

First-Party Cyber Liability Claim Report Form

Form: CL-8 - (V002D01232018)



First-party cyber liability coverage is underwritten by NAS.

Agency use only:					
Agent:		Agency:			
Agency Address					
Agency Address		City:		State:	
Zip:		County:			
Agency Phone:		Email:			

Loss Information

1. Name of Insured Law Firm:					
2. Contact Name:					
3. Contact Phone:		4. Contact Email:			
5. Date of Loss:					
6. Please give a description of the Loss:					

Supporting Documents

	Yes	No
7. Supporting documentation attached to this report? (invoices, receipts, etc.)		

To submit: Email to barplanclaims@thebarplan.com or fax to **1-844-824-1618**

For questions regarding coverage or status of reported claim, please contact NAS at claims@nasinsurance.com | Phone: 888-627-8995 | Claims Fax: 818-815-2936