

**NOTICE OF LOSS INTAKE FORM**

Please notify us in writing of any incident which you feel may reasonably give rise to a claim. If you have questions about reportable events to CapSpecialty, please feel free to contact us using the information below. To the extent possible, such notice should include, without limitation: a description of the nature, time and place of the occurrence, incident or circumstance; the identities of the potential claimants, any witnesses and involved insureds; and the injury or damage which have resulted and/or may result from such occurrence, incident or circumstance. You must immediately send copies of any demands, notices, summonses or legal papers received in connection with the claim. Please [click here](#) to review the Claim Fraud Warnings.

**Capitol reserves its right to raise any and all coverage defenses after further investigation and discovery.**

Name of Person Reporting:	
Person Reporting Type:	<input type="checkbox"/> Insured <input type="checkbox"/> Claimant <input type="checkbox"/> Other:
Person Reporting Phone Number:	
Person Reporting Email:	
Policy Number:	
Policy Period:	_____ to _____
Account Name:	
Date Submitted:	
Date of Loss:	
Location of Loss:	
City/State:	
Primary Insured Contact:	
Insured Contact Phone Number:	
Insured Email:	
Claimant(s) Name:	
Claimant Phone Number:	
Claimant Email:	
Status of Claim:	Date Received by Insured:

- |                                                                   |                                    |
|-------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Unasserted potentially compensable event | <input type="checkbox"/> Lawsuit * |
| <input type="checkbox"/> Medical record request                   | *Date of Service on Insured:       |
| <input type="checkbox"/> Attorney letter or claimant letter*      | *Date filed with court:            |

**Description of Incident (attach additional pages if necessary):**

**SUBMIT FORM AND ATTACHMENTS EITHER BY EMAIL, FAX OR MAIL TO:**

[Claims@CapSpecialty.com](mailto:Claims@CapSpecialty.com)  
Facsimile: 608-829-7411

CapSpecialty – Claims Department  
1600 Aspen Commons, Suite 300  
Middleton, WI 53562

\*Please attach all correspondence and/or legal papers served upon an insured to this notice.

**ELECTRONIC COMMUNICATIONS CONSENT**

By submitting this form and providing the Company with an electronic email address, you consent to the Company communicating with you regarding this Claim via electronic mail or other secure electronic means, provided that these communications comply with applicable privacy and security regulations. You can withdraw this consent at any time by contacting the Company by email at [LegalandCompliance@CapSpecialty.com](mailto:LegalandCompliance@CapSpecialty.com) or mail at the address listed above. Once consent is withdrawn, all further communications with you regarding this Claim will be conducted via United States Postal Service.