



**TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE
CLAIM/CIRCUMSTANCE SUPPLEMENT**

APPLICANT'S INSTRUCTIONS:

1. This form is to be completed if the Applicant answered "Yes" to questions **44.**, **45.**, or **46.** on the Technology E&O Liability application.
2. Complete one form for each claim or circumstance.
3. If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

1. **Name of individual(s) in the company named in the claim:** _____
2. **Name of Claimant:** _____
3. **To what insurance company did you report this claim or incident?**
 - a. Date of alleged error: _____
 - b. Date reported: _____
 - c. Date first notice received: _____
4. **Present status of claim** (check one): in suit open circumstance closed
 - a. If closed:
Total damages paid including claim expense and deductible:.....\$ _____
Indicate whether: court judgment; or out of court settlement.
 - b. If in suit or open:
Amount asked in summons.....\$ _____
Claimant's settlement demand.....\$ _____
Defendant's offer for settlement.....\$ _____
Insurer's loss reserve*.....\$ _____
Deductible.....\$ _____
*Unknown is unacceptable. Please contact the insurance company or the defense attorney for a good faith estimate.
5. **Description of claim:** (Provide enough information to allow evaluation and attach a separate page if additional space is required.)
Alleged act, error or omission upon which claimant bases claim: _____

6. Have you changed policies or procedures as a result of this claim that will reduce the possibility of a similar occurrence? Yes No

If "Yes," please describe: _____

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Signature and Title of Applicant (must be President or CEO)

Date

Producer's Name

Area Code

Phone Number

Agent Name: Agent License Number: _____

(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____

Date: _____

(Applicable to Iowa Agents Only)