



502-897-1876 / 1-800-637-7319
4211 Norbourne Blvd., Louisville, KY 40207-4048
P.O. Box 6709, Louisville, KY 40206-0709
www.risceo.com

Instructions for Submitting a Claim or Potential Claim to Rice Insurance Services Center (RISC), a division of AssuredPartners NL, LLC

Colorado Mortgage Loan Originators

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 email), you **must** send the following documents to RISC for a coverage determination:

1. fully completed and signed Notice of Claim form;
2. copies of *the lawsuit and / or demand letter or email*;
3. copies of all correspondence and pleadings related to the dispute;
4. a copy of your transaction file; and
5. proof of your prior Errors and Omissions insurance if you have not been insured by Continental Casualty Company since the date of the professional services at issue.

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 circumstances arise to the level of a "Claim" as defined by the policy. Upon receipt of written notice of the claim or potential claim and the above-mentioned documentation, RISC will then review the matter for a coverage determination.

These documents can be mailed, faxed (if under 30 pages), or emailed to RISC as follows:

U.S. Mail

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

Overnight Delivery

Claims Department
4211 Norbourne Boulevard
Louisville, KY 40207-4048

Fax (under 30 pages)

(502) 896-6343

Email

claims@risceo.com

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



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NOTICE OF CLAIM FORM COLORADO MORTGAGE LOAN ORIGINATOR

IF YOU DO NOT RECEIVE A RESPONSE WITHIN 3 – 5 BUSINESS DAYS, PLEASE CONTACT OUR CLAIMS DEPARTMENT AT 1-800-637-7319, Ext. 2 TO ENSURE RICE INSURANCE SERVICES CENTER (RISC), A DIVISION OF ASSURED PARTNERS NL, LLC, HAS RECEIVED THIS NOTICE OF CLAIM FORM.

MORTGAGE LOAN ORIGINATOR: _____

LICENSE #: _____

BUSINESS ADDRESS: _____

PHONE #: _____

FAX #: _____

EMAIL ADDRESS: _____

DATE FIRST RECEIVED WRITTEN DEMAND: _____

IF LAWSUIT, DATE OF SERVICE: _____

DATE OF LOAN APPLICATION OR OTHER INSURABLE EVENT*: _____

DATE OF CLOSING: _____

*If this date precedes the effective date of your insurance through the group policy, please provide proof of your mortgage loan originator errors and omissions insurance from this date to the date you became insured through the group policy.

MORTGAGE LOAN ORIGINATOR'S ROLE IN THE TRANSACTION: _____

NAME OF CLAIMANT / PARTY MAKING DEMAND: _____

CLAIMANT'S / PARTY MAKING DEMAND'S ROLE IN THE TRANSACTION: _____

ADDRESS OF SUBJECT PROPERTY (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 DECLARATION 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 A CLAIM OR SUIT IS BROUGHT. THE INSURED (1) SHALL IMMEDIATELY FORWARD TO THE COMPANY EVERY DEMAND, NOTICE, SUMMONS, OR OTHER PROCESS RECEIVED BY THE INSURED OR THE INSURED'S REPRESENTATIVE; (2) SHALL NOT ADMIT ANY LIABILITY, ASSUME ANY OBLIGATION, OR INCUR ANY EXPENSE EXCEPT WITH THE COMPANY'S PRIOR WRITTEN CONSENT; AND (3) 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.

RETURN COMPLETED AND EXECUTED FORM TO RISC, CLAIMS DEPARTMENT

MAIL: P.O. Box 6709, Louisville, KY 40206-0709

FAX: (502) 896-6343 (less than 30 pages)

OVERNIGHT DELIVERY: 4211 Norbourne Blvd., Louisville, KY 40207-4048

EMAIL: claims@risceo.com