

Professional Liability Claim Form

IMPORTANT ADDITIONAL INSTRUCTIONS

Your Dedicated
E&O Partner

1. **AGENCY NAME** _____
ADDRESS _____ CITY & STATE _____ ZIP _____
AGENCY CONTACT NAME _____
PHONE _____ AGENCY FAX _____
E-MAIL _____
POLICY NO. _____ **POLICY PERIOD** From: _____ To: _____

2. NAME OF PERSON ALLEGED TO HAVE COMMITTED ERROR _____ POSITION _____

3. **CLAIMANT'S NAME** _____
ADDRESS _____ CITY & STATE _____ ZIP _____
CLAIMANT ATTORNEY'S NAME _____
ADDRESS _____ CITY & STATE _____ ZIP _____

4. Did you receive a summons or complaint or other legal documents?
 Yes When were you served? _____
 No When did you first receive notice of potential claim? _____

5. Type of insurance policy involved in alleged error _____
INSURANCE CARRIER INVOLVED _____
ADDRESS _____ CITY & STATE _____ ZIP _____
Do you have binding authority with carrier involved in this matter? **Yes** **No**

6. Please check one of the following that best describes your role in the transaction giving rise to the alleged error.
 Agent for carrier **Broker for client** **MGA** **Surplus Lines Broker** **Other**

7. Describe nature of error alleged to have been committed by your office. _____

8. Describe nature of and amount of damage or loss by the claimant. _____

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9. Additional comments which may be of assistance in handling this claim. _____

PLEASE ATTACH COPIES OF LAWSUITS, SUBPENAS, AND ATTORNEY LETTERS TO THIS CLAIM FORM. OTHER DOCUMENTS MAY BE REQUESTED BY THE E&O CLAIMS HANDLER OR THE ATTORNEY ASSIGNED TO HANDLE YOUR CASE.

REPORTED BY _____

PERSON TO CONTACT IN YOUR OFFICE FOR ADDITIONAL INFORMATION _____

SIGNATURE _____ DATE SIGNED _____



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