

Employment Practices Liability Insurance

Date of Incident: _____ Policy Number: _____

Insured/Company: _____

Owner/Operator Name: _____

Store #: _____ Location Address: _____

Insured's Email Address: _____

Person to Contact: _____

Claimant's Name: _____ Age: ____ Job Position: _____

Date of Alleged Wrongful Act: _____ Date Notice Received: _____

Type of Claim/Potential Claim:

Sexual Harassment __ Wrongful Termination __ Discrimination __ Retaliation __

Other __ (Specify) _____

How did you receive Notice of Claim/Potential Claim:

Administrative Agency Charge __ Lawsuit __ Written Notice __ Oral Notice __

Other __ (Specify) _____

If you received a Summons, Complaint, Administrative Agency Charge or similar document, when was it serviced? _____

Description of Claim/Potential Claim (use a separate page if necessary):

If you receive notice of a claim or want to report a potential incident that you feel may result in a claim, please report the claim directly to: **TMHCC Professional Lines Group Claims Department**

Claims must be reported via email to

submitclaims@tmhcc.com or via fax to (914) 241-8045

Tokio Marine HCC Professional Lines Group
37 Radio Circle Drive
P.O. Box 5000
Mount Kisco, NY 10549-5000

HR Pilot Helpline : 1 (800) 980-2988

For questions in regards to your submissions please call (914) 241-8900