

CLAIM REPORTING INFORMATION SHEET

Date _____

Reporting under Policy Number _____

Type of Coverage: MISCELLANEOUS PROFESSIONAL LIABILITY

Insured's Name, As Given on Policy Declaration (Face Page) _____

If the party involved is different from "Insured" name (As given on policy declaration) and state relationship to insured:

Contact Person: _____

Title: _____

Phone: _____ FAX: _____

Case or Claimant Name: _____

Date alleged error or omission took place: _____

BE SURE TO INCLUDE ANY DEMANDS, SUMMONS, DOCUMENTS OR INFORMATION YOU HAVE PERTAINING TO CLAIM

Provide brief explanation of error or omission:

Insurance Broker/Agent: AMERICAN INSURANCE PROFESSIONALS

Address: 4545 E. Shea Blvd. #130 Phoenix, AZ 85028

Contact Person: Nancy Walker nwalker@aminspro.com

Phone: 602-424-3351

Fax: 602-424-3353

**PLEASE PROVIDE INFORMATION REQUESTED ABOVE
SO THAT WE CAN EXPEDITE OUR SERVICE TO YOU**