

Subject to Acceptance by

Westport Insurance Corporation

6200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391
913 876-6200

Claim Supplement

Claim Type: Insurance Agents E&O Real Estate Agents E&O Investment/Securities or Mutual Funds EPL

1. Agency Name:

2. Claimant Name: _____

3. Date of Underlying Loss: _____/_____/_____

4. Date Claim made against agency: _____/_____/_____

5. Date Reported to E&O Carrier: _____/_____/_____

6. E&O Carrier Name: _____

7. a. Claim Status: Open Closed

b. Demand Amount: \$ _____

c. Claim Expenses paid: \$ _____

d. Claim Expenses reserved: \$ _____

e. Loss Reserve: \$ _____

f. Loss Paid: \$ _____

8. Description of alleged act, error or omission:

9. Description of procedural changes as a result of this claim/incident:

Signature: _____

Date: _____/_____/_____

Name: _____

(Please Print)

Title: _____