



**GENERAL STAR INDEMNITY COMPANY**  
**CLAIM SUPPLEMENT**  
**INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E & O)**

1. Agency Name:

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2. Claimant Name:

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3. Date of Underlying Loss:        \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Date Claim made against agency:    \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Date Reported to E&O Carrier:        \_\_\_\_/\_\_\_\_/\_\_\_\_

6. E&O Carrier Name: \_\_\_\_\_

7. a. Claim Status:             Open     Closed

b. Demand Amount:            \$ \_\_\_\_\_

c. Claim Expenses paid:        \$ \_\_\_\_\_

d. Claim Expenses reserved:    \$ \_\_\_\_\_

e. Loss Reserve:                \$ \_\_\_\_\_

f. Loss Paid:                    \$ \_\_\_\_\_

8. Description of alleged act, error or omission:

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9. Description of procedural changes as a result of this claim/incident:

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)