



***This form must be completed for each board investigation, disciplinary action, potential claim, claim or lawsuit.
Please answer all questions completely. Attach separate sheet if additional space is necessary to provide details.***

Complete Name of Applicant or Insured: _____

I. BOARD INVESTIGATION OR DISCIPLINARY ACTION

- 1. Complete Name of Complainant: _____
- 2. Date of Complaint: _____
- 3. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances? Yes No
If yes: Carrier? _____ Date Reported? _____
Please forward a copy of the initial complaint, your response submitted to the regulatory body and the final ruling or consent order.

II. CLAIMS AND/OR POTENTIAL CLAIM CIRCUMSTANCES

- 1. Complete name of actual or potential Claimant(s): _____
- 2. Name of agent involved: _____
- 3. Indicate whether: Claim/Suit Incident/Potential Claim
- 4. a. Date of alleged error: _____ b. Date you became aware of the claim: _____
- 5. Did you report these circumstances to your E&O carrier as a claim or as potential claim circumstances? Yes No
If yes: Carrier? _____ Date Reported? _____
- 6. Provide a description of the claim, indicating the type of engagement, party represented and alleged error or injury.

- 7. a. Claimant's settlement demand: _____ b. Settlement Offer Made: \$ _____
b. Is claim in suit (lawsuit filed)? Yes No
If yes, please provide the amount of damages alleged in the complaint: \$ _____

- 8. What risk management steps have been taken to prevent the occurrence of a similar incident/claim?

Please complete a separate supplement for each board complaint/investigation, claim or potential claim circumstance.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (mm/dd/yyyy)