Underwriting Manager
DORAN EXCESS UNDERWRITERS, INC.
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united national group®

□ Diamond State Ins. Co. □ United National Ins. Co. □ United National Casualty Ins. Co. □ United National Specialty Ins. Co.

PRIOR CLAIMS SUPPLEMENT

*A separate supplement should be completed for each **closed** claim when claim expenses (including defense costs), damages or loss exceeded $5,000 and for each **open** claim experienced in the last five years.*

1. Named Insured: _____
2. Name of Defendant(s), if different from #1: _____
3. Please provide the following:
   a. Name of claimant: _____
   b. Date of alleged error: _____
   c. Dated reported to E&O carrier: _____
   d. Name of E&O carrier: _____
4. The claim is: ☐ Open ☐ Closed
   If closed, please indicate:
   - The total amount paid for damages or loss: $ _____
   - The total amount of claim expenses/defense costs in excess of the deductible: $ _____

   If open, please include:
   - The total amount paid for damages or loss: $ _____
   - The total amount of claim expenses/defense costs in excess of the deductible: $ _____
   - Provide details of the current status: _____
5. Provide a description of the claim, the type of coverage involved, the alleged act, error or omission and the event that led to the claim: _____
6. Provide a description of the loss prevention measures, if applicable, that have been taken to prevent a similar claim from recurring: _____

No coverage will apply to any claims, suits or proceedings made against any insured before the Inception Date of coverage or any subsequent claims, suits or proceedings arising therefrom.

THIS PRIOR CLAIMS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE ERRORS AND OMISSIONS LIABILITY CLAIMS MADE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature*: _____ Date of Supplement: _____
Please Print Name and Title: _____
**Must be signed by an authorized representative that is an active owner, partner or executive officer of the Named Insured*