

CLAIM/INCIDENT/GRIEVANCE REPORTING FORM

IF YOU HAVE BEEN SERVED WITH A LAWSUIT OR YOUR CLAIM IS TIME SENSITIVE, FOLLOW UP YOUR ONLINE SUBMISSION WITH A CALL TO TLIE'S CLAIMS DEPARTMENT AT 512-480-9074.

1. Insured Firm Name: _____
2. Contact Person: _____
3. Phone: _____
4. E-mail: _____
5. Name of Individual(s) of Insured Firm involved in the matter: _____

6. Name of Claimant(s): _____

7. Select one: Potential Claim/Incident
 Claim/Demand Asserted but no lawsuit filed
 Claim/Lawsuit filed; Date Served: _____
 Grievance
 Subpoena; Date Served: _____
 Other
8. Date(s) of Alleged Error: _____
9. Date you became aware of the matter: _____
10. Description of matter:

**Submit this form with supporting documents (e.g. petition, grievance, demand letter, etc.)
to claims@tlie.org.**