

LABOR RELATED INCIDENT REPORT



All claims forms should be faxed to (787) 522-8897 or emailed to claims@ciginsurancepr.com.

THE INSURED	Name:	
	Contact Information:	
	Address:	
	Telephone:	

If you become aware of a wrongful act that may give rise to a future claim covered under your Policy you should write a notice to Christiansen Insurance, Inc. An incident report and/or potential claim will not be considered reported until this Form or our claims department receives a written notice.

CONTACT PERSON	Name:	
	Telephone:	Email:

CLAIMANT INFORMATION	Name:	
	Address:	
	Telephone:	Email:

DOCUMENTS INCLUDED	Written Demand ()	EEOC ()	Dept. del Trabajo ()
	Suit ()	Arbitration ()	Pvt Attorney ()
	By Claimant ()	Other:	
	Date Reported to the Insured:		

DESCRIPTION OF THE INCIDENT	

DESCRIPTION OF DAMAGES ALLEGED	

LEGAL REPRESENTATION OF THE INSURED	Nombre:
	Placa:
	Cuartel:
	Querella #

Please attach any documents and/or evidence relevant to the incident.

Date Reported: _____ Name: _____

claims@afkjfhj.com