



## NOTICE OF LOSS

<b>Date Reported:</b>	<b>Date of Loss:</b>
<b>Account Name:</b>	<b>Insured(s)/Defendant(s) Name:</b>
<b>Contact Person:</b>	<b>Contact Phone Number:</b>
<b>Policy Number:</b>	<b>Policy Period:</b>

**Claimant(s)/Plaintiff(s) Name:**

**Claimant Address:**

**Date of Birth/Age:** \_\_\_\_\_ **Sex:** Male ( ) Female ( )

**Marital Status:** Married ( ) Single ( ) Divorced ( ) Widowed ( )

**Location of Loss:**

**City/State:**

**Description of Incident (attach additional pages if necessary):**

### Reporting Guidelines

Please notify us in writing of any incident which you feel may reasonably give rise to a claim. In the event that you have questions about reportable events to TDC Specialty Underwriters, Inc., please feel free to contact Mari Spina, Vice President of Claims, mari.spina@TDCSpecialty.com, 860-269-2801. To the extent possible, such notice should include, without limitation: a description of the nature, time and place of the occurrence; the identities of the potential claimants, any witnesses and involved insureds; and the injury or damage which have resulted and/or may result from such occurrence. You must immediately send copies of any demands, notices, summons or legal papers received in connection with the claim.

### What is being reported? (PLEASE CHECK ONE)

- Unasserted potentially compensable event
- Medical record request by patient
- Medical record request by attorney
- Attorney's lien letter or claimant letter\*
- Lawsuit \*

Date of Service on Insured \_\_\_\_\_

Date filed with court \_\_\_\_\_

**\*Please attach to this notice all correspondence and/or legal papers served upon an insured to this notice.**

Submit form and attachments by email to: **noticeofloss@TDCSpecialty.com**