

**PROFESSIONAL INDEMNITY INSURANCE
CLAIM / CLAIM CIRCUMSTANCE NOTIFICATION FORM**



INSTRUCTIONS

Where possible, provide a full detailed answer to every question. Please ensure that all answers are clearly written within the spaces provided. A principal of the practice must sign and date this form together with any additional sheets.

If there is insufficient space to complete a question, please continue on a separate sheet. Please ensure that any separate sheets are on your company headed notepaper.

1 DETAILS OF THE INSURED

Practice name <input type="text"/>	Main office telephone number <input type="text"/>
Main office address <input type="text"/>	Main office fax number <input type="text"/>
Postcode: <input type="text"/>	Contact e-mail address <input type="text"/>
	Practice website <input type="text"/>

2 SERVICES PROVIDED

Please provide details of the following:

2.1 Name of client (or claimant):

2.2 Date services rendered to your client: Commenced:

Completed:

2.3 Terms and Conditions of your engagement and nature of services rendered:

2.4 Are there any fees invoiced for services rendered by you that remain unpaid? Yes No

If 'Yes', do you intend to pursue these fees? Yes No

Amount of gross fees outstanding: £

2.5 Were any specialist consultants used? Yes No

If 'Yes', give details and a note of their duties together with how and by whom they were appointed:

3 NOTIFICATION DETAILS

3.1 Please provide a resume of the facts / events which have led to the current situation:

3.2 Please advise the date upon which you first became aware of the circumstances which may give rise to a claim against you or loss incurred by you:

DD / MM / YYYY

3.3 Has an intention to make a claim against you been expressed?

Yes No

If 'Yes', by whom and in what circumstances?

If 'No', please explain the reason for anticipating a claim and provide full particulars as to dates, acts and persons involved:

3.4 What are your own views on liability?

3.5 If possible, please provide an estimate of the amount for which you may be liable on the following basis:

Worst possible Likely outcome:

Please attach copies of all relevant correspondence along with any formal claim notifications. If the spaces above are not sufficient please continue on a separate sheet of headed note paper. We would also draw your attention to the Claim and Claims Circumstance Guide which can be found on our website – www.bluefingroup.co.uk/professions

CONFIRMATION

By submitting this form, I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information I provide will be used in deciding a suitable course of action by insurers.

A copy of this notification form should be retained by you for your own records

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this notification form along with any other supplementary information sheets to the address detailed below:-

Bluefin | Professions Division | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry.professions@bluefingroup.co.uk | w: www.bluefingroup.co.uk/professions

