



**Instructions for Submitting a Claim or Potential Claim**  
to Rice Insurance Services Center (RISC),  
A division of Accretive Specialty Insurance Solutions, LLC

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.

You **must** report any demand, notice, summons, or other process (even if received by email) to us in writing immediately. If you are unsure whether or not a "Claim" has been made, we urge you to report it immediately, so we can review it to determine whether or not it arises to a "Claim" as defined by the policy. Failure to do so may jeopardize any coverage that might otherwise be available.

You **may** also report potential claims, subpoenas, and regulatory complaints. Failure to do so may jeopardize any coverage that might otherwise be available.

Admission of liability, making any settlement, paying any damages, assuming any duty or obligation, or incurring claim expenses for a Claim without the Company's prior written consent may be a violation of the Insured's Duties under the policy and may jeopardize any coverage that might otherwise be available.

**To Report a Claim or Potential Claim, Send the Following to RISC:**

1. fully completed and signed Notice of Claim form;
2. signed Fraud Warning Notice;
3. copies of *all lawsuits and demand letters (even if received by email)*;
4. potential claims – a brief description of the events that have transpired;
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.

<b>Email</b>	claims@risceo.com	<b>Fax</b> <b>(under 30 pages)</b>	(502) 896-6343
<b>U.S. Mail</b>	RISC Claims Dept. P. O. Box 6709 Louisville KY 40206-0709	<b>Overnight Delivery</b>	RISC Claims Dept. 4211 Norbourne Boulevard Louisville KY 40207-4048

Upon receipt of your claim or potential claim in writing, RISC will 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 a circumstance arises to the level of a "Claim" as defined by the policy.

*Only the applicable policy can provide the actual terms, coverages, amounts, conditions, and exclusions. In the event of a Claim, the nature and extent of coverage is determined based upon the Claim's facts, circumstances, and allegations and application of the relevant policy's terms, conditions, and exclusions.*

If you have any questions or concerns, call our Claims Department 1-800-637-7319, Ext. 2.



## NOTICE OF CLAIM FORM

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

### SUBMIT COMPLETED FORM TO RISC

TYPE OR PRINT AND COMPLETE ALL APPLICABLE FIELDS. BOTH PAGES OF THIS CLAIM FORM MUST BE COMPLETED (INCLUDING A SIGNATURE ON PAGE # 2) AND RETURNED TO RISC.

<b>Email</b>	claims@risceo.com	<b>Fax (under 30 pages)</b>	(502) 896-6343
<b>U.S. Mail</b>	RISC Claims Dept. P. O. Box 6709 Louisville KY 40206-0709	<b>Overnight Delivery</b>	RISC Claims Dept. 4211 Norbourne Boulevard Louisville KY 40207-4048

<b>REAL ESTATE FIRM LEGAL NAME</b>			
<b>DBA NAME(S)</b>			
<b>PRINCIPAL BROKER'S NAME</b>			
<b>REAL ESTATE FIRM ADDRESS</b>		<b>FIRM REAL ESTATE LICENSE NO(s), if applicable</b>	
		<b>FIRM TAX ID NO. / EIN</b>	
		<b>FIRM SECRETARY OF STATE (SOS) NO., available on State SOS website</b>	
<b>FIRM PHONE NO.</b>		<b>FIRM FAX NO.</b>	
<b>PRINCIPAL BROKER'S EMAIL ADDRESS</b>			
<b>DATE FIRST RECEIVED WRITTEN DEMAND</b>	<b>IF LAWSUIT, DATE OF SERVICE</b>	<b>DATE OF CONTRACT OR OTHER INSURABLE EVENT*</b>	<b>DATE OF CLOSING*</b>
*IF THIS DATE IS BEFORE THE 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.			
<b>AGENT(S) WITH ABOVE-NAMED FIRM INVOLVED IN SUBJECT TRANSACTION</b>	<b>AGENT'S ROLE listing, selling, property manager, etc.</b>	<b>AGENT'S PHONE NO.</b>	<b>AGENT'S EMAIL ADDRESS</b>
1. Name			
License No.			
2. Name			
License No			
<b>ADDRESS AND PHONE NO. OF ANY OF ABOVE-NAMED AGENTS WHO ARE NO LONGER WITH ABOVE-NAMED FIRM</b>			
<b>NAME OF CLAIMANT(S) / PARTY(IES) MAKING DEMAND</b>		<b>SELLER(S) / LANDLORD(S) OF SUBJECT PROPERTY</b>	
<b>ADDRESS OF SUBJECT PROPERTY (INCLUDE STREET ADDRESS, CITY, AND STATE)</b>			

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE ANY ADDITIONAL INFORMATION REQUESTED**

**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 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.**

**SUBMIT TO RISC**

**Email**            claims@risceo.com

**Fax**  
**(under 30 pages)**

(502) 896-6343

**U.S. Mail**        RISC  
                         Claims Dept.  
                         P. O. Box 6709  
                         Louisville KY 40206-0709

**Overnight**  
**Delivery**

RISC  
Claims Dept.  
4211 Norbourne Boulevard  
Louisville KY 40207-4048

## POLICYHOLDER FRAUD NOTIFICATION

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: **WARNING**: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Hawaii: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Illinois: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Iowa: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Kansas: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Michigan: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Mississippi: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject criminal and/or civil penalties.

Missouri: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Montana: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Nebraska: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Nevada: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

North Carolina: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

North Dakota: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: **WARNING**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Oregon: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement of material fact, may be guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

South Carolina: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

South Dakota: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Utah: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Vermont: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Wisconsin: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Wyoming: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title