

**Insurance Professionals Liability Coverage
Life, Health And Accident Insurance Agents Or Brokers
Supplemental Claim Form**

INSTRUCTIONS:

- 1. DO NOT SEND SUIT PAPERS
- 2. This supplement is to be completed on behalf of each applicant who has been involved in any claim or who is aware of any incident that may give rise to a claim. **Complete one supplement for each claim or incident.**
- 3. If the space provided is insufficient to answer all the questions fully, please attach a separate sheet.
- 4. Please answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Agency: _____

2. Full name of individual(s) involved in the claim or incident: _____

3. Full name(s) of Claimant(s) or potential Claimant(s): _____

4. This is a:
 Claim Suit Incident

5. Date and location of act, error or omission alleged or which may be alleged: _____

6. Date of Claim: _____

7. Additional defendant(s) or potential defendant(s):

8. If this is a CLOSED matter:

a. Total loss paid including deductible(s) \$ _____

b. Indicate whether: Court Judgment
 Out of Court settlement

9. If this is a PENDING matter, please indicate:

a. Claimant's settlement demand:..... \$ _____

b. Defendant's offer for settlement:..... \$ _____

10. Name(s) of Insurer(s) responding to this claim or incident: _____

11. Description of claim, Suit or Incident.

a. Description of alleged act, error or omission upon which claim is or may be based:

b. Description of the type and extent of injury or damage which is or may be alleged to have been sustained:

c. Explain what action(s) have been taken to prevent recurrence of same or similar claim:

Fraud Warnings

Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Attention: Insureds in Florida

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.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington

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

Attention: Insureds in Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Signature

I acknowledge that this document is to be read in conjunction with the main Travelers 1st Choice+ Insurance Professionals Liability Coverage Life, Health and Accident Insurance Agents or Brokers Professional Liability Insurance Claims Made Application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the main application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Signature
(Partner, Member, Officer, Proprietor)

Name (Printed)

Title

Date

**Please send completed forms to Mercer Consumer, a service of Mercer Health & Benefits Administration LLC,
P.O. Box 310179 Des Moines, IA 50331-0179, Telephone: 888-424-2310, Fax: 515-365-0494**