

# McDonald's Employment Practices Liability Insurance Lexington Insurance Company

## NOTIFICATION FORM

Date of Report: \_\_\_\_\_ Lexington Policy # \_\_\_\_\_

Insured: \_\_\_\_\_

Location: \_\_\_\_\_

Insured's email address: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ Age: \_\_\_\_ Job Position: \_\_\_\_\_

Date of Alleged Wrongful Act: \_\_\_\_\_ Date Notice Received: \_\_\_\_\_

Type of Claim/Potential Claim: Sexual Harassment \_\_\_\_ Wrongful Termination \_\_\_\_  
Discrimination \_\_\_\_ Retaliation \_\_\_\_ Other \_\_\_\_ (Specify) \_\_\_\_\_

How did you receive Notice of Claim/Potential Claim:

Administrative Agency Charge \_\_\_\_ Lawsuit \_\_\_\_ Written Notice \_\_\_\_ Oral Notice \_\_\_\_  
Other \_\_\_\_ (Specify) \_\_\_\_\_

If you received a Summons, Complaint, Administrative Agency Charge or similar document, when was it served? \_\_\_\_\_

Description of Claim/Potential Claim (use a separate page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

### TO REPORT CLAIMS:

EMAIL (Send to **Both** These Addresses): [askhrlaw@laborlawyers.com](mailto:askhrlaw@laborlawyers.com) AND [lexeplclaims@ChartisInsurance.com](mailto:lexeplclaims@ChartisInsurance.com)

FAX: (866) 947-1638

If you have questions involving an incident with an employee, a "HOTLINE" has been set up for you to call, Toll Free 866-639-4541. These calls ring into Fisher & Phillips, LLP law firm. This is a firm representing employers nationally in labor and employment matters.

**Numbers for reporting claims are provided above.**

The firm can also be contacted by email at: [askhrlaw@laborlawyers.com](mailto:askhrlaw@laborlawyers.com).