

WESTCHESTER FIRE INSURANCE COMPANY

CLAIM SUPPLEMENT

Title Agents/ Escrow Agents/ Abstractors, etc. 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 TITLE AGENTS/ ESCROW AGENTS/ ABSTRACTORS, ETC. 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)