

Canopius Underwriting Limited

Professional Indemnity Insurance

Claims Form

Should the Insured have the misfortune to make a claim under their policy with Canopius Underwriting Limited, our aim is to deal with the claim as promptly as possible. In order to be able to do so we first need our Insured to report the facts and or the event to us immediately in accordance with the respective policy conditions. It is in the interest of both the Insured and Canopius Underwriting Limited to have the fullest possible details of the matter passed to us at the outset so that the correct action can be taken to minimize the affects of the incident. It is imperative that the Insured is aware of the policy conditions in relation to claims and that these are complied with in order to receive the benefit of the policy coverage.

It is anticipated that a claim notification will be made via the broker through whom the Policy was arranged with Canopius Underwriting Limited. Thereafter the notification route should be as follows:-

Canopius Underwriting Limited

Gallery 9, One Lime Street
London EC3M 7HA

Tel. 020 7337 3700
Fax. 020 7337 3999

Please send to Canopus Underwriting Limited, Gallery 9, One Lime Street, London, EC3M 7HA
Telephone: 020 7337 3700 Fax: 020 7337 3999

Please answer the following questions:

■ **DETAILS OF POLICY**

1 Policy Number _____

■ **DETAILS OF INSURED**

2 Name of Insured (please complete A or B)

A Title (Mr/Mrs/Ms/Miss.other) _____ First name _____ Middle initial _____
Surname _____

B Name of Company or Firm _____

Address of Insured: _____

Postcode _____

Tel No. _____ Fax No. _____

Business or Profession: _____

■ **ABOUT THE MATTER BEING NOTIFIED**

3 Has a claim been made against you? YES / NO _____

If Yes, when was this communicated to you? (State date and method of communication) _____

(Please provide copies of correspondence or file notes in respect of this.)

4 When did you first become aware of circumstances that suggested that a claim was likely to be made against you? _____

(Please provide copies of correspondence or file notes in respect of this.)

5 If no claim has yet been made, are you aware of circumstances that are likely to give rise to a claim against you?

YES or NO _____

6 When did you first become aware of this? (State date and method of communication or other indication) _____

(Please provide copies of correspondence or file notes in respect of this.)

7 Please provide details of the services that you have provided to the claimant or potential claimant:

8 What breach of your duty(ies) is/are being alleged?

9 Please advise your views concerning these allegations?

10 If no allegation of breach has been made, why do you consider that there are circumstances that are likely to give rise to a Claim?

11 If there are other parties that may be responsible for the matters complained of, please identify these together with their role and why they may bear responsibility.

12 Please provide such other information that you consider may be useful to aid our understanding of this matter.

(Please provide copies of correspondence or file notes in respect of this.)

13 Please provide your best assessment of the financial value of the claim or potential claim against you, if possible.

I/We declare that the above information is, after proper research, true and complete to the best of my/our knowledge and belief.

Signed _____ on behalf of the Insured

Name (printed)

Position held _____ Dated _____