

LIFE INSURANCE AGENTS PROFESSIONAL LIABILITY

Supplemental Claim Information Form



Rockwood Programs, Inc.
 3001 Philadelphia Pike, Claymont, DE 19703
 Tel: 877/242-2487 Fax: 302/762-4200
 Website: 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 _____