



Insurance Professionals Errors and Omissions Insurance
Supplemental Application A — Claims or Incidents

Name Of Applicant _____

REPORT #1

New Applicants - Please complete one report for each claim or incident within the past five years.
Renewal Applicants - Please complete one report for each claim or incident within the past year, Questions 3, 7 & 8 only.

- 1. Claim or Incident A claim means a demand made for money or professional services. An incident is knowledge of an actual or alleged act, error, omission or circumstance which may result in a claim being made.
2. The claimant is a(n): Insured Insurance Company Third Party Other:
3. Date error reported to E&O carrier:
4. Cause of Loss: inadequate coverage inadequate limits failure to place coverage misstatement of coverage coverage gap due to cancel for nonpay insolvency of carrier Other:
5. Specific line of coverage involved: Carrier involved:
6. Status: Open Closed
If closed, give the amount paid including deductible: Indemnity \$ Defense \$
If open, give carrier loss reserve amount: \$
7. Please provide a brief description of the claim:

8. Loss Prevention Please provide a detailed response.
What action has been taken by the Applicant to prevent this type of claim from occurring in the future?

I understand information submitted herein becomes a part of the Applicant's Error's & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant Date
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: Owner Executive Officer Partner Member of LLC Other

REPORT #2 (IF NECESSARY)

New Applicants – Please complete one report for each claim or incident within the past five years.

Renewal Applicants – Please complete one report for each claim or incident within the past year, Questions 3, 7 & 8 only.

1. Claim or Incident *A claim means a demand made for money or professional services. An incident is knowledge of an actual or alleged act, error, omission or circumstance which may result in a claim being made.*
2. The claimant is a(n): Insured Insurance Company Third Party Other: _____
3. Date error reported to E&O carrier: _____
4. Cause of Loss: inadequate coverage inadequate limits failure to place coverage misstatement of coverage
 coverage gap due to cancel for nonpay insolvency of carrier Other: _____
5. Specific line of coverage involved: _____ Carrier involved: _____
6. Status: Open Closed
If closed, give the amount paid including deductible: Indemnity \$ _____ Defense \$ _____
If open, give carrier loss reserve amount: \$ _____
7. Please provide a brief description of the claim:

8. Loss Prevention Please provide a detailed response.

What action has been taken by the Applicant to prevent this type of claim from occurring in the future?



I understand information submitted herein becomes a part of the Applicant's Error's & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ **Date** _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: Owner Executive Officer Partner Member of LLC Other _____