**Professional Indemnity Claim Form**

**Important**

* Please read the claim form fully prior to answering the questions.
* The claim form is to be completed and signed by a partner, director or principal of the insured.
* All questions must be answered as fully as possible.
* Please use additional sheets if necessary and copies of relevant documentation should be attached.
* If you have any questions in relation to completion of the claim form, please contact us:
01270 252 252 / claims@johnheath.com

|  |  |
| --- | --- |
| **Name of Business** | «Contact\_FullName» |
| **Status** | «Contact\_CompanyType» |
| **Trading name (if applicable)** | «Contact\_TradingName» |
| **Company Number** | «Contact\_CompanyRegNo» |
| **Address** | «Contact\_ContactPerson\_AddrFullComma» |
| **Business Established Date** | «Contact\_YearEstablished» |
| **Contact Name** | «Contact\_ContactPerson\_FullName» |
| **Email** | «Contact\_ContactPerson\_Email» |

## Details of Claimant

|  |  |
| --- | --- |
| **Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim against you or the firm/company)** |  |
| **Address of the claimant** |  |

## Details of Your Contract

|  |  |
| --- | --- |
| **What were you contracted to do? Please provide as much detail as possible** |  |
| **Was the contract evidenced in writing? If Yes, please attach a copy with this form** |  |
| **When did you perform the work from which the claim arises?** |  |
| **Who is the person within your business that actually performed the work or against whom the claim is principally directed?** |  |
| **What is that person’s title/duties and contract details?** |  |
| **Please provide full details of any other parties involved in the project – eg sub-contractors or main contractor details** |  |

## Details of claim or circumstance

|  |  |
| --- | --- |
| **What is the precise nature of the claim (i.e. the claimants allegations) or the fact or circumstance that might give rise to a claim? Please provide as much detail as possible.** |  |
| **Have legal proceedings commenced? If yes, please attach a copy of all court documents** |  |
| **On what date did you first become aware of the claim or of the fact or circumstance?** |  |
| **On what date was the claim/circumstance first made to you?** |  |
| **Was the first indication of the claim verbally or in writing? If in writing, please attach copies, if verbal please describe the conversation (“I said”, “He said”)** |  |
| **What amount is claimed?** |  |
| **How is that amount calculated?** |  |

## Detail of Your response

|  |  |
| --- | --- |
| **What are your comments in response to the claim or circumstance?** |  |
| **What are your comments regarding the value of the claim?** |  |
| **What is your estimate of your potential monetary liability to the claimant?** |  |
| **Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.** |  |
| **Have you instructed a Lawyer/Solicitor? If yes, please provide their details** |  |

**IMPORTANT**

**To ensure that your claim is not prejudiced please note the following:**

* Do not respond to any correspondence or communication without prior approval of your Insurer.
* Do not make any admission of liability to the claimant or their representatives
* Do not make the claimant or their representatives aware of your Insurers involvement in this matter.

**DECLARATION**

I/We declare that the statements and particulars in this claim form are true and that I/We have not mis-stated or suppressed any material facts. I/We undertake to inform insurers of any material alteration to these facts.

Signed: Date: