

# Subcontractor Default Insurance



## POTENTIAL CLAIM NOTIFICATION

Electronic submission of this form is available at the following link: <https://hudson-app.abasmartcard.com/Index.aspx>

Please submit this form to: [HudsonClaims300@hudsoninsgroup.com](mailto:HudsonClaims300@hudsoninsgroup.com); [Athompson@Hudsoninsgroup.com](mailto:Athompson@Hudsoninsgroup.com)

Copy: Underwriting [Wmoreman@Hudsoninsgroup.com](mailto:Wmoreman@Hudsoninsgroup.com)

Risk [Wlane@Hudsoninsgroup.com](mailto:Wlane@Hudsoninsgroup.com)

<b>Date of Notice</b>	
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<b>Insured Information</b>	
Insured Name on Policy	
Policy Number	
Primary Claim Contact	
Title	

<b>Project Information</b>	
Project Name	
Address	
City	
State	
Zip	
Market Sector	

Original Contract Date	
Formal Default Date*	
Original Contract Amount	
Change Order(s) Amount	

<b>Primary Insured Contact</b>	
Phone	
Email	

<b>Defaulted Subcontractor Information</b>	
Name	
FEIN Number	
Address	
City	
State	
Zip	
Trade	
Scope	
Claim Type	
Primary Loss Cause	

Amount Paid to Sub to date	
Paid through period ending	
Estimated Claim Amount	
Indirects Election	<input type="checkbox"/> % of direct cost per policy <input type="checkbox"/> Actual indirect costs (line item basis)

Description of Loss	
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\* A copy of Contractor issued notice or other default communication to the defaulted subcontractor must be appended with this notice

## What to Expect Next

Conference call with Hudson Claims and Risk Management within 5 days of notice

If deemed appropriate, Project Site Review with Project Manager within 10 days of notice

## Information to prepare for initial conference call

Subcontract	Performance Notices provided to Sub
Change Orders	Prequalification documents
Pay Applications & SOV	Bid tabulations for scope of work

## Fraud Warnings:

**To All Claimants:** For your protection state laws require the following to appear on this form: Any person who knowingly, and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states, which may not be limited to fines and/or confinement in prison; and is a reason for denial of insurance benefits.

### To Claimants in:

**CA (Automobile):** False representations made on this form subjects you to a penalty of perjury.

**CO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC:** "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**DE, ID and IN:** "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

**OK:** "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

**FL:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**AL, AR, MD, and NM:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NH:** "Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20"

**NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NY (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**PA (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.