



PROFESSIONAL INDEMNITY INSURANCE

NOTIFICATION FORM

FOR THE REPORTING OF CIRCUMSTANCES AND CLAIMS

PROFESSIONAL INDEMNITY - NOTIFICATION FORM

Guidance Notes

This notification form should be completed and submitted as soon as possible, after you first become aware of any incidents which may give rise to a claim (refer to the definition of CIRCUMSTANCE and CLAIM, shown below).

Professional indemnity policy wordings include clauses which require this information to be submitted within a certain period of time – please refer to your policy wording for specific details of this. The failure to submit this information in time can result in the professional indemnity insurance cover being invalidated.

Definitions

The precise definitions differ between insurers, but as a general overview, they are summarised as follows:

CIRCUMSTANCE - Shall mean an incident, occurrence, fact, matter, act or omission that might give rise to a CLAIM

CLAIM - Shall mean:

- any demand for damages or compensation from, or the assertion of a right against the insured
- any notice of intention, whether orally or in writing, to commence legal proceedings against the insured
- any communication with the Insured in whatsoever form invoking any Pre-Action Protocols as may be issued and approved from time to time



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1. INSURED'S DETAILS

1.1 POLICY NUMBER

1.2 INSURED'S NAME

1.3 SUBSIDIARY COMPANY / BUSINESS UNIT / DIVISION (if applicable)

1.4 SERVICES PROVIDED ON THE JOB/CONTRACT IN QUESTION



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2. NOTIFICATION DETAILS

2.1 PROJECT TITLE

2.2 EMPLOYER ON THE CONTRACT

2.3 PROJECT VALUE AND THE INSURED'S FEE

2.4 BRIEF DESCRIPTION OF THE PROJECT

2.5 INSURED'S TYPE OF APPOINTMENT

2.6 CLAIMANT / POTENTIAL CLAIMANT (if different from 2.2)

2.7 OTHER PARTIES INVOLVED IN THE CONTRACT, INDICATE THEIR ROLE(S)



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2.8 DATE YOU FIRST BECAME AWARE OF THE CIRCUMSTANCE

2.9 HAS ANY INTENTION TO CLAIM OR AN ACTUAL CLAIM BEEN MADE?

2.10 DATE YOU RECEIVED A CLAIM



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3. BACKGROUND TO CIRCUMSTANCES OR CLAIM

Please provide brief details and attach a copy of any relevant information, such as letters of claim or intention to claim. Continue on separate sheet if necessary.



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4. LIABILITY

4.1 DO YOU THINK YOU ARE POTENTIALLY LIABLE? IF SO, WHY?

4.2 WHICH OTHER PARTIES MAY BE LIABLE, AND WHY?

5. QUANTUM

5.1 PLEASE GIVE YOUR ESTIMATE OF POTENTIAL QUANTUM WITH A BREAKDOWN &/OR EXPLANATION OF THE AMOUNTS INVOLVED.



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COMPLETED BY:

NAME

STATUS

SIGNATURE

POSITION

DATE

ADDRESS

TEL NO:

EMAIL:

Please return this form, fully completed, to:

The Claims Manager
W Denis Insurance Brokers Plc
Brigade House
86 Kirkstall Road
Leeds
LS3 1LQ
United Kingdom
Tel: ++44 (0)113 243 9812
Fax: ++44 (0)870 705 2085
E: claims@wdenis.co.uk