



502-897-1876 / 1-800-637-7319  
4211 Norbourne Blvd., Louisville, KY 40207-4048  
P.O. Box 6709, Louisville, KY 40206-0709  
www.risceo.com

## Instructions for Submitting a Claim or Potential Claim to Rice Insurance Services Center (RISC), a division of AssuredPartners NL, LLC

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. Failure to do so may jeopardize any coverage that may otherwise be available.

If you have received any of the aforementioned items (even if received by e-mail), you **must** send the following documents to RISC for a coverage determination:

1. fully completed and signed Notice of Claim form;
2. signed Fraud Warning Notice (*applicable only to appraisers in states listed on the Fraud Warning Notice*);
3. copies of the lawsuit and/or demand letter or email;
4. copies of all correspondence and pleadings related to the dispute;
5. copy of your appraisal file; and
6. if you have not been insured by Continental Casualty Company since the date of the appraisal, proof of your errors and omissions insurance from the date of the subject appraisal to the date you first became insured with Continental Casualty Company.

If you are unsure whether or not a "claim" has been made or if you want to notify RISC of a potential claim, please submit all applicable items listed above and a brief description of the events that have transpired. RISC will then review the matter for a coverage determination.

Please be advised that no coverage opinions will be rendered by RISC over the phone, including advice as to whether the circumstance arises to the level of a "claim" as defined by the policy. Upon receipt of the above-mentioned written information, RISC will then review the matter for a coverage determination.

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

### **U.S. Mail**

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

### **Overnight Delivery**

Claims Department  
4211 Norbourne Blvd.  
Louisville, KY 40207-4048

### **Fax (Under 30 pages)**

(502) 896-6343

### **Email**

claims@risceo.com

If you have questions the Notice of Claim form or submitting a claim or potential claim, please call our claims department at 1-800-637-7319, Ext. 2.



502-897-1876 / 1-800-637-7319  
4211 Norbourne Blvd., Louisville, KY 40207-4048  
P.O. Box 6709, Louisville, KY 40206-0709  
www.risceo.com

# NOTICE OF CLAIM FORM

**TO ENSURE THAT THIS NOTICE OF CLAIM FORM HAS BEEN RECEIVED BY RICE INSURANCE SERVICES COMPANY (RISC), A DIVISION OF ASSUREDPARTNERS NL, LLC, 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 THE FOLLOWING PAGE) AND RETURNED TO RISC. ADDITIONALLY, APPRAISERS IN THE STATES LISTED ON THE LAST PAGE MUST ALSO SIGN AND RETURN THAT PAGE.**

APPRAISAL COMPANY LEGAL NAME: \_\_\_\_\_  
 D/B/A NAME: \_\_\_\_\_  
 FIRM CONTACT'S NAME (Note, this should be someone with authority to make decisions on behalf of the company): \_\_\_\_\_

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

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

DATE FIRST RECEIVED  
WRITTEN DEMAND: \_\_\_\_\_

IF LAWSUIT,  
DATE OF SERVICE: \_\_\_\_\_

DATE APPRAISER FIRST BEGAN PROVIDING  
APPRAISAL SERVICES FOR THE PARTICULAR  
PROPERTY\*: \_\_\_\_\_

DATE OF APPRAISAL\*: \_\_\_\_\_

**\*(IF EITHER OF THESE DATES IS BEFORE YOU BECAME INSURED WITH CONTINENTAL CASUALTY COMPANY, PLEASE PROVIDE PROOF OF YOUR INSURANCE FROM THIS DATE TO THE DATE YOU FIRST BECAME INSURED WITH CONTINENTAL CASUALTY COMPANY.**

APPRAISER(S) WITH ABOVE-NAMED FIRM INVOLVED WITH THE SUBJECT APPRAISAL	APPRAISER'S PHONE #	APPRAISER'S EMAIL ADDRESS
1. _____ NAME	1. ( ) _____ _____	1. _____
_____	( ) _____	
LICENSE / CERTIFICATION #		
2. _____ NAME	2. ( ) _____ _____	2. _____
_____	( ) _____	
LICENSE / CERTIFICATION #		

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

NAME OF CLAIMANT(S) / PARTY MAKING DEMAND:  
 \_\_\_\_\_  
 ROLE OF CLAIMANT(S) / PARTY MAKING DEMAND (LENDER, BUYER, ETC.):  
 \_\_\_\_\_

NAME OF CLIENT FOR WHOM APPRAISAL WAS PERFORMED:  
 \_\_\_\_\_

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 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.**

**MAIL:** RICE INSURANCE SERVICES CENTER,  
a division of AssuredPartners NL, LLC  
ATTN: Claims Department  
P.O. BOX 6709  
LOUISVILLE, KY 40206-0709

**OVERNIGHT DELIVERIES:** RICE INSURANCE SERVICES CENTER,  
a division of AssuredPartners NL, LLC  
ATTN: Claims Department  
4211 NORBOURNE BLVD.  
LOUISVILLE, KY 40207-4048

**FAX TO:** (502) 896-6343

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

**NOTICE TO APPLICANTS**  
**FRAUD WARNING**

TO BE ATTACHED TO ALL **INSURANCE APPLICATIONS** AND **CLAIM FORMS** FOR THE STATES LISTED BELOW.

**Applicable in Idaho**

Any person who knowingly and with the intent to Injure, Defraud, or Deceive any insurer files a Statement of Claim or an Application containing any False, Incomplete or Misleading information is Guilty of a Felony.

**Applicable in Kentucky and New Jersey**

Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

**Applicable in Virginia**

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.

TO BE ATTACHED TO ALL **CLAIM FORMS** FOR THE STATES LISTED BELOW.

**Applicable in Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Applicable in California**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A. 291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date