WA State Midwifery & Birthing Center Medical Malpractice

Joint Underwriting Association

FIRST NOTICE OF LOSS (FNOL)

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| CLAIMANT NAME \ INJURED PARTYDOB:ADDRESS:PHONE:EMAIL:SSN: |                                |
| INSURED \ INSURED INVOLVED: |       |
| NAMED INSURED \ POLICY NUMBER: | **[ ]** JUAMBC-Licensed Midwife \ SIJUAMBC-LM-001**[ ]** JUAMBC-Certified Nurse Midwife \ SIJUAMBC-CNM-001**[ ]** JUAMBC-Birthing Center \ SIJUAMBC-BC-001Named Insured:       Policy Number:       |
| TREATMENT LOCATION ADDRESS: |       |
| INSURED’S CONTACT INFORMATION:REPORTING INFORMATION: | Contact Name:      Address:      Phone:      Mobile:      Email:      School:      Grad:      DOB:      License \ State:      Specialty:       |
| INSURANCE PROGRAM: | WA State Midwifery & Birthing Cntr Medical Malpractice Joint Underwriting Assoc |
| DATE OF OCCURENCE:  |       |
| DATES OF TREATMENT: |       |
| DATE INSURED NOTIFIED: |       |
| DATE REPORTED BY INSURED: |       |
| POLICY YEAR: |       | RETRO DATE:       | Corp 01/01/1996 |
| CLAIM NUMBER: |       |
| CLAIM NOTICE:  | [ ]  Attorney Letter [ ]  Board Complaint [ ]  Demand for Money [ ]  Deposition Representation [ ]  Incident Report [ ]  Legal Notice [ ] Other [ ]  Patient Complaint [ ]  Records Request |
| CLAIM STATUS \ LOSS TYPE: | Open \       |
| FACTS \ DESCRIPTION:  |       |
| DATE SUBMITTED: |       | BY: |       |