



☐ Circumstance ☐ Claim ☐ Litigation

Date: _____

Claimant: _____

Project Name: _____ Project City: _____ Project State: _____

Circumstance Reported By: _____ Agent Name: _____

Insured's Name: _____

Insured's Address: _____

Insured's Contact Name: _____ Email: _____

Office #: _____ Mobile #: _____

Policy #: _____ Policy Period: _____

A written narrative of the circumstances surrounding the claim or potential claim:

Date of the claim or potential claim: _____

Names of the person involved: _____

Identity of the anticipated or possible claimants: _____

Details of any underlying claim, including current status and the amount in controversy:

Please attach any relevant documents, including but not limited to the lawsuit, subpoena, claim or demand letter, emails of concern and contracts. Email to: bamclaims@berkleyalliance.com