**Protective Employment Practices Liability Insurance**

Date of Incident: Policy Number:

Insured/Company:

V #: Location Address:

Insured/Company’s Email Address:

Person to Contact:

Claimant’s Name:

Job Position:

Date of Alleged Wrongful Act:

Date you received the Claim or found out about the Potential Claim:

Please attach the Demand letter, EEOC charge notification, Summons, Complaint, Administrative Agency Charge or similar document. ***WE CANNOT PROCESS THE CLAIM WITHOUT A COPY OF THIS DOCUMENT.***

**TO REPORT CLAIMS (include the Claim itself with this sheet):**

**Kaufman Borgeest and Ryan LLP**

**120 Broadway**

**New York, New York 10271**

ProtectiveEPL@kbrlaw.com

**Phone: 212-994-6507**

**Fax: 212-980-9291**

Attn: Judith M. Fisher or Rachel L. Stern