INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY

SUPPLEMENTAL CLAIMS APPLICATION

→→→ONE CLAIM PER SUPPLEMENTAL APPLICATION ←←←

PLEASE PRINT OR TYPE CLEARLY

1. Full Name of Applicant: _____
2. Full name of individual(s) involved in Claim or Incident: _____
3. Full name(s) of Claimant(s) or potential Claimant(s): _____
4. This is a: ☐ Claim ☐ Suit ☐ Incident
5. Date and location of Act, Error or Omission alleged or which may be alleged: _____
6. Date of Claim: _____
7. Additional defendant(s) or potential defendant(s): _____
8. If this is a CLOSED matter: Total loss paid including deductible(s): $ _____
   Indicate whether: ☐ Court Judgement ☐ Out of Court Settlement
9. If this is a PENDING matter, please indicate: Claimant's settlement demand: $ _____
   Defendant's offer for settlement: $ _____
10. Name(s) of Insurer(s) responding to this claim or incident: _____
11. Description of Claim, Suit or Incident: _____
12. Description of alleged Act, Error, or Omission upon which Claim is or may be based: _____
13. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: _____
14. Explain what action(s) have been taken to prevent recurrence of same or similar Claim: _____

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S PROFESSIONAL LIABILITY INSURANCE CLAIMS MADE APPLICATION, AND IS SUBJECT TO THE SAME REPRESENTATION AND CONDITIONS.

Sign and date in ink

Signature of Applicant: _____ Print Name: _____

Date Signed: _____ Title: _____