



# Professional Liability Insurance for Insurance Agents and Brokers Supplemental Claim Form

*A copy of this form should be completed for each claim, suit or incident.  
Please be sure to answer all questions completely.*

1. Full Name of Applicant/Insured: \_\_\_\_\_

2. Full Name of Individuals and or Firm Involved in the claim: \_\_\_\_\_  
\_\_\_\_\_

3. Full Name of Claimant: \_\_\_\_\_

4. Date Applicant/Insure first became aware of the alleged error: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Date reported to your insurance carrier: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

6. Additional Defendants: \_\_\_\_\_

7. Current Status:  Open  Closed  Incident only  in Suit

8. If Open or in Suit:

Claimant's settlement demand: \$ \_\_\_\_\_ Defendant's Settlement Offer: \$ \_\_\_\_\_

Insurer's paid losses to date: \$ \_\_\_\_\_ Insurer's expenses paid to date: \$ \_\_\_\_\_

9. If Closed:

Date Closed: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_  
(MM/DD/YY)

Total legal expenses paid: \$ \_\_\_\_\_ Deductible applicant paid: \$ \_\_\_\_\_

10. Please provide a brief description of the claim, including the alleged wrongful acts, the events leading to the claim, the type and extent of injury or damage alleged:

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

11. Briefly describe any corrective actions taken to prevent similar claims in the future:

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

Signature of Principal: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title