

RISC Rice Insurance Services Company, LLC

Instructions for Submitting a Claim or Potential Claim

The policy requires that the Insured **immediately** forward to the Company every demand, notice, summons or other process received by the Insured or the Insured's representatives about any Claim.

If you have received any of the aforementioned items (even if received by e-mail), you **must** send the following documents to RISC for a coverage determination:

1. fully completed and signed Notice of Claim form;
2. signed Fraud Warning Notice (*applicable only to ID and KY licensees*);
3. *licensees*;
4. copies of the lawsuit and/or demand letter or email;
5. copies of all correspondence and pleadings related to the dispute;
6. A copy of your transaction file; and
7. Proof of your prior Errors and Omissions insurance if you have not been insured by Continental Casualty Company since the date of the transaction.

If you are unsure whether or not a "claim" has been made or if you want to notify RISC of a potential claim, please submit all applicable items listed above and a brief description of the events that have transpired. RISC will then review the matter for a coverage determination. Please be advised that no coverage opinions will be rendered by RISC over the phone, including advice as to whether the circumstance arise to the level of a "Claim" as defined by the policy. Upon receipt of the above mentioned written information, RISC will then review the matter for a coverage determination.

These documents can be mailed, faxed (if under 30 pages), or emailed to RISC at the address and number below:

U.S. Mail Delivery:

Claims Department
P. O. Box 6709
Louisville KY 40206-0709

Overnight Delivery:

Claims Department
4211 Norbourne Boulevard
Louisville KY 40207-4048

Fax Delivery (Under 30 pages)

(502) 896-6343

Email Delivery

claims@risceo.com

If you have questions the Notice of Claim form or submitting a claim or potential claim, please call our claims department at 1-800-637-7319, Ext. 2.

NOTICE OF CLAIM FORM

TO ENSURE THAT THIS NOTICE OF CLAIM FORM HAS BEEN RECEIVED BY RISC, PLEASE CONTACT OUR CLAIMS DEPARTMENT AT 1-800-637-7319, Ext. 2. IF YOU HAVE NOT RECEIVED A RESPONSE TO THIS NOTICE WITHIN 3-5 BUSINESS DAYS.

PLEASE NOTE: BOTH PAGES OF THIS CLAIM FORM MUST BE COMPLETED (INCLUDING A SIGNATURE ON PAGE # 2) AND RETURNED TO RISC.

REALTY COMPANY LEGAL NAME: _____

DBA NAME: _____

PRINCIPAL BROKER'S NAME: _____

**DATE FIRST RECEIVED
WRITTEN DEMAND:** _____

**IF LAWSUIT,
DATE OF SERVICE:** _____

FIRM ADDRESS: _____

**DATE OF CONTRACT
OR OTHER INSURABLE EVENT:**
*

DATE OF CLOSING:
*

PHONE # : () _____ **FAX #:** () _____

EMAIL ADDRESS: _____

* (IF THIS DATE PRECEEDS EFFECTIVE DATE OF THE GROUP POLICY, PLEASE PROVIDE PROOF OF YOUR INSURANCE FROM THIS DATE TO THE DATE YOU BECAME INSURED UNDER THE GROUP POLICY.

AGENT(S) WITH ABOVE NAMED FIRM INVOLVED IN SUBJECT TRANSACTION:	AGENT'S ROLE (i.e. listing, selling, property manager etc):	AGENT'S PHONE #	AGENT'S EMAIL ADDRESS
1. _____ NAME	1. _____	1. () _____ () _____	1. _____

LICENSE #			
2. _____ NAME	2. _____	2. () _____ () _____	2. _____

LICENSE #			

ADDRESS AND PHONE # OF ANY OF ABOVE NAMED AGENTS WHO ARE NO LONGER WITH ABOVE NAMED FIRM:

NAME OF CLAIMANT(S) / PARTY MAKING DEMAND:

SELLER(S) / LANDLORD(S) OF SUBJECT PROPERTY:

ADDRESS OF SUBJECT PROPERTY (INCLUDE STREET ADDRESS, CITY AND STATE):

WAS THERE ANY WRITTEN DEMAND FOR MONEY OR SERVICES PRIOR TO THE RECEIPT OF THIS DEMAND?

NO

YES

IF YES, PLEASE ATTACH COPY AND INDICATE DATE RECEIVED:

DO YOU OR YOUR FIRM HAVE OTHER ERRORS & OMISSIONS INSURANCE?

NO

YES

IF YES, PLEASE PROVIDE COPIES OF THE OTHER DECLARATION PAGE AND POLICY.

DO YOU OR YOUR FIRM HAVE ERRORS & OMISSIONS EXCESS LIABILITY INSURANCE:

NO

YES

IF YES, PLEASE PROVIDE COPIES OF THE EXCESS DECLARATOIN PAGE AND POLICY.

DO YOU OR YOUR FIRM HAVE GENERAL LIABILITY INSURANCE?

NO

YES

IF YES, PLEASE PROVIDE COPIES OF THE OTHER DECLARATION PAGE AND POLICY.

I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND I HAVE NOT OMITTED OR MISREPRESENTED ANY INFORMATION.

SIGNATURE

DATE

NAME AND TITLE (PLEASE PRINT)

THE COMPANY MUST RECEIVE WRITTEN NOTIFICATION FROM AN INSURED IMMEDIATELY AFTER CLAIM OR SUIT IS BROUGHT. THE INSURED SHALL IMMEDIATELY FORWARD TO THE COMPANY EVERY DEMAND, NOTICE, SUMMONS OR OTHER PROCESS RECEIVED BY THE INSURED OR THE INSURED'S REPRESENTATIVE. THE INSURED SHALL NOT ADMIT ANY LIABILITY, ASSUME ANY OBLIGATION, OR INCUR ANY EXPENSE EXCEPT WITH THE PRIOR WRITTEN CONSENT OF THE COMPANY. THE INSURED SHALL COOPERATE WITH THE COMPANY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 A CRIME.

**MAIL TO: RICE INSURANCE SERVICES COMPANY, LLC
ATTN: Claims Department
P.O. BOX 6709
LOUISVILLE, KY 40206-0709**

FAX TO: (502) 896-6343

EMAIL TO: claims@risceo.com

STREET ADDRESS FOR OVERNIGHT PACKAGES: 4211 NORBOURNE BLVD., LOUISVILLE, KY 40207-4048