

Application for Architects/Engineers Professional Liability Insurance,
Directors and Officers Insurance and Employment Practices Liability Insurance.

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Full name of the entity and / or individual (s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Name of the insurance company to whom this claim has been reported:

Date Claim was made: _____ Present status of the claim: _____

If claim is closed, please state:

Total Damages paid/outstanding: _____ Defense Expense paid/outstanding: _____

If claim is open, please state:

The maximum amount demanded: _____ Your opinion as to the likely settlement value: _____

Insurance Company loss reserves: _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: _____ Defendant's offer to settle: _____

Defense cost to date: _____

Description of claim:

Name and address of Attorney who provided defense:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

YOUR SIGNATURE AND AUTHORIZATION

Name: _____ Date: _____

Title: _____

Applicant's Signature: _____

To submit the application follow the instructions in the order listed below:

1. Save a copy of the completed form to your computer for your records.
2. Print, sign and mail or fax completed form to Hall & Company.
3. Submit completed electronic form to Hall & Company. When you press the Submit button an e-mail window will open with the application attached. You may attach any additional information at this time.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallandcompany.com.

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