effective Date _____ Policy Expiration Date _____

Name of Firm _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Person to contact: _____ E-Mail Address: _____

Clients Name _____

Request Attorney _____

Brief Description of Claim (Attach Additional Pages if Necessary) _____

Suit Papers attached? Yes _____ No _____

If yes, date suit papers were served _____

Insured Narrative attached? Yes _____ No _____

Narrative should include:

- Name of carrier and copy of any agency or binding agreement
- Type of policy involved
- Limits and deductible that the claimant thought was in force
- Any unusual information about the history of the policy (i.e., payment history, cancellation, etc.)
- What the insured knows regarding the claimant's position on how coverage should respond and the insured's position regarding the claimant's version of the events
- The amount of the loss
- Present status of the claim
- Copies of all documents, memos and notes in file