



REAL ESTATE E&O CLAIM FORM

Today's Date:			
Person reporting:		Email Address:	
Company:			
Phone Number:		Fax Number:	

INSURED NAME AND ADDRESS

Insured Name:		Policy Number:	
Address:			
Contact Person:		Business Phone:	

CLAIMANT INFORMATION

Claimant Name:		Buyer/Seller/Other (Please specify):	
Address:			

DETAILS OF INCIDENT/CLAIM

How did you receive notice of this claim?

Date of this notice: _____ Date of transaction/date of incident: _____

Was Suit Served? Yes No If so, give date: _____

County/State/Court:		Claimant Attorney:	
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Provide names of employees involved: _____

Property address involved: _____

Details of incident/allegations:

Claims can be reported to Victor Insurance Managers LLC | 7700 Wisconsin Ave., Suite 400 | Bethesda, MD 20814
Phone: 301-961-9800 | Fax: 301-951-5444 | realestateclaims.us@victorinsurance.com

Warning - Colorado, Florida, Hawaii, Kentucky, Louisiana, Maine, New Jersey, New York, Ohio, Oklahoma, Pennsylvania and Virginia Residents Only

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 (for New York residents only: 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.) (For Colorado residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder of 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.) (For Virginia residents only: 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