

# Errors & Omissions Claim Supplemental Form

The Applicant is to complete this form for any claim(s) or circumstance(s) the Applicant or subsidiaries is aware of. A separate form is to be completed for each claim or circumstance. If additional space is necessary attach a separate sheet.

1. Name of Firm: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Individuals of Firm involved in claim: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Plaintiff: \_\_\_\_\_

4. Date of alleged error omission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date claim made: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year mo day year

5. Status of Claim:

- a. \_\_\_\_\_ Open \_\_\_\_\_ Closed  
b. \_\_\_\_\_ Suit \_\_\_\_\_ Claim \_\_\_\_\_ Circumstance

6. Provide a detailed description of claim or circumstance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please complete the following:

Insurers Loss Reserve: \_\_\_\_\_  
Damages Payment, if applicable: \_\_\_\_\_  
Expenses Paid: \_\_\_\_\_

8. What actions has Applicant taken to prevent a reoccurrence or similar claim? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant understands that the information submitted herein becomes part of the Professional Liability Insurance application attached hereto and that the warranty statements (Question 13) contained therein remain true and accurate.**

\_\_\_\_\_  
**Applicant's Authorized Signature**

\_\_\_\_\_  
**Applicant's Title**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year