



Insurance Agents and Brokers Professional Liability Insurance Policy Claim Supplemental Application

Please complete ONE supplemental application for each claim or incident.

1. Name Insured: _____
2. DBA (if any): _____
3. Name(s) of Claimant(s) or potential Claimant(s): _____
4. Date of alleged act, error or omission: _____ Date of _____
5. Please indicate: Incident (potential claim) Claim Lawsuit
6. Additional defendant(s) or potential defendant(s):

7. a). Is this matter CLOSED? Yes No

 If closed, total paid, including deductible(s): \$ _____
 Court Judgment
 Out of Court Settlement

 b). If this is a PENDING matter:
 Claimant's settlement demand: \$ _____
 Insurer's reserve: \$ _____ Claim Lawsuit
8. Name of Insurer responding to this matter _____

 a. Description of claim/suit:

- b. Alleged act, error or omission: _____
- c. Type and extent of injury or damage alleged to have been sustained:

9. Please explain what corrective action(s) have been taken to prevent recurrence of same or similar claim:

It is hereby understood and agreed this Claim Supplemental Application, and required attachment(s) becomes part of and is deemed attached to the INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION.

Signature of Applicant _____ Print Name _____
 Date Signed: _____ Title: _____