

Notice of Circumstance

POLICY DETAILS

QUESTION	ANSWER
Insured Name:	
Policy Number:	
Policy Issuance Date:	

OFFTAKER DETAILS

QUESTION	ANSWER
Offtaker Legal Name:	
Employer Identification Number:	
Street Address:	
City:	
State:	
Postal Code:	

NOTICE OF CIRCUMSTANCE

QUESTION	ANSWER
The Insurer will not accept a Claim unless (select one):	
Please upload the obtained written extension from the Correspondent:	

NATURE OF CIRCUMSTANCE

QUESTION	ANSWER
Please describe the Circumstance below:	
Is the Circumstance one that could give rise to a covered Claim for Offtaker default under the Policy? If so, describe below:	

Is the Circumstance one that indicates that the Offtaker may not be able to perform or comply with its payment obligations to the Insured? If so, describe below:	
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ATTACHMENTS

QUESTION	ANSWER
<p>Please note that Energetic Insurance and its insurance partners may need to ask for further documents and information to assess this Notice of Circumstance.</p>	
Please Upload evidence of first missed Periodic Payment date	

DECLARATION

QUESTION	ANSWER
<p>I declare that the above statements made by me or on my behalf are true, complete to the best of my knowledge and belief, and that no information has been withheld that may influence the assessment of the Notice of Circumstance. I undertake to inform Energetic Insurance of any changes in circumstances relating to this Notice of Circumstance, including any recoveries. I declare that I have the authority to submit this Notice of Circumstance on behalf of the Insured.</p>	
When this form has been completed and signed, please forward it to:	
Energetic Insurance	
Claims Department	
2 Ave de Lafayette, 4th Floor	
Boston, MA 02111	
claims@energeticinsurance.com	

Name of Signatory:	
Signature:	
Position in Company:	
Email:	
For and on behalf of:	
Company Name:	

Company Address:	
Phone Number:	
Today's Date	