
Directors & Officers Liability Insurance Claim Form

Important Notice

- Please read this Claim Form fully before 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 Forte Insurance, your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to Forte Insurance, your insurance advisor or broker.
- Appointment of legal representatives should not occur without the prior consent of Forte Insurance.

Claims Reference Code

Claim No.	Client No.	Policy No.	Agent No.
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Particulars of Policyholder/Insured

Name:		Telephone No.:
Address:		Post Code:
Inception Date:	Expiry Date:	Has the premium been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Insured Corporation or Directors/Officers Giving Notification of a Claim or Circumstances That May Give Rise to a Claim

Full name of the insured corporation giving notification.
Full name & position of the directors/officers giving notification.

Details of the Relevant Insured Person(s)

Full name and position of the insured person(s) who is/are the subject of the claim or circumstance.
Name of the insured entity of which such insured person(s) is/are a director/officer or employee, if not the insured corporation.

Details of Claimant

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the insured).	
Postal Address:	
Email:	
Telephone No.:	Fax No.:

Details of the Subject Activity

From what activity on the part of the Insured does the claim or circumstance arise?

Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide relevant information.

When was the activity from which the claim arises or may arise performed or undertaken?

Details of Claim or Circumstance

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

Have proceedings been commenced? If so, please attach a copy of the court documents.

On what date did you first become aware of the claim or of the fact or circumstance?

If oral, please give a "first person" account of the conversation, (i.e. "I said", "He said").

On what date was the claim first made to you?

What amount, if any, is claimed?

Details of Insured's Response

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?
What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?
Have you appointed a solicitor or other lawyer? If so, what is their name, firm, address, charge out rates and credentials.

Declaration

I, (print name in full)	
(position)	
of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.	
Signature	Date

Privacy Notice

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and lawyers. When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent to these matters. If you have not done either of these things, you must tell us before you provide the relevant information.