

STATESIDE UNDERWRITING AGENCY  
29 S. LaSalle, Suite 530  
Chicago, IL 60603

**Mortgage Banker/Mortgage Broker and Escrow Agent  
Claim/Circumstance/Administrative Hearings Supplement**

APPLICANT'S INSTRUCTIONS:

1. Complete one form for each claim, circumstance or administrative hearing.
2. If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

1. Name(s) of individual(s) in the company named in the claim: \_\_\_\_\_

2. Name of Claimant: \_\_\_\_\_

3. To what insurance company did you report this claim or incident? \_\_\_\_\_

A. Date of alleged error: \_\_\_\_\_

B. Date reported: \_\_\_\_\_

C. Date first notice received: \_\_\_\_\_

4. Present status of claim (check one):  in suit  open circumstance  closed

A. If closed:

Total damages paid: \$ \_\_\_\_\_

Total Defense Costs paid (including any Deductible paid): \$ \_\_\_\_\_

Indicate whether:  court judgment, or  out of court settlement.

B. If in suit or open:

Amount asked in summons \$ \_\_\_\_\_

Claimant's settlement demand \$ \_\_\_\_\_

Defendant's offer for settlement \$ \_\_\_\_\_

Insurer's loss reserve\* \$ \_\_\_\_\_

Defense Costs paid to date \$ \_\_\_\_\_

Your Deductible that will apply to this claim \$ \_\_\_\_\_

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

5. Description of claim (provide enough information to allow evaluation and attach a separate page if additional space is required). Alleged act, error or omission upon which claimant bases claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by an Owner, Officer or Partner)