

AMERICAN HOME ASSURANCE COMPANY LEXINGTON INSURANCE COMPANY

PRIOR CLAIM SUPPLEMENT

Wholesaler, Managing General Agent, General Agent and Underwriting Manager
Errors and Omissions Liability Claims Made and Reported Policy Application

Applicant's Instructions:

1. Complete one form for each claim or incident.
2. If space is insufficient to answer any question fully, use the reverse side of this page or attach a separate sheet. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Applicant's Name: _____
2. Additional Defendants: _____

3. Full Name of Claimant: _____
4. To what Insurance Company did you report this claim or incident? _____
 - a. Date reported to Insurance Company? _____
 - b. Date you first received notice: _____
 - c. Date of alleged error: _____
5. Present status of claim (check one): In Suit Open Incident Closed
 - a. If **closed**, total damages paid including Claim Expense and Deductible: \$ _____

Indicate whether: Court Judgement, or Out of Court settlement
 - b. If **Pending**:
Amount asked in Summons: \$ _____
Claimant's settlement demand: \$ _____
Defendant's offer for settlement: \$ _____
Insurer's loss reserve*: \$ _____
Deductible: \$ _____

* Unknown is unacceptable. Please contact insurance company or defense attorney for a good faith estimate.

6. **Description of Claim:** (Provide enough information to allow evaluation and attach a separate page if Additional space is required.)

a) Alleged act, error or omission upon which Claimant bases claim:

b) Description of case and events: _____

c) Description of the type and extent of injury or damage allegedly sustained:

7. 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: _____

THIS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE WHOLESALER, MANAGING GENERAL AGENT, GENERAL AGENT AND UNDERWRITING MANAGER ERRORS AND OMISSIONS LIABILITY CLAIMS MADE AND REPORTED POLICY APPLICATION AND/OR RENEWAL APPLICATION. THIS APPLICATION IS SUBJECT TO ALL OF THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION AND/OR RENEWAL APPLICATION.

APPLICANT'S SIGNATURE _____ SIGNATURE DATE _____

APPLICANT'S TITLE _____

(Must be signed by an authorized representative who is an active owner, partner, or senior executive officer of your firm – **application must be signed within 30 days of the policy inception date**).