REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE APPLICATION
CLAIM OR INCIDENT SUPPLEMENT

Firm Name ____________________________________________

NOTE Please submit copies of your carriers’ loss reports for the past 5 years (or complete this form for each claim being reported if your loss report is not available). If any claim is over $10,000, please complete this form whether submitting a carrier loss report or not.

Name of Individual or Firm involved in claims: __________________________

Name of Plaintiff: __________________________

Date of alleged error/omission: ______/_____/______ Date claim made: ______/_____/______

mo     day    year     mo     day    year

Status of Claim:

a.  ☐ Open  ☐ Closed

b.  ☐ Suit  ☐ Claim  ☐ Circumstance

Provide a detailed description of claim or circumstance.

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Please complete the following:

Insurer’s Loss Reserve: __________________________

Insurer’s Expense Reserve: __________________________

Settlement amount, if applicable: __________________________

Expenses Paid: __________________________

What actions has the Applicant taken to prevent a reoccurrence or similar claim?

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