WA State Midwifery & Birthing Center Medical Malpractice

Joint Underwriting Association

FIRST NOTICE OF LOSS (FNOL)

|  |  |  |  |
| --- | --- | --- | --- |
| CLAIMANT NAME \ INJURED PARTY  DOB:  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-001  Named 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: |  |