



## 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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