



SUPPLEMENTAL APPLICATION FOR REALTORS ERRORS AND OMISSIONS LIABILITY INSURANCE (CLAIMS-MADE FORM) : CLAIM/INCIDENT REPORT

One form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all members, officers, owners, partners and employees.

- 1. Name of Applicant and Insured affected:
2. Name of claimant:
3. Claim Incident Subpoena
4. Date Insured became aware of claim:
5. Date reported to insurer:
6. Date services which were basis of claim were rendered:
7. Name of insurance carrier responding to this claim or incident:
8. Additional defendants:
9. Status of Claim: Closed Open No activity since
10. IF OPEN, PLEASE ATTACH SUIT PAPERS OR ANSWER ALL QUESTIONS BELOW:
11. Was an engagement letter used? YES NO
12. Provide a description of the claim:
13. Provide details of any steps that have been taken by you to avoid or mitigate the possibility of a similar claim from occurring in the future:

The applicant understands that any subsequent policy issued by the Company will be issued on a CLAIMS MADE FORM, and that this Claims supplement is material to the underwriters in their decision to issue a policy.

Date Signature of Applicant Name Title