



CARRIER:

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Claim Supplement – Errors and Omissions

WHEN ANY ONE OF THE CLAIMS QUESTIONS IS ANSWERED YES, PLEASE COMPLETE THIS FORM FOR EACH CLAIM.

1. Name of claimant: _____
2. When did claim occur? _____
3. Details and background of claim (include positions of persons involved and if they are still employed):

4. Has any state department or other regulations board filed any litigation against any person involved? Yes No
5. Is the claim open or closed? Open Closed
6. Amount of defense costs paid? _____
7. Settlement amount (if any)? _____
8. Was the claim covered by insurance? Yes No
 - a. If "Yes," what amount was paid by the insurer? _____
 - b. If the claim is still open, what amount of reserve has been set up by the insurer? _____
9. What remedial measures have been taken to prevent a recurrence of a similar claim?

The information on this supplement is material to the company underwriting this risk and shall be made a part of this policy as if physically attached hereto.

Applicant's signature _____ Date: _____
(Principal, Partner or Officer)