

(Tick appropriate square)

**1 CLAIMS BY OTHER PARTIES AGAINST POLICYHOLDER**

**CLAIMS BY POLICY HOLDER AGAINST OTHER PARTIES**

Other Party	Other party's name	
	Address	
	Telephone Number	
	Attorneys, if represented	
Nature of Damage or Injury	Damage to property	
	- What was the damage?	
	- Nature of damage?	
	Personal injury	
	- Who was injured, age?	
	- Nature of injuries?	
	Other than damage or injury	
	- Describe nature thereof	
Demand	Relationship: <small>If person named above is in your service, or tenant, or related to you, give full details.</small>	
	Sum demanded	
	Date demanded	
	If summons received, when exactly?	

**2 LEGAL REPRESENTATION FOR POLICYHOLDER**

Proceedings nature of	Inquest - Name of deceased	
	Inquiry - State subject	
	Hearing - State subject	
	Criminal - State charge	
Court	Which Court?	
	City or town?	
	Proceedings date?	

**3 UNRECOVERED DAMAGES**

Other party	Other party's name	
	Address	
	Telephone number	
	Attorneys, if represented	
Judgement	Date Company notified of action	
	Judgement amount	
	Judgement date	
	Which court?	
	City or town?	
Execution	Date of writ of execution	
	Result thereof	
	Date of tracer's report	