

ACORD 831 (2016/10) - Professional / Specialty Insurance Notice of Incident / Claim

ACORD 831, Professional / Specialty Insurance, Notice of Incident / Claim form, is used to report specialty lines claims. Pages 3 and 4 of the form contain required state specific fraud warnings. This form was designed to be used in conjunction with ACORD 825 - Professional / Specialty Insurance Application.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax	Enter number: The producer's contact person's fax number.
IDENTIFICATION SECTION	Email Address	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Notice of Incident	Check the box (if applicable): Indicates the notice of loss is an incident.
IDENTIFICATION SECTION	Notice of Claim	Check the box (if applicable): Indicates the notice of loss is claim.
IDENTIFICATION SECTION	Date of Incident	Enter date: The date that the loss occurred.

IDENTIFICATION SECTION	Time of Incident	Enter time: The approximate time that the loss occurred.
IDENTIFICATION SECTION	AM	Check the box (if applicable): Indicates the loss occurred in the morning.
IDENTIFICATION SECTION	PM	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.
IDENTIFICATION SECTION	Date of Claim	Enter date: The date the claim was filed.
IDENTIFICATION SECTION	Previously Reported? Y/N	Check the box (if applicable): Indicates the loss was previously reported.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Police/Fire Department Contacted? Y/N	Check the box (if applicable): Indicates the police and/or fire department has been contacted.
IDENTIFICATION SECTION	Name of Police or Fire Department	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
IDENTIFICATION SECTION	Report Number	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
CLAIM TYPE	Crime	Check the box (if applicable): Indicates the Crime section is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	D&O	Check the box (if applicable): Indicates the Directors And Officers section is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	E&O	Check the box (if applicable): Indicates the Errors & Omissions section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	EPLI	Check the box (if applicable): Indicates the Employment Practices Liability Insurance (EPLI) section is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Fiduciary	Check the box (if applicable): Indicates the Fiduciary section is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.

CLAIM TYPE	Kidnap / Ransom	Check the box (if applicable): Indicates the Kidnap/Ransom section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Professional Liability	Check the box (if applicable): Indicates the Professional Liability section is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Accountants Professional	Check the box (if applicable): Indicates the Accountants Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Architects Professional	Check the box (if applicable): Indicates the Architects Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Insurance Agents	Check the box (if applicable): Indicates the Insurance Agents Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Lawyers Professional	Check the box (if applicable): Indicates the Lawyers Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Media Professional	Check the box (if applicable): Indicates the Media Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Medical Malpractice	Check the box (if applicable): Indicates the Medical Malpractice Professional Liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Cyber and Privacy Coverage	Check the box (if applicable): Indicates the Cyber and Privacy Coverage Section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Technology	Check the box (if applicable): Indicates the Technology E&O Section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Workplace Violence	Check the box (if applicable): Indicates the Workplace Violence section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Other	Check the box (if applicable): Indicates that a section other than those listed is attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Describe Other	Enter text: The type of section being attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.

CLAIM TYPE	Misc Professional Liability	Check the box (if applicable): Indicates a miscellaneous professional liability section is attached to this application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
CLAIM TYPE	Describe	Enter text: The type of section being attached to the application. As used here, indicates the property coverage previously selected for which the claim is being submitted.
INSURED	Name of Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
INSURED	FEIN	Enter identifier: The tax identifier of the named insured.
INSURED	Primary Phone	Enter number: The named insured's primary phone number.
INSURED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INSURED	Secondary Phone	Enter number: The named insured's secondary phone number.
INSURED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
INSURED	Address Line 1	Enter text: The named insured's mailing address line one.
INSURED	Address Line 2	Enter text: The named insured's mailing address line two.
INSURED	City	Enter text: The named insured's mailing address city name.
INSURED	State	Enter code: The named insured's mailing address state or province code.
INSURED	Zip	Enter code: The named insured's mailing address postal code.
INSURED	Email Address	Enter text: The named insured's primary e-mail address.
CONTACT	Contact Insured	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
CONTACT	Name of Contact	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
CONTACT	Primary Phone	Enter number: The loss contact's primary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.

CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
CONTACT	Secondary Phone	Enter number: The loss contact's secondary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
CONTACT	When to Contact	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).
CONTACT	Relationship to Insured	Enter code: The relationship of the contact to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
CONTACT	Address Line 1	Enter text: The loss contact's first address line.
CONTACT	Address Line 2	Enter text: The loss contact's second address line.
CONTACT	City	Enter text: The loss contact's city.
CONTACT	State	Enter code: The loss contact's state.
CONTACT	Zip	Enter code: The loss contact's postal code.
CONTACT	Email Address	Enter text: The loss contact's primary e-mail address.
DESCRIPTION OF INCIDENT/CLAIM	Describe location of incident/claim	Enter text: The description of the location of loss if not at a specific street address.
DESCRIPTION OF INCIDENT/CLAIM	Description of Incident/Claim	Enter text: The description of the incident resulting in a potential loss to the insured.
CLAIMANT	Name and Address	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
CLAIMANT	Address Line 1	Enter text: The first address line of the owner of the vehicle or property.
CLAIMANT	Address Line 2	Enter text: The second address line of the owner of the vehicle or property.
CLAIMANT	City	Enter text: The city of the owner of the vehicle or property.
CLAIMANT	State	Enter code: The state or province code of the owner of the vehicle or property.
CLAIMANT	Zip	Enter code: The postal code of the owner of the vehicle or property.
CLAIMANT	Primary Phone	Enter number: The primary phone number for the owner of the vehicle or property.
CLAIMANT	Home	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.

CLAIMANT	Business	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
CLAIMANT	Cell	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
CLAIMANT	Secondary Phone	Enter number: The secondary phone number for the owner of the vehicle or property.
CLAIMANT	Home	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
CLAIMANT	Business	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
CLAIMANT	Cell	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
CLAIMANT	Email Address	Enter text: The primary e-mail address of the owner of the vehicle or property.
CLAIMANT	Employer's Name and Address	Enter text: The full name of the employer for the owner of the vehicle or the property.
CLAIMANT	Address Line 1	Enter text: The first address line of the employer for the owner of the vehicle or the property.
CLAIMANT	Address Line 2	Enter text: The second address line of the employer for the owner of the vehicle or the property.
CLAIMANT	City	Enter text: The city of the employer for the owner of the vehicle or the property.
CLAIMANT	State	Enter text: The state or province code of the employer for the owner of the vehicle or the property.
CLAIMANT	Zip	Enter text: The postal code of the employer for the owner of the vehicle or the property.
CLAIMANT	Primary Phone	Enter number: The primary phone number of the employer for the owner of the vehicle or the property.
CLAIMANT	Home	Check the box (if applicable): Indicates the primary phone number for the employer is a home phone.
CLAIMANT	Business	Check the box (if applicable): Indicates the primary phone number for the employer is a business phone.
CLAIMANT	Cell	Check the box (if applicable): Indicates the primary phone number for the employer is a cell phone.
CLAIMANT	Secondary Phone	Enter number: The secondary phone number of the employer for the owner of the vehicle or the property.
CLAIMANT	Home	Check the box (if applicable): Indicates the secondary phone number for the employer is a home phone.

CLAIMANT	Business	Check the box (if applicable): Indicates the secondary phone number for the employer is a business phone.
CLAIMANT	Cell	Check the box (if applicable): Indicates the secondary phone number for the employer is a cell phone.
CLAIMANT	Email Address	Enter text: The email address of the employer for the owner of the vehicle or the property.
CLAIMANT	Describe Injury of Damages	Enter text: The description of the cause of the loss and resulting damage, including the areas of buildings which were damaged. Note: If the loss resulted in bodily injury to individuals or damage to the property of others, indicate in the Remarks Section and complete the appropriate additional claim form.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ADDITIONAL CLAIMANT	Name	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Address Line 1	Enter text: The first address line of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Address Line 2	Enter text: The second address line of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	City	Enter text: The city of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	State	Enter code: The state or province code of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Zip	Enter code: The postal code of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Primary Phone	Enter number: The primary phone number for the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Home	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
ADDITIONAL CLAIMANT	Business	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
ADDITIONAL CLAIMANT	Cell	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
ADDITIONAL CLAIMANT	Secondary Phone	Enter number: The secondary phone number for the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Home	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
ADDITIONAL CLAIMANT	Business	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.

ADDITIONAL CLAIMANT	Cell	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
ADDITIONAL CLAIMANT	Email Address	Enter text: The primary e-mail address of the owner of the vehicle or property.
ADDITIONAL CLAIMANT	Employer's Name and Address	Enter text: The full name of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Address Line 1	Enter text: The first address line of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Address line 2	Enter text: The second address line of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	City	Enter text: The city of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	State	Enter text: The state or province code of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Zip	Enter text: The postal code of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Primary Phone	Enter number: The primary phone number of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Home	Check the box (if applicable): Indicates the primary phone number for the employer is a home phone.
ADDITIONAL CLAIMANT	Business	Check the box (if applicable): Indicates the primary phone number for the employer is a business phone.
ADDITIONAL CLAIMANT	Cell	Check the box (if applicable): Indicates the primary phone number for the employer is a cell phone.
ADDITIONAL CLAIMANT	Secondary Phone	Enter number: The secondary phone number of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Home	Check the box (if applicable): Indicates the secondary phone number for the employer is a home phone.
ADDITIONAL CLAIMANT	Business	Check the box (if applicable): Indicates the secondary phone number for the employer is a business phone.
ADDITIONAL CLAIMANT	Cell	Check the box (if applicable): Indicates the secondary phone number for the employer is a cell phone.
ADDITIONAL CLAIMANT	Email Address	Enter text: The email address of the employer for the owner of the vehicle or the property.
ADDITIONAL CLAIMANT	Describe Injury of Damages	Enter text: The description of the cause of the loss and resulting damage, including the areas of buildings which were damaged. Note: If the loss resulted in bodily injury to individuals or damage to the property of others, indicate in the Remarks Section and complete the appropriate additional claim form.

REMARKS	Remarks	Enter text: The professional/ specialty insurance notice of incident/ claim general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
REMARKS	Reported By	Enter text: The name of the individual that reported the loss.
REMARKS	Reported To	Enter text: The name of the individual within the agency or company to whom this loss was reported.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).