

AGENT'S ERRORS & OMISSIONS INSURANCE

SUPPLEMENT CLAIM INFORMATION FORM

APPLICANT'S INSTRUCTIONS:

This form is to be completed by the Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

If space is insufficient to answer any question fully, attach a separate sheet (narrative). Do not attach suit papers. Answer all questions completely.

(PLEASE TYPE OR PRINT CLEARLY)

1. Full Name of Applicant: _____
2. Full name(s) of individual(s) and/or firm(s) involved in claim: _____

3. Full name of Claimant: _____

4. Indicate whether: Claim/Suit () OR Incident ()
5. Date of alleged error: _____
6. Date of claim submitted to carrier: _____
7. (A) Description of claim (Provide enough information to allow evaluation and use a separate exhibit if additional space is required): _____

- (B) Description of case and events: _____

8. Additional defendants: _____

9. IF CLOSED:
Total Loss Paid, including Deductible: _____ Date closed: _____
10. IF PENDING:
Claimant's settlement demand: _____
Defendant's offer for settlement: _____
Insurer's Loss reserve: _____
Deductible: _____
Is claim in Suit? Yes () No ()
If Yes, Amount asked in complaint: _____
11. Name of Insurer: _____
12. Please describe procedures instituted to avoid like claims: _____

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same certifications, warranties and conditions.

Applicant's Full Name: _____

By: _____ Date: _____