

BEHAVIORAL HEALTH INSURANCE POOL, INC.

333 E OSBORN ROAD, SUITE 300
PHOENIX, AZ 85012

OTHER LOSS REPORT FORM

SERVICE AREA AGENCY	Service Area Agency:			
	Contact Name:		Contact Phone:	
FACTS	Name(s) of those involved:		Business Phone:	
	Date of Loss:		Time of Loss: <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Location of Loss:		City:	State:
TYPE OF CLAIM	<input type="checkbox"/> Auto <input type="checkbox"/> Crime <input type="checkbox"/> Cyber <input type="checkbox"/> Directors and Officers <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Environmental <input type="checkbox"/> Errors and Omissions <input type="checkbox"/> Fiduciary <input type="checkbox"/> General Liability <input type="checkbox"/> Kidnap and Ransom <input type="checkbox"/> Primary Care <input type="checkbox"/> Professional Liability <input type="checkbox"/> Property			
LOSS DESCRIPTION	Describe the Loss:			
LEGAL	Do you require counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received any legal documentation? (If yes, please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No	