

REAL ESTATE AGENT'S APPLICATION FOR CLAIMS MADE
ERRORS AND OMISSIONS INSURANCE

SUPPLEMENTAL CLAIMS INFORMATION

INSTRUCTIONS:

1. Complete one "Supplemental Claim Information" form for each claim
 2. Type or Print Clearly
 3. Complete every question. **Leave no unanswered questions!**
 4. If extra space is needed, attach a separate sheet.
 5. **Form must be signed and dated.**
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1. Name of Claimant/Plaintiff: _____
2. Date of Alleged Error: _____
3. Date Claim was First Reported to your Insurance Company: _____
4. Name of Insurance Company you reported the claim to? _____
5. Name of Specific Individuals of your firm named in this action: _____

6. Name of any Additional Defendants named in this action: _____

7. What is the Present Status of Claim: _____ Closed _____ Open

8. If Closed Claim:

- A. What was total amount of defense expense paid:(inclusive of any deductible) _____
- B. What was total amount of loss expense paid:(inclusive of any deductible) _____
- C. What was the amount of your deductible? _____
- D. Total Amount of your deductible paid: _____

9. If Open Claim:

- A. Amount of defense expense paid to date: (inclusive of any deductible) _____
- B. Amount of loss expense paid to date: (Inclusive of any deductible) _____
- C. What is the amount of your deductible? _____
- D. Amount of your deductible paid to date: _____
- E. Amount asked for by Claimant/Plaintiff in Complaint/Suit? _____
- F. What is your Insurance Companies defense expense reserve? _____
- G. What is your Insurance Companies loss expense reserve? _____

10. Description of Case and Events: _____

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This supplement forms a part of the Insurance Application and is subject to the same representations and conditions of the application.

Signature of Authorized Representative: _____ Date _____