

**Insurance Agents & Brokers Errors & Omissions Insurance  
Claim/Incident/Disciplinary Complaints Supplemental Application**

The form should be completed for each disciplinary complaint, claim, suit or potential claim circumstance of which the applicant, after inquiry of all partners, officers, owners and employees, is aware.

**Please answer all questions completely. Attach separate sheet if additional space is necessary to provide details.**

Complete Name of Applicant/Insured: \_\_\_\_\_

**I. Disciplinary Complaints and Disciplinary Actions**

1. Complete Name of Complainant: \_\_\_\_\_

2. Date of Complaint: \_\_\_\_\_

3. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances?  Yes  No

If yes, carrier: \_\_\_\_\_ Date reported: \_\_\_\_\_

*Please forward a copy of the initial complaint, your response submitted to the regulatory body and the final ruling by the regulatory body.*

**II. Claim and/or Potential Claim Circumstances**

1. Complete Name of actual or potential Claimant: \_\_\_\_\_

2. Name of agent involved: \_\_\_\_\_

3. Additional actual or potential Defendants: \_\_\_\_\_

4. Indicate whether:  Claim/Suit  Incident/Potential Claim

5. a. Date of alleged error: \_\_\_\_\_ b. Date you became aware of the claim: \_\_\_\_\_

6. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances?  Yes  No

If yes, carrier: \_\_\_\_\_ Date reported: \_\_\_\_\_

7. Provide a description of the claim, indicating the alleged error, type of engagement and alleged injury.

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

8. What risk management steps have been taken to prevent the occurrence of a similar incident/claim?

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

**IF OPEN (PENDING), PLEASE PROVIDE THE FOLLOWING:**

9. a. Claimant's settlement demand: \$ \_\_\_\_\_ b. Settlement Offer Made: \$ \_\_\_\_\_

b. Is claim in suit (lawsuit filed)?  Yes  No

If yes, please provide the amount of damages alleged in the complaint: \$ \_\_\_\_\_

*Please complete separate supplement for each disciplinary complaint, claim or potential claim circumstance.*

*Attach separate sheet if additional space is necessary to provide details.*

Signature of Owner, Officer or Partner: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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