

South Carolina Joint Underwriting Association
 550 South Main Street, Suite 525, Greenville, SC 29601 *corporate office*
 Lock Box 932523, Atlanta, GA 31193-2523 *payment remittance address*
 864.240.5449 *main* 866.893.6270 *toll-free* 864.240.2750 *fax*
 www.scjua.com

THE SOUTH CAROLINA JUA is a not-for-profit association established to insure, support and defend South Carolina medical professionals. The association is managed by Marsh USA, Inc.

LOSS NOTICE

Report Date: ____ / ____ / ____ Date of Incident: ____ / ____ / ____ JUA Policy #: _____

A. INSURED INFORMATION:

1. Insured Name: _____
2. Primary Practice Address:
 Street or PO Box: _____ Suite: _____
 City: _____ State: _____ ZIP: _____
 Telephone: _____ Fax: _____
3. Business E-mail: _____ 3b. May we contact you by e-mail?: Yes No
4. Practice Contact Person (if applicable): _____
5. Practice Contact E-mail address: _____
6. Insured Home Phone: _____ 6a. Insured Cell Phone: _____

B. STATUS OF LOSS:

- | | | |
|--|--|------------------------|
| 7. Have you received any of the following? | | <u>Date of Receipt</u> |
| 7a. Summons and Complaint and/or Notice of Intent (NOI): | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |
| 7b. Letter of Representation | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |
| 7c. Request for Records: | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____ / ____ / ____ |

Important: *If you have received a Summons and Complaint and/or a NOI, contact a JUA Claims Specialist immediately.*

C. DESCRIPTION OF LOSS AND ADDITIONAL COMMENTS:

8. Please provide additional details below and mail or fax the form to the SCJUA Claims Manager.

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