



ROGER PERRY INSURANCE SERVICE, INC.

Please fill out and fax to 805-569-2193, or email to roger@perryinsuranceservice.com

E & O Insurance Supplemental Claim Form

1. Company and Agent: _____
2. Claimant: _____
3. Transaction Date: _____ Date Claim Reported: _____
4. Named Defendants: _____
5. Judgment or Settlement: _____ Date Closed: _____
6. I was the: Listing Agent _____ Selling Agent: _____ Dual Agent: _____

Nature of the Claim:

Additional Claim Information

Law Firm Represented: _____
Attorney's Name: _____
Firms Phone Number and Address: _____

I hereby authorize a representative from the Superior Claims Services to contact the above referenced law firm and to obtain any and all information in connection with the above referenced claim. I understand that this information will be used in the underwriting of my Errors and Omissions application.

Signature: _____ Date: _____