

GoldenCare USA Errors & Omissions (E&O) Program

Claim or Incident Reporting Form

Today's Date:

Claim Form Completed by:

Insured Agent / Registered Representative Name:

Mailing Address:

Phone Number:

Fax Number:

Email Address:

E&O Policy Number:

Sponsoring Company:

Agent / Rep Number:

Contract Date w/ Sponsoring Company:

Termination Date w/ Sponsoring Company (if applicable):

Do you have any other available E&O insurance:

If so, name of carrier:

Date you became aware claim could be or was made against you:

How did you become aware? (Mail, Phone Call, etc – From Who):

Is this claim in litigation?

If so, date you received the summon and complaint:

Date product sold / policy written:

Type of product sold / policy written:

This product / policy is of the (please check one)

Sponsoring Company

Brokered Product

Date of Loss:

What was the loss?

Client / Plaintiff Name:

Client / Plaintiff Address:

Client / Plaintiff Phone Number:

Name of Client Attorney:

Attorney Address:

Attorney Phone Number:

Please provide a brief narrative pertaining to involvement in this claim / potential claim. Attach copies of all pertinent correspondence. (Attach more pages if necessary)