

Claim Incident Form

Name of Insured	Policy no.
Insured's Email	Insured's Telephone
Insured's Address	
Name of Claimant (if applicable)	Claimant's Telephone
Claimant's Address	
Claimant's Email	Date of Loss
Amount of Claim	Location of Loss
Production/Project Name	
<p>Type of Claim:</p> <p><input type="checkbox"/> Film Producers' Indemnity</p> <p><input type="checkbox"/> Commercial General Liability</p> <p><input type="checkbox"/> Commercial Excess and Umbrella Liability</p> <p><input type="checkbox"/> Errors & Omissions</p> <p><input type="checkbox"/> Commercial Automobile</p> <p><input type="checkbox"/> Foreign Voluntary Workers' Compensation and Employer's Liability</p> <p><input type="checkbox"/> Foreign Business Automobile Liability</p> <p><input type="checkbox"/> Commercial Property</p>	
Circumstances of Loss:	

Signature and Authorization

Please complete this form in its entirety. I authorize the release of any information requested in respect of this claim to the Insurer or its agents and certify that the information given is true, correct and complete to the best of my knowledge.

Signature (Insured)

Date