

Claim Reporting Guidelines

At The Hanover Insurance Group, we are committed to providing timely and efficient claims assistance to our Insureds. Please follow these guidelines to help us help you.

Notice of a Claim

Report a claim to The Hanover Insurance Group by email, facsimile or online as soon as possible to provide timely notice as required by your AIX Surplus Lines Policy. Contact us at:

Phone: 800.628.0250 (ext. 8556281) Fax: 508.926.4789

You may also email us directly at ProClaim@Hanover.com or online at www.hanover.com/hpro/pli.

Claims Requiring Expedited Handling

Some claims are time sensitive. Please report such claims as soon as you become aware of them, and while allowing sufficient time for the carrier to investigate and meaningfully respond. Do not wait until the eve of the response deadline as it threatens our ability to timely respond. Those items include, but are not limited to: You have been served with a summons and complaint

- ✓ You received a demand from a Claimant which expires on a date certain
- ✓ You received notice of a proceeding requiring an immediate answer or an answer within a limited timeframe

Correspondence we need from you

Please provide a written narrative of the circumstances surrounding the claim or potential claim. The narrative should include:

- ✓ The Named Insured
- ✓ The Insureds (i.e., the lawyers involved in the professional services issue), your policy number, and effective date of coverage
- ✓ The client (Claimant's) name, address, and telephone number (also include the name, address, and telephone number of the Claimant's attorney)
- ✓ The timeframe in which you provided professional services to the Claimant
- ✓ Whether your relationship with the Claimant is ongoing or has been terminated.
- √ A brief summary of the services rendered
- ✓ The date the error (alleged error) occurred
- ✓ A brief summary of the alleged (potential) error please include the date you first became aware of the claim
 and the potential amount of damages that will be sought
- ✓ All pertinent letters or documents necessary for us to properly evaluate the claim (if there are numerous documents, please note this and provide those most pertinent)

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