



INCIDENT/CLAIM REPORT FORM

To report an incident that may lead to a claim with TIAC, please fill out the following details and send this form via email to: tiac.claim@TIACrrg.com or fax to: 1-800 TIAC FAX (842-2329).

Please note, in order to be in compliance with the claim/incident reporting section of your policy, your claim must be reported in writing and include ALL of the information below to constitute notice to TIAC. A description given by phone or an incomplete report will not satisfy the reporting requirements of the policy

1. Your company name:

2. Your TIAC policy #: TIAC -

3. Contact name:

Email: Phone #: Fax #:

4. Name of person/company making the claim against you:

5. Date of occurrence/error/incident giving rise to the claim/potential claim: / /

6. Date you were first notified/contacted by the claimant or their representative about this matter:
 / /

7. Have you previously reported this claim/incident/potential claim to TIAC?: ☐ Yes ☐ No
If YES, when? / /

8. Has a suit been brought against you?: ☐ Yes ☐ No
If YES, please provide the date of the suit: / /
and the date you were served: / /

9. Amount of demand (if any) or amount at issue: \$

10. Brief description of the allegations against you (attach an additional page if necessary). *Please include a brief summary here, even if this information is included elsewhere in any paperwork you are attaching:*

IMPORTANT: Please attach to this completed form any and all correspondence any insured has received concerning this matter, including but not limited to, emails, demand letter, notice(s) from your underwriter, summons, complaint, or other court papers, etc.

Please gather and retain your complete file(s) regarding the transaction(s) involved in the incident or claim including all correspondence and emails with anyone that relate to the transaction (s), incident, or claim.

Signature: _____

Date: _____

Print Name: _____