

## TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE CLAIM/CIRCUMSTANCE SUPPLEMENT

**APPLICANT'S INSTRUCTIONS:**

1. This form is to be completed if the Applicant answered "Yes" to questions **44.**, **45.**, or **46.** on the Technology E&O Liability application.
2. Complete one form for each claim or circumstance.
3. 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 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 including claim expense and deductible:.....\$ \_\_\_\_\_  
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\*.....\$ \_\_\_\_\_  
Deductible.....\$ \_\_\_\_\_  
\*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.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

\_\_\_\_\_  
Signature and Title of Applicant (must be President or CEO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

Agent Name: Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents Only)**

Iowa Licensed Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**(Applicable to Iowa Agents Only)**