



Utica National
Insurance Group



*Agents and
Brokers Errors
& Omissions*
Fax 972-301-4211

FIRST REPORT – NOTICE OF CLAIM OR INCIDENT

PLEASE ATTACH ANY INFORMATION YOU MAY POSSESS WHICH YOU THINK WILL BE OF ASSISTANCE IN HANDLING THIS CLAIM AGAINST YOU.

CAUTION: DO NOT DISCUSS THIS CLAIM OR SIGN ANY STATEMENT FOR ANYONE OTHER THAN A REPRESENTATIVE OF THIS COMPANY.

Name of Agency _____

Policy number _____

Address _____

Contact _____

E-mail address _____

Telephone number _____ Fax number _____

Name of client/customer/claimant _____

Client/customer/claimant address & phone number _____

Client/customer/claimant attorney (if known) _____

Client/customer/claimant attorney phone number (if known) _____

Are you insured under any other Errors & Omissions program or policy? Yes No

If yes, please complete: Carrier's name _____

Policy # _____

Address _____

Contact _____

Has a monetary demand been made on behalf of claimant? Yes No If yes, amount _____

a. Manner in which you were first charged with alleged error _____

b. Date first charged in writing _____

Were you a licensed agent for an insurance company in this case? Yes No If yes, identify the insurance company and forward a copy of your agency contract.

Insurance Company _____

Please answer the following:

(a) Was the alleged error committed by an agency or business purchased by your company?

Yes No

(b) Was the error alleged to have been committed by a solicitor named as an additional insured on your policy?

Yes No

(c) Was the alleged error committed in connection with commercial risks or personal lines risks?

Commercial lines Personal lines

(d) Does the alleged error result in any manner from a change from one insurance carrier to another?

Yes No

(e) Does the alleged error involve a risk which is substandard? Yes No

(f) What is your present staff? _____

Date of alleged error _____ Date alleged error was discovered _____

Was business written direct or through another agency or broker? _____

Name, address & phone number of agency or broker _____

Underlying policy type _____

Underlying policy dates _____ Initial inception date _____

Underlying date of loss _____

Description of the underlying loss _____

Description of allegations or potential allegations against agent or agency _____

Amount of damages alleged (if known) _____

Has a lawsuit been served or any time-limit demand been made against the agency? _____

Date of service of lawsuit or demand _____

Date _____ Insured's signature _____ Title _____

**FOR YOUR PROTECTION, STATE LAWS REQUIRE THE FOLLOWING TO APPEAR ON THIS FORM:
(AK, DE, CA, FL, ID, IN, KY, MN, NH, NJ, NY, NV, OH, OK, PA)**

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 (the following is applicable in New York) and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

Applicable in California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine up to \$15,000.

