

# NOTICE OF CLAIM

## A. MEMBER INFORMATION

Member Name: \_\_\_\_\_ NAIC Code # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to contact (adjuster): \_\_\_\_\_ Internal mail stop # \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E mail \_\_\_\_\_

**The Plan is hereby notified of a claim on the following ceded risk.**

MMMRP Policy # \_\_\_\_\_.

## B. INSURED'S INFORMATION

Insured's name \_\_\_\_\_ Member policy # \_\_\_\_\_

Defense firm \_\_\_\_\_ (individual) \_\_\_\_\_

Firm's address (city) \_\_\_\_\_ Telephone \_\_\_\_\_

## C. CLAIMANT'S INFORMATION

Claimant's name \_\_\_\_\_ Member's claim # \_\_\_\_\_

## D. CLAIM INFORMATION

Nature of claim (abbreviated) \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Reserve amount \_\_\_\_\_ Chapter 93A count included \_\_\_yes \_\_\_no

## E. DISPOSITION (to be completed by MMMRP)

1. Closed without indemnity payment \_\_\_\_\_ date.

CWOP allocated loss adjustment expense \_\_\_\_\_ total.

2. Judgment in the amount of \_\_\_\_\_ total \_\_\_\_\_ date.

CWIP allocated loss adjustment expense \_\_\_\_\_ total.

Interest expense \_\_\_\_\_ total.

3. Settlement in the amount of \_\_\_\_\_ total \_\_\_\_\_ date.  
CWIP allocated loss adjustment expense \_\_\_\_\_ total.