

# Westport Insurance Corporation

Attention: Professional Liability Claims Department

Please complete this form and fax to Westport and copy to association or agent who sold you the policy.

Fax: 877-880-1590

Email:

ClaimsNAFINPRO\_corporatesolutions@swissre.com

To: \_\_\_\_\_

## PROFESSIONAL LIABILITY CLAIM FORM

1. Your agency name and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Westport policy # \_\_\_\_\_  
Policy period \_\_\_\_\_ to \_\_\_\_\_  
Named Insured \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_
2. Name and position of person alleged to have committed error \_\_\_\_\_
3. Name and address of claimant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and address of claimant's attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_
4. Did you receive a summons or complaint or other legal documents?  Yes  No  
If **yes**, when were you served? \_\_\_\_\_ If **no**, when did you first receive notice of potential claim? \_\_\_\_\_
5. Type of insurance policy involved in alleged error \_\_\_\_\_  
Name and address of insurance carrier involved \_\_\_\_\_  
\_\_\_\_\_  
Do you have binding authority with carrier involved in this matter?  Yes  No
6. Please check one of the following that best describes your role in the transaction giving rise to the alleged error.  
 Agent for carrier  Broker for client  MGA  Surplus Lines Broker  Other
7. Describe nature of error alleged to have been committed by your office. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe nature of and amount of damage or loss by the claimant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Additional comments which may be of assistance in handling this claim. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\*Use additional pages if necessary)

**IMPORTANT ADDITIONAL INSTRUCTIONS:**

**We have established a new electronic document control system and all correspondence and documents MUST be faxed to this Corporation at (877) 880-1590.**

**PLEASE FAX COPIES OF ANY CORRESPONDENCE, APPLICATIONS, POLICIES, ENDORSEMENTS, MEMOS AND ANY OTHER DOCUMENTATION RELATED TO THIS MATTER. IF ANY AGENCY RELATIONSHIP EXISTS WITH ANY CARRIER INVOLVED IN THIS MATTER, PLEASE FAX A COPY OF YOUR AGENCY AGREEMENT.**

**Applicable in Alaska**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**Applicable in Arizona**

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in California**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Applicable in Delaware**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in District of Columbia**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Michigan**

Any person, who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and the payment of a fine up to \$5,000.00.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Persons who knowingly prepare, present or cause to be presented to any insurer, claims information which is incomplete, misleading, or false have not fulfilled their duties under their insurance contract. Such persons may also be guilty of a felony.

**Applicable in New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in R.S.A. 638:20.

**Applicable in New Jersey**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Oregon**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Application in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in Virginia/Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Applicable in all Other States**

Any person who knowingly files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and also punishable by criminal and/or civil penalties in certain jurisdictions.

Reported by \_\_\_\_\_

Signature \_\_\_\_\_

Person to contact at your office for additional information \_\_\_\_\_

Date signed \_\_\_\_\_