

**Insurance Agents & Brokers Errors & Omissions Insurance
Claim/Incident/Disciplinary Complaints Supplemental Application**

The form should be completed for each disciplinary complaint, claim, suit or potential claim circumstance of which the applicant, after inquiry of all partners, officers, owners and employees, is aware.

Please answer all questions completely. Attach separate sheet if additional space is necessary to provide details.

Complete Name of Applicant/Insured: _____

I. Disciplinary Complaints and Disciplinary Actions

1. Complete Name of Complainant: _____

2. Date of Complaint: _____

3. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances? Yes No

If yes, carrier: _____ Date reported: _____

Please forward a copy of the initial complaint, your response submitted to the regulatory body and the final ruling by the regulatory body.

II. Claim and/or Potential Claim Circumstances

1. Complete Name of actual or potential Claimant: _____

2. Name of agent involved: _____

3. Additional actual or potential Defendants: _____

4. Indicate whether: Claim/Suit Incident/Potential Claim

5. a. Date of alleged error: _____ b. Date you became aware of the claim: _____

6. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances? Yes No

If yes, carrier: _____ Date reported: _____

7. Provide a description of the claim, indicating the alleged error, type of engagement and alleged injury.

8. What risk management steps have been taken to prevent the occurrence of a similar incident/claim?

IF OPEN (PENDING), PLEASE PROVIDE THE FOLLOWING:

9. a. Claimant's settlement demand: \$ _____ b. Settlement Offer Made: \$ _____

b. Is claim in suit (lawsuit filed)? Yes No

If yes, please provide the amount of damages alleged in the complaint: \$ _____

Please complete separate supplement for each disciplinary complaint, claim or potential claim circumstance.

Attach separate sheet if additional space is necessary to provide details.

Signature of Owner, Officer or Partner: _____

Name: _____

Title: _____

Date: _____