

**MCDONALDS FRANCHISE PROGRAM
Employment Practices Liability Insurance**

NOTIFICATION FORM

Date of Report: _____

Insured: _____

Location: _____

Person to Contact: _____ **Phone #:** _____

Claimant's Name: _____ **Age:** ____ **Job Position:** _____

Date of Alleged Wrongful Act: _____ **Date Notice Received:** _____

Type of Claim/ Potential Claim:

Sexual Harassment Wrongful Termination Discrimination
Retaliation Other (Specify) _____

How did you receive Notice of Claim/Potential Claim:

Administrative Agency Charge Lawsuit Written Notice
Oral Notice Other (specify) _____

If you received a Summons, Complaint, Administrative Agency Charge or similar document, when was it served?

Description of Claim/ Potential Claim (use a separate page if necessary):

ATTACH ANY SUMMONS, COMPLAINT, AGENCY CHARGE, NOTICE, LETTER OR OTHER REVELANT DOCUMENTS.

**Lexington Insurance Company
200 State Street
Boston, MA 02109**

**Attn: Mark Garofano
Fax: 617-330-8360
Phone: 617-772-4515 (Garofano)**

AGENT: The Clements Agency, LLC
14358 N Frank Lloyd Wright Boulevard Ste 11
Scottsdale AZ 85260
Phone: 888.462.3970 FAX: 480.477.5246