



**ERRORS &  
OMISSIONS PROGRAM**

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**SUPPLEMENT 4**

**APPLICATION FOR  
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE  
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**CLAIM FORM**

**APPLICANT'S INSTRUCTIONS**

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 7A OR 7B. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
- 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
- 3. PLEASE LEAVE NO BLANKS.

1. Full Name of individual(s) and name of firm involved in the claim:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. Additional Defendants:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

3. Full name of claimant: \_\_\_\_\_

4. Date of alleged error: \_\_\_\_\_

5. To what insurance company was this claim reported? \_\_\_\_\_

6. Date reported to insurance company: \_\_\_\_\_

7. Present status of claim (circle one):                      Open                      In Suit                      Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$ \_\_\_\_\_
- b) Claimants Settlement demand: \$ \_\_\_\_\_
- c) Defendant's offer for settlement: \$ \_\_\_\_\_
- d) Total amount paid in defense costs to date: \$ \_\_\_\_\_
- e) Total damages paid/outstanding: \$ \_\_\_\_\_

9. If closed, please indicated amounts paid in:

Indemnity \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

10. Description of claim - including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS AND COMPLAINT.

a) Allegation upon which Claimant bases claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Description of events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date