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 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.

LEGAL FIRM NAME: _____

DBA NAME: _____

PRINCIPAL BROKER'S NAME: _____

FIRM ADDRESS: _____

_____

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

EMAIL ADDRESS: _____

DATE FIRST RECEIVED WRITTEN DEMAND:

IF LAWSUIT, DATE OF SERVICE:

DATE OF CONTRACT OR OTHER INSURABLE EVENT: *

DATE OF CLOSING: *

*(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 ABOVED 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
P.O. BOX 6709
LOUISVILLE, KY 40206-0709

FAX TO: (502) 897-7174

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