



SAFEHOLD PROFESSIONAL LIABILITY CLAIM REPORTING FORM

24 HOUR CLAIM REPORTING:

PHONE: 866-323-4501

FAX: 866-283-4865

EMAIL: EVERESTINSURANCECLAIMS@EVERESTGLOBAL.COM

CLIENT INFORMATION

Named Insured:
Address:
Phone #:
Date of Incident/Occurrence:
Today's Date:
Reported by (First and Last Name):
Policy #:

PLEASE CHECK ALL THAT APPLY TO THIS CLAIM REPORT:

Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
License Defense	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Bailee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been served with a lawsuit or other legal proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional documentation included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REPORTING PERSONNEL CONTACT INFORMATION

Primary Contact:	Title:
Phone #:	Email:
Secondary Contact:	Title:
Phone #:	Email:

LOCATION OF INCIDENT:

Incident Address:
Incident Description:



CLIENT NAME & CONTACT INFORMATION, ADDITIONAL INVOLVED PARTIES, WITNESSES, ETC.				
NAME	ADDRESS	PHONE NUMBER	EMAIL	OTHER

PLEASE ATTACH COPIES OF ANY DOCUMENTATION THAT WILL HELP ADJUST THIS CLAIM.

FOR INITIAL NOTIFICATION ONLY: Email this notice/report, along with your initial attachments (i.e. invoices, medical records, etc.) to the following email address. Email: EverestInsuranceClaims@EverestGlobal.com
Additional documentation can be held and forwarded to the assigned Everest claims representative.

Signed: _____ Title: _____ Date: _____