

Employment Practices Liability Claim Form



NOTIFICATION OF CLAIM OR CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

- **WARNING:** If you supply any untrue or false information and know that it is not true, Southern Pacific Underwriting Agency Limited, on behalf of Certain Underwriters at Lloyd's, have the right to refuse a claim
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A"
- Under no circumstances should liability be admitted or any offer of settlement be made without Southern Pacific Underwriting Agency Limited's prior written approval
- Do not include any comment which could be construed as an admission of liability

Insured's Details

Name of Insured	Contact Person
Address	
Email	Phone No.
Broker	Policy No.

Claimant's (or Potential Claimant) Details

Employee Name	Contact Person	
Is this employee related to you?	Yes	No
If Yes, please explain		

Details of Grievance or Claim

On what date did you first:

a) become aware of the existence of a potential grievance or claim against you? / /

b) receive notice of the complaint, grievance or claim made against you? / /

On what date did the alleged error, mistake or incident occur which generated this notification? / /

Were you aware of the existence of the complaint, grievance or potential claim prior to insuring with Southern Pacific Underwriting Agency Limited, on behalf of Certain Underwriters at Lloyd's? Yes No

If Yes, please tell us who your previous insurer was, and whether they have been notified

What is the estimated quantum at issue? \$

