

TITLE AGENTS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION SHEET

This addendum is to be completed by the Applicant, if applicable. Please complete a separate addendum for each claim or incident. Please answer all questions in detail.

1.	FULL NAME OF APPLICANT O	R INSURED:				
2.	INDICATE WHETHER	CLAIM/SUIT		INCIDENT		
3.	NAME OF CLAIMANT(S):					
4.	NAME OF DEFENDANT(S):					
5.	DATE OF ALLEGED ACT OR OMISSION:					
6.	DATE CLAIM MADE:					
7.	NAME OF PROESSIONAL LIAB	ILITY				
8.	PRESENT STATUS OF CLAIM:	0	PENDING	0	CLOSED	
9.	IF CLOSED:				IF OPEN:	
	TOTAL LOSS PAID including					
	deductible	\$		_	CLAIMANT'S DEMAND	\$
	LEGAL FEES PAID	\$		_	DEDUCTIBLE	\$
					LEGAL FEES PAID TO DATE	\$

10. ALLEGATIONS UPON WHICH CLAIMANT BASES CLAIM.*

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11. EXPLAIN WHAT ACTIONS HAVE BEEN TAKEN TO PREVENT A RECURRENCE OR SIMILAR CLAIM.*

*Use a separate additional sheet, if necessary.

APPLICANT'S AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE: _____