

## **Instructions on submitting a Claim to RISC**

**The policy states that the Insured shall 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, you **must** take the following steps to submit a claim to RISC for a coverage determination.

In order for RISC to make a coverage determination, we request you send **copies** of the following documents (**please DO NOT send originals**):

- Completed and Signed Notice of Claim form;
- Signed Fraud Warning Notice (applicable only to ID and KY licensees);
- Lawsuit and/or demand letter;
- Copies of all correspondence related to this dispute;
- A copy of your transaction file; and
- Proof of your prior Errors and Omissions insurance if you have not been insured by Continental Casualty Company since the date of the transaction.

These documents can be mailed, faxed (if under 30 pages), or emailed to RISC. The appropriate address and numbers to use are the following:

**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 on how to complete the Notice of Claim form you may call our office at 1-800-637-7319, Ext. 2.**

# NOTICE OF CLAIM FORM

**TO ENSURE THAT THIS NOTICE OF CLAIM FORM HAS BEEN RECEIVED BY RISC, PLEASE CONTACT OUR 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 RISC.**

**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:**  
 \*  
 \_\_\_\_\_

**DATE OF CLOSING:**  
 \*  
 \_\_\_\_\_

**PHONE # :** (    ) \_\_\_\_\_ **FAX #:** (    ) \_\_\_\_\_

**EMAIL ADDRESS:**  
 \_\_\_\_\_

\* (IF THIS DATE PRECEEDS EFFECTIVE DATE OF THE GROUP POLICY, PLEASE PROVIDE PROOF OF YOUR INSURANCE FROM THIS DATE TO THE DATE YOU BECAME INSURED UNDER THE GROUP 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):**  
 \_\_\_\_\_

**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 DECLARATOIN 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.**

**MAIL TO: RICE INSURANCE SERVICES COMPANY, 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)**

**STREET ADDRESS FOR OVERNIGHT PACKAGES: 4211 NORBOURNE BLVD., LOUISVILLE, KY 40207-4048**