



• We put the *Experience and Options* in E&O programs •
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 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 Rice Insurance Services Company, LLC (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.



• We put the *Experience and Options* in E&O programs •
 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

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

FAX: (502) 896-6343 (less than 30 pages)
 EMAIL: claims@risceo.com