

# CLAIMS REPORTING FORM

## **Insured Information:**

Name Insured:

Policy No:

Contact Person:

Address:

City:

State:

Zip Code:

Business Telephone:

Home Telephone:

E-Mail Address:

Cell Telephone:

## **Claim Information:**

Date of Loss:

Time of Loss:

Location of Loss:

Claimant Name:

Contact Info:

Description of Loss: (Please provide a summary of the facts surrounding the loss as you know of them):

If suit papers were received, please provide the following:

Date Received:

Taken By:

*Please attach copy of any relevant supporting information to the claim (demand letter, suit papers, etc) and fax with claim form to:  
**ACS Professional Liability Claims Administraor, 202-263-4001***