



435 N. Whittington Pkwy, Ste 300  
Louisville, KY 40222  
1-800-222-4035  
www.wugioe.com

## Instructions for Submitting a Claim or Potential Claim

Williams Underwriting Group (WUG), a division of AssuredPartners NL, LLC Independent Carrier Real Estate Errors and Omissions program.

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 the Claims Administrator: Rice Insurance Services Center (RISC), a division of AssuredPartners NL, LLC 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 coverage (Certificate of Coverage) if you have not been insured by Continental Casualty Company since the date of the transaction.

If you are unsure whether or not a "claim" has been made or if you want to notify the Claims Administrator of a potential claim, please submit all applicable items listed above and a brief description of the events that have transpired. The Claims Administrator will then review the matter for a coverage determination. Please be advised that no coverage opinions will be rendered by the Claims Administrator over the phone, including advice as to whether the circumstance arise to the level of a "Claim" as defined by the policy. Upon receipt of the above mentioned-written information, the Claims Administrator will then review the matter for a coverage determination.

These documents can be mailed, faxed (if under 30 pages), or emailed to the Claims Administrator at the address and number below;

**U.S. Mail Delivery:**

Claims Department  
P. O. Box 6709  
Louisville KY 40206-0709

**Overnight Delivery:**

Claims Department  
4211 Norbourne Boulevard  
Louisville KY 40207-4048

**Fax Delivery (under 30 pages)**

(502) 896-6343

**Email Delivery**

claims@risceo.com

If you have questions regarding the Notice of Claim form or submitting a claim or potential claim, please contact WUG at 1-800-222-4035.



**NOTICE OF CLAIM FORM**

TO ENSURE THAT THIS NOTICE OF CLAIM FORM HAS BEEN RECEIVED BY THE CLAIMS ADMINISTRATOR, PLEASE CONTACT THE CLAIMS DEPARTMENT AT 1-800-637-7319, Ext. 2 IF YOU HAVE NOT RECEIVED A RESPONSE TO THIS NOTICE WITHIN 3 – 5 BUSINESS DAYS.

PLEASE NOTE: BOTH PAGES OF THIS CLAIM FORM MUST BE COMPLETED (INCLUDING A SIGNATURE ON PAGE # 2) AND RETURNED TO THE CLAIMS ADMINISTRATOR.

REALTY COMPANY LEGAL NAME: \_\_\_\_\_  
DBA NAME: \_\_\_\_\_  
PRINCIPAL BROKER'S NAME: \_\_\_\_\_

DATE FIRST RECEIVED WRITTEN DEMAND:

IF LAWSUIT, DATE OF SERVICE:

FIRM ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF CONTRACT OR OTHER INSURABLE EVENT: \*

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

DATE OF CLOSING: \*

\*IF THIS DATE PRECEDES THE EFFECTIVE DATE OF YOUR CURRENT POLICY, PLEASE PROVIDE PROOF OF YOUR INSURANCE FROM THIS DATE TO THE DATE YOU BECAME INSURED UNDER THIS MASTER POLICY.

AGENT(S) WITH ABOVE NAMED FIRM INVOLVED IN SUBJECT TRANSACTION:	AGENT'S ROLE (i.e., listing, selling, property manager, etc.):	AGENT'S PHONE # :	AGENT'S EMAIL ADDRESS:
1. _____ NAME	1. _____	1. ( ) _____ ( ) _____	1. _____
LICENSE # _____			
2. _____ NAME	2. _____	2. ( ) _____ ( ) _____	2. _____
LICENSE # _____			

ADDRESS AND PHONE # OF ANY OF ABOVE-NAMED AGENTS WHO ARE NO LONGER WITH ABOVE-NAMED FIRM:  
\_\_\_\_\_

NAME OF CLAIMANT(S) / PARTY MAKING DEMAND:

SELLER(S) / LANDLORD(S) OF SUBJECT PROPERTY:

ADDRESS OF SUBJECT PROPERTY (INCLUDE STREET ADDRESS, CITY, AND STATE):  
\_\_\_\_\_

**Colorado Master Policy CAP 0713569515**

**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 CLAIM OR SUIT IS BROUGHT. THE INSURED SHALL IMMEDIATELY FORWARD TO THE COMPANY EVERY DEMAND, NOTICE, SUMMONS, OR OTHER PROCESS RECEIVED BY THE INSURED OR THE INSURED'S REPRESENTATIVE. THE INSURED SHALL NOT ADMIT ANY LIABILITY, ASSUME ANY OBLIGATION, OR INCUR ANY EXPENSE EXCEPT WITH THE PRIOR WRITTEN CONSENT OF THE COMPANY. THE INSURED 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.**

**Claims Administrator:**

MAIL TO: Rice Insurance Services Center,  
a division of AssuredPartners NL, LLC  
ATTN: Claims Department  
P.O. Box 6709  
Louisville, KY 40206-0709

FAX TO: (502) 896-6343

EMAIL TO: [claims@risceo.com](mailto:claims@risceo.com)

Physical address for overnight delivery: 4211 Norbourne Blvd Louisville, KY 40207-4048