



CLAIM OR INCIDENT ONLINE REPORTING FORM

Completion of the following Claim or Incident Online Reporting Form does not constitute an official reporting unless you received a confirmation of reporting response from Keystroke Underwriters.

IF YOU NEED TO REPORT A CLAIM OR POTENTIAL CLAIM, PLEASE COMPLETE THE FORM BELOW OR SEND ALL NOTICES OF CLAIM(S) OR POTENTIAL CLAIM(S), AND ALL OTHER RELATED MATERIALS TO:

Mailing Address:
Claims Department
Keystroke Underwriters
Claims Communications Coordinator
1000 Parkwood Circle, Suite 925
Atlanta, GA 30339

Or E-mail: Claims@KeystrokeIns.com

Or Facsimile: 404-446-1501

Notice of Claim should be made as soon as possible but no later than sixty (60) days of the Insured first becoming aware of such **Claim**.

Please reference your policy for complete details relating to reporting requirements in connection with claim(s) or potential claim(s), including what to include in your notices.

A Notice of **Claim** or **Potential Claim** should include:

- 1) Name of Insured and Policy Number
- 2) Date or dates of alleged **Claim** or **Potential Claim** and identification of persons or entities involved
- 3) Circumstances by which you first became aware of the **Claim** or **Potential Claim**
- 4) Summary of circumstances giving rise to the **Claim** or **Potential Claim** and injury or loss that has/may result

All claim updates may be requested by email, facsimile or phone. For a phone update, please call:
Toll Free: (855) 533-1225

NOTICE

Keystroke Underwriters does not imply through this information that coverage will be provided for any notice of claim or potential claim. Please refer to your policy or call our office at 404-446-1500 if you have any questions about coverage provided under your policy.



CLAIM OR INCIDENT ONLINE REPORTING FORM

NOTICE OF CLAIM SHOULD BE MADE AS SOON AS POSSIBLE BUT NO LATER THAN (60) DAYS OF THE INSURED FIRST BECOMING AWARE OF SUCH CLAIM. PLEASE REFERENCE YOUR POLICY FOR COMPLETE DETAILS RELATING TO REPORTING REQUIREMENTS IN CONNECTION WITH CLAIM(S) OR POTENTIAL CLAIM(S).

Completion of the following Claim or Incident Online Reporting Form does not constitute an official reporting unless you received a confirmation of reporting response from Keystroke Underwriters.

Today's Date: _____

Policy Number: _____

1. Named Insured: _____
 Phone Number: _____ Ext: _____ Fax Number: _____
 Email Address: _____

2. Does the named insured have any other available E&O Insurance? No Yes
 a. If yes, name of carrier: _____

3. Date you became aware claim could be or was made against you: ____ / ____ / ____

4. Circumstances by which you first became aware of the Claim or Potential Claim?
 (Mail, Phone Call & From Whom): _____

5. Date(s) of alleged Claim or Potential Claim: _____
 a. Persons Involved: _____

6. Claimant or Plaintiff Name: _____

7. Name of Claimant or Plaintiff Attorney: _____

8. Is this Claim in Litigation? No Yes
 b. If yes, what date did you receive the summons & complaint? ____ / ____ / ____

9. Please provide summary of circumstances giving rise to the Claim or Potential Claim and injury or loss that has or may result (attached copies of all pertinent correspondence and additional pages if necessary):

10. Name and Title of Person Completing This Form: _____

11. Please provide the Point of Contact for the Named Insured regarding this claim or incident:
 Name: _____
 Phone Number: _____ Ext: _____ Fax Number: _____
 Email Address: _____