

# LIFE INSURANCE AGENTS PROFESSIONAL LIABILITY

## *Supplemental Claim Information Form*



**Rockwood Programs, Inc.**  
 4001 Miller Road, Wilmington, DE 19802-1999  
 Tel: 877/242-2487 Fax: 302/762-4200  
 Website: [www.rockwoodinsurance.com](http://www.rockwoodinsurance.com)

**Applicant's Instruction:** This form is to be completed by the Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors, or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

*If space is insufficient to answer any question fully, attach a separate sheet. Answer ALL questions completely.*

**1** Full name of Applicant \_\_\_\_\_

**2** Full name of individual(s) or firm involved in claim \_\_\_\_\_

**3** Full name of claimant \_\_\_\_\_

**4** Indicate whether:  Claim/Suit or  Incident **5** Date of alleged error \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **6** Date of claim \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**7A** Description of Claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required)

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

**7B** Description of case and events \_\_\_\_\_

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

**8** Additional Defendants \_\_\_\_\_

\_\_\_\_\_

**9 IF CLOSED . . . . .**

Total Loss Paid including Deductible .. \$ \_\_\_\_\_

**10 . . . . . IF PENDING . . . . .**

Claimant's Settlement Demand ..... \$ \_\_\_\_\_ Defendant's Offer for Settlement ..... \$ \_\_\_\_\_

Insurer's Loss Reserve ..... \$ \_\_\_\_\_ Deductible ..... \$ \_\_\_\_\_

Is Claim In Suit? .....  Yes  No If Yes, Amount Asked In Complaint ... \$ \_\_\_\_\_

**11** Name of Insurer \_\_\_\_\_

**12** Please describe procedures instituted to avoid like claims \_\_\_\_\_

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

*I understand that the information submitted herein becomes a part of my Life Insurance Agents Professional Liability Application and is subject to the same notifications, warranties and conditions.*

Applicant's Full Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_