



Claim Reporting Form

Claims Administrator:

Lancer Claims Services

681 S. Parker St., Suite 200
Orange, CA 92868
Phone: (800) 821-0540

Who is Lancer Claims Services?

Lancer Claims Services has been selected as the administrator for all claims under the NAIFA Errors and Omissions Liability Program. Questions regarding when or how to file a claim, or inquiries on claims already submitted under the program should be directed to Lancer Claims Services.

What are my obligations under the Policy for reporting claims or potential claims?

Coverage is on a "claims made and reported" basis which covers claims first made against the agent, during the current policy period. All claims must be reported to Lancer in writing during the current policy period or any applicable extended reporting period.

What is considered a Claim?

A claim is considered to be a written demand received by the Insured or Additional Insured seeking damages. If you become aware of any proceeding, event or development which in your judgment might result in a claim against you, even if you feel that the claim is unjustified, report the available particulars immediately. Should the circumstances of a "potential" claim develop into a claim at some future date, your reporting of a possible incident will serve as notice of claim under this policy period.

What should I do if I have a Claim?

1. Make a copy of the Claim Report Form found at the back of this guide, promptly complete and send it to the address indicated on the form.
2. If the claim is a lawsuit, include a copy of the complaint with the Claim Report Form by overnight express mail.
3. Develop a written chronology of events giving rise to the claim.
4. Be prepared to provide a copy of your file.

What actions should I take in the event of a Claim?

1. Do not incur any expenses in connection with any Claim involving payment by Aspen except with the written consent of Lancer Claims Services.
2. Once an incident has been identified or an errors and omissions claim has been made, great care should be exercised to avoid any disclosures or discussion of any facts or information relating to the claim with anyone, unless they identify themselves to be from NAIFA, Lancer, CalSurance or a designated representative appointed to handle your claim.
3. Do not admit liability.

What happens after the Claim is reported?

A representative from Lancer will contact you within 48 hours to acknowledge receipt of the claim and discuss the particulars of the situation. Additional information or documents may be requested.

- Coverage under the Agents' E&O program will be determined and you will be advised of any issues.
- If necessary, an attorney will be retained. In order to ensure the best possible defense, you should cooperate completely with the individual retained, provide full details and be candid.



National Association of Insurance and Financial Advisors

CLAIM OR INCIDENT REPORTING FORM

Today's Date: _____ Claim Form Completed by: _____

Insured Agent/Registered Representative Name: _____

Mailing Address: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Email Address: _____

E&O Policy No.: _____

Member Number with NAIFA: _____

Do you have any other available E&O insurance? _____ If so, name of carrier: _____

Date you became aware claim could be or was made against you: _____

How did you become aware? (Mail, Phone Call – From Who): _____

Is this claim in litigation? _____ If so, date you received the summons & complaint? _____

Date product sold/policy written: _____ Type of product sold/policy written: _____

Date of Loss: _____ What was the Loss: _____

Client/Plaintiff Name: _____ Name of Client Attorney: _____

Client Address: _____ Attorney Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone Number: _____ Phone Number: _____

PLEASE PROVIDE A BRIEF NARRATIVE PERTAINING TO INVOLVEMENT IN THIS CLAIM/POTENTIAL CLAIM. ATTACH COPIES OF ALL PERTINENT CORRESPONDENCE. (Attach more pages if necessary)

All Lawsuits should be sent via Overnight Delivery or Faxed:

Lancer Claims Services
681 S. Parker St., Suite 200
Orange, CA 92868
Phone No.: 800-821-0540

OR

Lancer Claims Services
P.O. Box 7048
Orange, CA 92863-7048
Fax No.: 714-978-8023