



CLAIM/DISCIPLINARY SUPPLEMENT

Name of Applicant: _____

A. Date of Claim/Disciplinary Action _____ Date of alleged error: _____

B. Full Name of Claimant: _____

C. Full Name of individual(s) of firm involved in claim: _____

D. This relates to a: Claim/ Suit Disciplinary Action Incident

E. Incident/claim/Disciplinary action Open Closed

F. Name of Insurer _____
If no insurer, check here

G. Description of property appraised related to claim, disciplinary action or incident:

H. Alleged act, error or omission upon which Claimant bases claim, disciplinary action or incident:

I. Description of events and case:

J. Outcome:

K. What measures have you taken or will you take to prevent similar claims, disciplinary actions or incidents from arising?

I certify that the information in this supplemental application is complete and true. I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Signature of Applicant _____

Title _____ **Date** _____

Send Your Completed Application to:

PLCSI

45 Knollwood Road • Suite 202
Elmsford, NY 10523

914.592.6505 Fax: 914.592.6508

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