
First Mercury Insurance Company

FRANCHISE PROGRAM
Employment Practices Liability Insurance

NOTIFICATION FORM

Date of Report: _____ Policy #: _____

Insured: _____

Location: _____

Person to Contact: _____

Phone #: _____ Fax#: _____

Email: _____

Claimant's Name: _____ Age: _____

Job Position: _____

Type of Claim:

- | | |
|--|---|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Wrongful Termination |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Other (specify)
_____ |
| <input type="checkbox"/> Retaliation | |

How did you Receive Notice of the Claim:

- | | |
|---|---|
| <input type="checkbox"/> Administrative Agency Charge | <input type="checkbox"/> Lawsuit |
| <input type="checkbox"/> Written Notice | <input type="checkbox"/> Other (specify)
_____ |
| <input type="checkbox"/> Oral Notice | |

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

**ATTACH ANY SUMMONS, COMPLAINT, AGENCY CHARGE, NOTICE, LETTER,
OR OTHER RELEVANT DOCUMENTS.**

Send To:
John Teti

American Franchise Specialist Agency, Inc.
Insurance Services
326 Walt Whitman Road Ste 115
Huntington Station, NY 11746

Tele: (631) 271-2535
Fax: (631) 271-2918