



SOUTHERN SPECIALTY UNDERWRITERS, LLC.

5444 Riverside Drive

Macon, GA 31210

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Personal Lines Insurance Agents Professional Liability

INSURANCE AGENTS AND BROKERS SUPPLEMENTAL CLAIMS APPLICATION

Please complete this form in its entirety for all prior and pending E&O claims.

1. Name of claimant: _____
2. Date claim occurred: _____
3. Date claim reported to E&O Carrier: _____
4. Details and background of claim: _____

5. What is the status of the claim? _____
6. Defense costs paid to date: _____
7. Settlement amount: _____
8. If claim is still open, what is the reserve amount? _____
9. What remedial measures have been taken to prevent a recurrence of a similar claim?

Signature: _____ Date _____
(Principal, Partner or Officer of the Firm)

The information on this supplemental application is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.