



ERRORS & OMISSIONS SUPPLEMENTAL CLAIM APPLICATION

INSTRUCTIONS:

- 1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- 2. If space is insufficient to answer any questions fully, attach a separate sheet.
- 3. In lieu of attaching suit papers, please provide a complete narrative description of the litigation and facts involved.

1. Full name of Applicant: _____

2. Full name of Individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: CLAIM SUIT ACT, ERROR OR OMISSION ONLY (No Claim or Suit)

5. Date and location of alleged act, error or omission: _____

6. Date of claim: _____ Date reported to Insurance Company: _____

7. Additional defendants _____

8. IF CLOSED:

Total paid including deductible(s)	For the loss amount?	\$ _____
	For defense costs	\$ _____

Indicate whether: COURT JUDGEMENT (or) OUT OF COURT SETTLEMENT

Date closed: _____

9. IF PENDING:

Claimant's settlement demand?	\$ _____
Defendant's offer for settlement?	\$ _____
Insurer's loss for loss & defense?	\$ _____ / _____

10. Name(s) of Insurer(s) responding to this claim or incident. _____

Policy Number: _____

Limits of Liability: _____ Deductible: _____

11. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

12. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

A. Was Contract used? No Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm.)