

CHARTIS
NOTICE OF LOSS/NOTICE OF CLAIM

INSTRUCTIONS: PLEASE ATTACH ALL CORRESPONDENCE RELATING TO THIS NOTICE OF LOSS AND MAIL COPIES OF THIS NOTICE TO EACH ADDRESS BELOW:

Manager, Pollution Insurance Products Dept.
Chartis Claims, Inc.
Attn.: CID
101 Hudson Street, 31st Floor
Jersey City, NJ 07302
Fax: 866-260-0104
Email: severityfnol@chartisinsurance.com

Date of Notice: _____

NAMED INSURED: _____ Telephone: () _____

Contact: _____

ADDRESS OF INSURED: _____

BROKER NAME: _____ Telephone: () _____

Contact: _____

BROKER ADDRESS: _____

POLICY INFORMATION:

Policy Number: _____

Policy Period: From: _____ To: _____

Loss Information:

Loss Location: _____

Date & Description of Loss: _____

For Chartis Use Only:

Date Claim Notice Received: _____

Date of Claim: _____

Company/Person Filing Suit (if applicable): _____

NOTE: Any person who knowingly files a Statement of Claim containing any false or misleading information is subject to criminal and civil penalties.