

**E-mail: ClaimsNAFinPro CorporateSolutions@swissre.com**

**Fax: 877-880-1590**

SRCSAIC – Canadian Branch/ERC Claim #: \_\_\_\_\_

**PROFESSIONAL LIABILITY CLAIM FORM**

1. Your firm name and address \_\_\_\_\_ Your E&O policy # \_\_\_\_\_  
 \_\_\_\_\_ Policy period \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ Named Insured \_\_\_\_\_  
 \_\_\_\_\_ Email address \_\_\_\_\_  
 Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

2. Name and position of person alleged to have committed error \_\_\_\_\_

3. Name and address of claimant \_\_\_\_\_ Name and address of claimant's attorney \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. (\_\_\_\_) \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

4. Did you receive a summons or complaint or other legal documents?  Yes  No  
 If **yes**, when were you served? \_\_\_\_\_ If **no**, when did you first receive notice of potential claim? \_\_\_\_\_

5. Type of insurance policy involved in alleged error \_\_\_\_\_  
 Name and address of insurance carrier involved \_\_\_\_\_

Do you have binding authority with carrier involved in this matter?  Yes  No

6. Please check one of the following that best describes your role in the transaction giving rise to the alleged error.  
 Agent for carrier  Broker for client  MGA  Surplus Lines Broker  Other

7. Describe nature of error alleged to have been committed by your office. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Describe nature of and amount of damage or loss by the claimant. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Additional comments which may be of assistance in handling this claim. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\*Use additional pages if necessary)

**IMPORTANT ADDITIONAL INSTRUCTIONS:**

**We have established an electronic document control system and all correspondence and documents MUST be faxed to this Corporation at (877) 880-1590.**

**PLEASE FAX COPIES OF ANY CORRESPONDENCE, APPLICATIONS, POLICIES, ENDORSEMENTS, MEMOS AND ANY OTHER DOCUMENTATION RELATED TO THIS MATTER. IF ANY AGENCY RELATIONSHIP EXISTS WITH ANY CARRIER INVOLVED IN THIS MATTER, PLEASE FAX A COPY OF YOUR AGENCY AGREEMENT.**

Any person who knowingly files a 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 punishable by criminal and/or civil penalties in certain jurisdictions.

Reported by \_\_\_\_\_ Person to contact at your office for  
additional information \_\_\_\_\_  
Signature \_\_\_\_\_ Date signed \_\_\_\_\_