ARGO PRO

Member Argo Group

ERRORS & OMISSIONS SUPPLEMENTAL CLAIM APPLICATION

INSTRUCTIONS:

1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.

2. If space is insufficient to answer any questions fully, attach a separate sheet.

3. In lieu of attaching suit papers, please provide a complete narrative description of the litigation and facts involved.

1. Full name of Applicant: _____
2. Full name of Individual(s) or firm involved in the claim: _____
3. Full name of Claimant: _____
4. Indicate whether: ☐CLAIM ☐SUIT ☐ACT, ERROR OR OMISSION ONLY (No Claim or Suit)
5. Date and location of alleged act, error or omission: _____

   _____

6. Date of claim: _____ Date reported to Insurance Company: _____
7. Additional defendants _____
8. IF CLOSED:

   Total paid including deductible(s) For the loss amount? $_____

   For defense costs $_____

   Indicate whether: ☐COURT JUDGEMENT (or) ☐OUT OF COURT SETTLEMENT

   Date closed: _____
9. IF PENDING:

   Claimant's settlement demand? $ _____

   Defendant's offer for settlement? $ _____

   Insurer's loss for loss & defense? $ _____ / _____
10. Name(s) of Insurer(s) responding to this claim or incident. _____

    Policy Number: _____

    Limits of Liability: _____ Deductible: _____
11. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

    _____

    _____
12. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

    _____

    _____ A. Was

    Contract used? ☐ No ☐ Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

_____

Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states