This claims form is designed for liability classes. It is intended for claims managers seeking a simple-to-use claims form. You will need to adjust the questions asked based on the types of coverages offered and processes that claimants should follow.

We hope that you find this template of use in your capacity pursuit and in running your program operation. If you have any questions or suggestions regarding this template, please send us an email at support@capacityplace.com or use the chat facility on our website.



**Claims Form – Liability Classes**

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| **Your Details** |
| **Firm Name** |  |
| **Claims Contact Partner** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Address** |  |
| **Policy Number** |  |

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| **Claimant Details** |
| **Name of Claimant / Potential Claimant** |  |
| **Name, Address and Reference of any solicitors instructed** |  |
| **Are there any other claimants / potential claimants in relation to this act or omission? If “Yes”, please give details** |  |

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| **Claim / Circumstance Details** |
| **Please provide a summary of the circumstances / background to the claim together with any relevant documentation which you think would be useful for us to see at this stage** |  |
| **Please give us your views on your liability in this matter** |  |
| **If you think anyone else is liable please give details** |  |
| **Please give a brief description of the potential loss and your best current estimate of loss** |  |

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| **Status of Claim / Circumstance** |
| **Has a claim been made or intention to claim been intimated?****If yes, please give brief details providing copy documentation, where the claim has been made or intimated in writing****If no, please state how you expect the circumstance to develop** |  |
| **What, if anything, have you said to the claimant / potential claimant about the claim or circumstance?****Please provide copies of any documentation** |  |
| **Is an urgent action required, e.g. To respond to the claimant, to reduce / avoid a loss arising?** |  |

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| **Dates** |
| **Date of the alleged act of the practice involved at that date (if different)** |  |
| **Date on which a member of your firm first discovered the circumstance which have led to / may give rise to the claim** |  |
| **Date claim made / intention to claim first intimated to you (whichever is the earliest)** |  |

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| **Confirmation** |

**This form should be signed by a sole principal/partner/member/director**

**I can confirm that this information is correct and complete to the best of my knowledge**

Signed

Name

Date

This completed form, along with any supporting documentation should be sent to:

[Name or Claims Department]

[Company Name]

[Address]



*Source markets for your programs quickly and securely*

**Features and Benefits of Capacity Place**

|  |  |  |
| --- | --- | --- |
| **Smart Market Matching**Your program is relevance-scored against Capacity Providers’ risk appetite to source markets with best fit | **Program Data Room**Share commercially-sensitive documents through our secure repository where you control who has access | **Capacity Tracker**Keep track of all interested Capacity Providers in one place from initial enquiry though to conclusion |
|  |  |  |
| **Wide Range of Carriers**Reach a broader set of risk carriers including insurers, reinsurers, Lloyd’s underwriters, ILS funds, fronting carriers and PCCs | **Global Reach**Expand your prospective markets beyond local contacts with Capacity Providers from across the globe in countries both near and far | **Faster Program Placement**Comprehensive program listings direct to Capacity Providers generates competitive interest and enables quick decision making |
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**Five Steps to Securing Capacity for your Program**

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| --- | --- |
| **1** | **Create Your Program Listing*** Complete questionnaire for company profile and program details
* Add documents to your Program Data Room and public repository
* Specify capacity, financial strength rating and licensing requirements
 |
|  | **Get Matched to Capacity Providers*** Set anonymity options (i.e. hide your identity)
* Set confidentiality options (i.e. hide from specific risk carriers)
* Your program is matched with relevant Capacity Providers
* Interested Capacity Providers contact you to discuss
 | **2** |
| **3** | **Build Interest with Capacity Providers*** Discuss your program with prospective Capacity Providers
* Participate in Capacity Providers’ due diligence processes
 |
|  | **Negotiate and Conclude Contracts*** Negotiate authorities and limits, wordings, operational processes and commercial terms
* Conclude capacity support agreements
 | **4** |
| **5** | **Start Trading with Capacity Provider(s)*** Invite risks, issue quotes and policies, collect premiums
* Remit premiums and bordereaux to Capacity Providers
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**Go to CapacityPlace.com to get started**