Professional Liability Initial Incident Report

Email the completed form to: malpracticecustomerservice@pearlinsurance.com OR
Overnight mail to: NASW RRG Plan Administrator, 1200 E. Glen Ave., Peoria Heights IL 61616

FORM INSTRUCTIONS: All questions must be answered. If a question does not apply, enter N/A. To submit additional information, please attach to this form.

1) Policy Number (please submit all active policy numbers) or Policy ID:

2) Name of Insured (as it appears on the declaration page):

3) DBA ("Doing Business As" – other name used):

4) Contact Name:

5) Home Phone:

6) Work/Business Phone: **Other Phone Number:**

7) Email Address:

8) Current Policy Effective Date:

9) Current Policy Expiration Date:

10) Retroactive Date of Coverage:

11) State in which Incident occurred:

12) Prior Carrier(s) Information: Please identify prior Professional Liability Carriers:

13) Have any specific procedures or elements of practice been excluded from coverage under any of your prior carriers? ☐ **Yes**† ☐ **No**

†*If yes, include the name of the carrier and the specific procedure or element of practice excluded.*

14) Have any of your prior carriers defended any claims or paid any settlements or judgments on your behalf? ☐ **Yes**† ☐ **No**

†*If yes, include the name of the carrier and amounts paid, and provide details of the particular claim, suit, or complaint.*

15) Do you currently have any other pending professional liability claims, suits, or board investigations *other than the information being reported on this Initial Incident Report*? ☐ **Yes**†† ☐ **No**

††*If yes, please provide a full explanation of the matter including the name of the court or board with which the suit or complaint was filed, the caption and docket number of the case (if any), the outcome or current status of the case, and any other relevant details.*

16) Date of Incident in Question*:

17) Dates of Treatment/Evaluation of Involved Client(s)*:

**** Please be as accurate as possible with dates of incident/treatment.***

- ***Please be advised that in order for coverage to apply, report or discovery of the claim must occur during the policy period; AND dates of treatment or incident resulting in any claim must have occurred subsequently to any retroactive date on your policy (if applicable).***
- ***If you were not insured with NASW RRG at the time the claim was made against you or discovered, please contact the insurance carrier with whom you were insured at that time.***

18) Type of Claim (*check all that apply*):

☐ **Professional Liability**

☐ **GL – Bodily Injury, Property Damage, Personal Injury, Advertising Injury, or host Liquor Liability. **If you check this box, you must complete page 3 of this form****

☐ **Deposition Expense**
☐ **Medical Expense**
☐ **Assault Coverage**

☐ **State Licensing Board Investigation Expense**
☐ **First Aid Coverage**

19) Have you received any of the following written documentation?* (*check all that apply*):**

☐ **Summons / Letter of intent**
☐ **Notice of complaint**

☐ **Subpoena for deposition**
☐ **Other (describe):**_____

***If so, what date was it delivered*? _____/___/_____**
mm / dd / yyyy

*****Please include with this form documentation received directly from a court, attorney, complainant, and/or regulatory agency. NOTICE: Treatment notes and records and other patient Private Health Information are not necessary at this time.**

20) Do you suspect that a claim or suit may arise out of the incident or treatment in question? ☐ **Yes** ☐ **No**

21) Please print/type here a brief description of Incident or Claim, and reasons why you suspect a claim or suit may arise:
(Please attach additional sheets as needed.)

PLEASE READ AGREEMENT AND CHECK ONE ANSWER:

The insured declares the information contained in the incident report is true and that no material facts have been suppressed or misstated.

☐ **I Agree** ☐ **I Do Not Agree**

Signature: **Today's Date:**

PLEASE SUBMIT ALL SUPPORTING DOCUMENTATION, SUCH AS COURT DOCUMENTS AND RELATED CORRESPONDENCE (FROM A LICENSING BOARD AND ITS AGENTS OR INVESTIGATORS, THE COMPLAINANT'S ATTORNEY, OR OTHER RELEVANT PARTIES).

PAGE 3: SUPPLEMENTAL FORM FOR BODILY INJURY, PROPERTY DAMAGE, PERSONAL INJURY, ADVERTISING INJURY, PERSONAL LIABILITY, OR HOST LIQUOR LIABILITY INCIDENTS.

22) Location (street, suite #, city, state, zip code): _____

23) Do you rent or own this location? ☐ **Rent** ☐ **Own**

24) If you own this location, what percentage of the building is owned by you? ☐ **100%** ☐ **Other:** _____

List names of all co-owners: _____

25) If the incident type is bodily injury or property damage, did the incident occur?:

☐ **On Premises? Where did the injury take place?** _____
☐ **Off Premises? Where did the injury take place?** _____
Did this injury involve a vehicle? ☐ **YES** ☐ **NO**

Who witnessed the incident? _____

27) List all services which are provided at this location: _____

_____

28) Name of therapist(s) involved in incident: _____

29) Name of therapist(s) involved in treatment of injured client: _____

30) Describe your relationship to the injured party: _____

32) Prior Commercial General Liability Carrier(s) Information: _____

PLEASE READ AGREEMENT AND CHECK ONE ANSWER:

The insured declares the information contained in the incident report is true, and no material facts have been suppressed or misstated.

☐ **I Agree** ☐ **I Do Not Agree**

Signature: _____ **Today's Date:** _____