

INSURANCE AGENTS & BROKERS PROFESSIONAL LIABILITY

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 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? _____
10. 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.