



Professional Liability Insurance for Insurance Agents and Brokers Supplemental Claim Form

*A copy of this form should be completed for each claim, suit or incident.
Please be sure to answer all questions completely.*

1. Full Name of Applicant/Insured: _____

2. Full Name of Individuals and or Firm Involved in the claim: _____

3. Full Name of Claimant: _____

4. Date Applicant/Insure first became aware of the alleged error: _____ / _____ / _____

5. Date reported to your insurance carrier: _____ Name of Carrier: _____

6. Additional Defendants: _____

7. Current Status: Open Closed Incident only in Suit

8. If Open or in Suit:

Claimant's settlement demand: \$ _____ Defendant's Settlement Offer: \$ _____

Insurer's paid losses to date: \$ _____ Insurer's expenses paid to date: \$ _____

9. If Closed:

Date Closed: _____ Total Paid: \$ _____
(MM/DD/YY)

Total legal expenses paid: \$ _____ Deductible applicant paid: \$ _____

10. Please provide a brief description of the claim, including the alleged wrongful acts, the events leading to the claim, the type and extent of injury or damage alleged:

11. Briefly describe any corrective actions taken to prevent similar claims in the future:

Signature of Principal: _____

Date: _____

Printed Name

Title