



# UNITED STATE LIABILITY INSURANCE GROUP

## Insurance Agents & Brokers Professional Liability

### SUPPLEMENTAL CLAIMS APPLICATION

Please complete this form in its entirety for all prior and pending E&O claims.

1. Name of claimant \_\_\_\_\_

2. Date claim occurred \_\_\_\_\_

3. Date claim reported to E&O Carrier \_\_\_\_\_

4. Details and background of claim \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the status of the claim? \_\_\_\_\_

6. Defense costs paid to date \_\_\_\_\_

7. Settlement amount \_\_\_\_\_

8. If claim is still open, what is the reserve amount? \_\_\_\_\_

9. What remedial measures have been taken to prevent a recurrence of a similar claim?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Principal, Partner or Officer of the Firm)

**The information on this supplemental application is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.**