

Navigators Insurance Company



Real Estate Professionals Errors and Omissions Insurance Application

Claim Supplement

This form must be completed for each claim, suit or incident. All questions must be answered completely.

1.	Full Name of Applicant or Insured:		
2.	Full Name of Individuals or Firm involved in the claim:		
3.	Full Name of Claimant:		
4.	Indicate whether: Incident IClaim / Suit		
5.	Date you became aware of alleged error:		
6.	Date reported to your insurance carrier:		
7.	Name of Insurance company:		
8.	Additional defendants:		
9.	If CLOSED:Indicate date closed: Total Amount Paid \$		
Of the total amount paid, how much was for legal expenses? \$ What was your deductible? \$			
10. IF PENDING: Please send a copy of the suit papers or answer all questions below.			
	Claimant's settlement demand: \$		
	Defendant's offer for settlement: \$		
	Insurer's loss reserve: \$		
	Is claim in suit? Yes NoIf Yes, amount asked in summons \$		
	Limits of Liability \$ Deductible \$		
11. Provide a brief description of the claim; indicate the alleged error, description of events leading to the claim, type and extent of injury or damage alleged and what policies or procedures have been implemented to prevent a reoccurrence or similar situation (use separate sheets as needed):			

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.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

MAINEFRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the content of the contract commits a fraudulent insurance act, which may be violating state law and may be subject to prosecution for insurance fraud.

I understand that the information submitted in this supplement becomes a part of my Real Estate Professionals Errors & Omissions Insurance application and is subject to the same representations and conditions.

Print Name	Title		
Signature	Date		
For Florida Agents Only:			
Agent or Producer Name	License #		
For New Hampshire Agents Only: Agent Name and Signature Required			

Agent Name:_____ Signature: _____