



## Energy Insurance Mutual Limited Claims Submission Checklist

PLEASE PROVIDE THE FOLLOWING INFORMATION AND REQUESTED DOCUMENTATION TO: [claims@eimltd.com](mailto:claims@eimltd.com)

For any questions regarding your submission, please contact:

Cindy Dobbins at (813) 287-2117 or  
Toll Free (800) 446-2270

If providing documentation by mail:

Energy Insurance Mutual Limited  
Attention: Cindy Dobbins  
3000 Bayport Drive, Suite 550  
Tampa, Florida 33607-8412

### 1. Member Information

EIM Member Company:	
Policy Number:	
Member Entity Involved:	

### 2. Claimant(s)

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### 3. Claim Description

Type of submission:		Notice of Claim (NOC)
		Claim Made
Please provide a brief description of the facts surrounding the incident and the type(s) of claim(s) being made.		

#### 4. Date Claim First Made

If NOC, please enter the date reported.

If claim has been made, please enter the date the first communication was received.

#### 5. Documentation

Please attach all pertinent documents received to date.

Examples: Letter from claimant, letter of representation from claimant attorney, initial complaint filed, first letter from state or federal agency, EEOC notice, etc.

Please also attach any responses made by the Member or responsive pleadings filed to date by the Member and/or any co-defendants.

If applicable, please attach any available photographs.

#### 6. Status

Please provide a summary of the investigation to date:

Please attach any defense counsel reports.

#### 7. Contact Information

a) Please provide the following for the Member company personnel handling the claim:

Name:	
Title:	
Street Address:	
City, State Zip Code:	
Phone Number:	
Fax Number:	
E-Mail Address:	

b) Please provide the following for the underlying carrier:

Company Name:	
Policy Number:	
Contact Name:	
Title:	
Street Address:	
City, State Zip Code:	
Phone Number:	
Fax Number:	

E-Mail Address:	
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**9. Schedule of Market Participants (property claims only)**

Please include the schedule of participating carriers on the loss:

Layer:

Carrier	Percentage	Contact Name	Contact Email

Upon receipt of the required information, EIM will issue claim receipt confirmation letter. Please indicate the parties to be notified.

Member Company  
Brokerage Firm