

**REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE
CLAIM OR INCIDENT SUPPLEMENT**

Firm Name _____

NOTE Please submit copies of your carriers' loss reports for the past 5 years (or complete this form for each claim being reported if your loss report is not available). If any claim is over \$10,000, please complete this form whether submitting a carrier loss report or not.

Name of Individual or Firm involved in claims: _____

Name of Plaintiff: _____

Date of alleged error/omission: ____ / ____ / ____ Date claim made: ____ / ____ / ____
mo day year mo day year

Status of Claim:

- a. Open Closed
- b. Suit Claim Circumstance

Provide a detailed description of claim or circumstance.

Please complete the following:

Insurer's Loss Reserve: _____

Insurer's Expense Reserve: _____

Settlement amount, if applicable: _____

Expenses Paid: _____

What actions has the Applicant taken to prevent a reoccurrence or similar claim?

