



Cyber Liability Choice Select Initial Incident Report

Email the completed form to: malpracticecustomerservice@pearlinsurance.com OR
Overnight mail to: Preferra Insurance Company RRG Plan Administrator,

FORM INSTRUCTIONS: All questions must be answered. If a question does not apply, enter N/A. To submit additional information, please attach to this form.

1) Policy Number (please submit all active policy numbers) or Policy ID: _____

2) Name of Insured (as it appears on the declaration page): _____

3) DBA ("Doing Business As" - other name used): _____

4) Contact Name: _____

5) Home Phone: _____

6) Work/Business Phone: _____ Other Phone Number: _____

7) Email Address: _____

8) Current Policy Effective Date: _____

9) Current Policy Expiration Date: _____

10) State in which Incident occurred: _____

11) Date of Incident in Question*: _____

**Please be as accurate as possible with date of incident.*

• Please be advised that in order for coverage to apply, report or discovery of the claim must occur during the policy period.

• If you were not insured with Preferra Insurance Company RRG at the time the claim was made against you or discovered, please contact the insurance carrier with whom you were insured at that time.

12) Please print/type here a brief description of Incident or Claim
(Please attach additional sheets as needed.)

PLEASE READ AGREEMENT AND CHECK ONE ANSWER:

The insured declares the information contained in the incident report is true, and no material facts have been suppressed or misstated.

I Agree I Do Not Agree

Signature: _____

Today's Date: _____