



**CLAIMS ADDENDUM FOR  
TITLE AGENTS, ABSTRACTORS AND ESCROW AGENTS  
ERRORS AND OMISSIONS LIABILITY INSURANCE**

**INSTRUCTIONS:**

This claims addendum is to be completed by the Applicant answering "Yes" to any of the application's Loss History questions. Please complete a separate claims addendum for each claim or incident. Answer all questions fully.

1. Applicant: \_\_\_\_\_

2. Describe the claim, the alleged wrongful act or omission and the event that led to the claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Provide:

a. Name of claimant(s): \_\_\_\_\_

b. Name of defendant(s): \_\_\_\_\_

c. Date of alleged wrongful act or omission: \_\_\_\_\_

d. Date of claim: \_\_\_\_\_

e. Date reported to Professional Liability insurer: \_\_\_\_\_

f. Name of Professional Liability insurer: \_\_\_\_\_

4. a. Present status of claim (check one):  Open  Closed

If Closed:

If Open

(i) Total loss, including Deductible \$ \_\_\_\_\_

(i) Claimant's demand \$ \_\_\_\_\_

(ii) Legal fees paid \$ \_\_\_\_\_

(ii) Deductible \$ \_\_\_\_\_

(iii) Legal fees charged to date \$ \_\_\_\_\_

5. If open, details of the current status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What loss prevention measures, if applicable, have been taken to prevent a similar claim from recurring?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IT IS AGREED THAT ANY CLAIM(S) ARISING FROM ANY FACTS, CIRCUMSTANCES OR SITUATIONS MENTIONED ABOVE ARE EXCLUDED FROM COVERAGE.

Please have this claims addendum signed and dated by the same individual who signed and dated the application.

\_\_\_\_\_  
Applicant's Authorized Signature Title Date

Return to The Herbert H. Landy Insurance Agency, Inc.  
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