



GREAT AMERICAN CUSTOM INSURANCE SERVICES, INC.
725 S. Figueroa Street, 34th Floor, Los Angeles, CA 90017
125 TownPark Drive, Suite 100, Kennesaw, GA 30144

ERRORS & OMISSIONS CLAIMS/POTENTIAL CLAIMS SUPPLEMENT

a) Name of Applicant: _____

b) Name of claimant/potential claimant:

c) Allegations: _____

d) Insured's response to allegations: _____

e) Date claim was made: _____ (f) Status of claim: Open/Closed (Circle one)

g) Defense costs incurred to date: \$ _____ h) Indemnity paid to date: \$ _____

i) Reserves for defense costs: \$ _____ j) Indemnity reserves: \$ _____

k) Narrative of any measure taken to prevent a reoccurrence of the circumstances which gave rise to the claim: _____

It is hereby understood and agreed that the information provided above is true and correct, is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or (b) void the policy.

Applicant Signature

Date (Mo/Day/Yr)

(Print or Type Name & Title)