

**WA State Midwifery & Birthing Center Medical Malpractice
Joint Underwriting Association
FIRST NOTICE OF LOSS (FNOL)**

CLAIMANT NAME \ INJURED PARTY DOB: ADDRESS: PHONE: SSN: Email:			
NAMED INSURED INVOLVED:			
NAMED INSURED \ POLICY NUMBER:	<input type="checkbox"/> JUAMBC-Licensed Midwife \ SIJUAMBC-LM-001 <input type="checkbox"/> JUAMBC-Certified Nurse Midwife \ SIJUAMBC-CNM-001 <input type="checkbox"/> JUAMBC-Birthing Center \ SIJUAMBC-BC-001 Named Insured: _____ Policy Number: _____		
TREATMENT LOCATION ADDRESS:			
NAMED INSURED'S CONTACT INFORMATION:	Contact Name: Address: Phone: Mobile: Email:		
REPORTING INFORMATION:	School: Grad: DOB: License \ State: Specialty: n/a		
INSURANCE PROGRAM:	WA State Midwifery & Birthing Cntr Medical Malpractice Joint Underwriting Assoc		
DATE OF OCCURENCE:			
DATES OF TREATMENT:			
DATE NAMED INSURED NOTIFIED:			
DATE REPORTED BY NAMED INSURED:			
POLICY YEAR:		RETRO DATE:	Corp 01/01/1996
CLAIM NUMBER: (for office use only)			
What are you reporting? CLAIM NOTICE: Select One (required)	<input type="checkbox"/> Attorney Letter <input type="checkbox"/> Board Complaint <input type="checkbox"/> Demand for Money <input type="checkbox"/> Deposition Representation <input type="checkbox"/> Incident Report <input type="checkbox"/> Legal Notice <input type="checkbox"/> Other <input type="checkbox"/> Patient Complaint <input type="checkbox"/> Records Request		
CLAIM STATUS \ LOSS TYPE:	Open \		
FACTS \ DESCRIPTION (One sentence):			
DATE SUBMITTED:		BY:	

Instructions: Submit via email to jua@wendygordonconsulting.com

If you have difficulty or questions, call 425-536-8227. Submission of this form creates an agreement and obligation for the named insured to contact Wendy Gordon by phone at 425-536-8227 as soon as possible to discuss the details of the incident.