



Professional Liability Claim

Report only

Claim notification

IMPORTANT

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to the Insurance Commission for determination.

1. Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

2. Claimant details (party or parties claiming against agency – attach second sheet if more than one)

Last name:	First name:
Date of birth:	
Address:	
Phone:	Email:

3. Incident details

Has the incident previously been reported to us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, incident number:
Date of the alleged claim: _____ Date agency was made aware claim may be made against it: _____
Describe the alleged circumstances of the claim:
Was the initial claim indication made in writing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach copy.
If no, give your account of conversation:
Advise the nature of the loss claimed:
What is the amount claimed or the potential amount of the claim? _____ \$
What type of professional advice or services was provided to the claimant?
Was the professional advice or services provided as a part of a: Written contract <input type="checkbox"/> (attach copy) Verbal contract <input type="checkbox"/> No contract <input type="checkbox"/>
If verbal contract, describe details:

Did you supply any promotional materials, publications or pamphlets to the claimant(s) in relation to the work performed or advice/information/services given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach copy.
Did you issue a Disclaimer to the Claimant(s) or obtain a hold harmless agreement or indemnity from the claimant(s) in order to mitigate a claim against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach copy.
Do you have any immunity or restrictions on your liability for acts, errors or omissions under State or Federal legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain:		
Details of the person(s) who actually performed the work or provided the advice, information or services:		
Last name:	First name:	Date of birth:
Address:		
Phone:	Email:	
Is this person(s) an employee of your organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, person's position:
If no, name of employer and position:		
Is there any other insurance(s) covering this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, policy number:
Insurance company:		

4. Agency declaration and authorisation

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim against the RiskCover Fund on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Title:
Phone:	Email: