

SUPPLEMENTAL CLAIM FORM

1. Name of Agent involved in Claim: _____
2. Name of Claimant/Plaintiff: _____
3. Date of Alleged Error: _____
4. Date Claim was First Reported to your Insurance Company: _____
5. Name of Insurance Company you reported the claim to: _____
6. Name(s) of any Additional Defendants named in this action:

7. What is the Present Status of Claim: _____ Closed _____ Open
8. **If Closed Claim:**
 - a. What was total amount of defense expense paid (excluding your deductible): _____
 - b. What was total amount of loss expense paid (excluding your deductible): _____
 - c. What was the amount of your deductible: _____
 - d. Total amount of your deductible paid: _____
 - e. Date Claim Closed: _____
9. **If Opened Claim:**
 - a. Amount of defense expense paid to date (excluding your deductible): _____
 - b. Amount of loss expense paid to date (excluding your deductible): _____
 - c. What is the amount of your deductible: _____
 - d. Amount of deductible paid to date: _____
 - e. Amount asked for by Claimant/Plaintiff in Complain/Suit: _____
 - f. What is your Insurance Company's defense expense reserve: _____
 - g. What is your Insurance Company's loss expense reserve: _____
 - h. Defendant's Offer for Settlement: _____
10. Allegation Upon Which Claimant Bases Claim

11. Description of Case and Events:

12. Explain what action(s) have been taken to prevent a recurrence or similar claim:

I declare that the information provided in this supplemental claim form is true and accurate to the best of my knowledge, I have not withheld or misstated any material facts, and I will notify the company if the information on this supplemental claim form changes between the date of this supplemental claim form and the effective date of any insurance provided. I agree that this supplemental claim form does not bind the company to issue or the applicant to purchase the insurance. I further agree this supplemental claim form will become part of the Real Estate Errors and Omissions Liability Coverage Application.

Signature: _____ Date: _____
MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM

SUPPLEMENTAL CLAIM FORM

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM