



# Insurance Agents and Brokers 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.**