



PROFESSIONAL LIABILITY INSURANCE FOR INSURANCE AGENTS
SUPPLEMENTAL 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 CLAIM OR CIRCUMSTANCE AND ATTACH COMPANY LOSS RUN.

If space is insufficient to answer any question fully, attach a separate sheet. Answer **ALL** questions completely.

- 1. Full name of Applicant: _____
- 2. Full name of individual(s) or firm involved in claim: _____
- 3. Full name of claimant: _____
- 4. Indicate whether: Claim/Suit **or** Incident
- 5. Date of alleged error: _____
- 6. Date of claim: _____

(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. IF CLOSED, TOTAL LOSS PAID INCLUDING DEDUCTIBLE: \$ _____

9. IF PENDING:

Claimant's Settlement Demand	\$ _____
Defendant's Offer for Settlement	\$ _____
Insurer's Loss Reserve	\$ _____
Deductible	\$ _____
Is Claim in Suit:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Amount asked in complaint	\$ _____

10. Name of Insurance Carrier: _____

11. Please describe procedures instituted to avoid like claims: _____

Date

Signature