

PLEASE FAX TO FIRST REPORTS DESK AT LANCER CLAIMS 714-978-8023

E&O CLAIM FORM

NATIONAL ASSOCIATION OF ENROLLED AGENTS (NAEA)
ENROLLED AGENTS PROFESSIONAL LIABILITY
ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Please complete:

Full name: _____

Address: _____

Email: _____

Telephone Number: _____

Claimant's Name: _____

Claimant's Address: _____

Claimant's Phone: _____

Date alleged act, error or omission occurred: ____ / ____ / ____

Date you became aware: ____ / ____ / ____

How you were made aware of the claim:

Describe the error or omission.

***Please accompany this form with a copy of the complaint or suit and any documents from your client file that are relevant to the claim investigation.**

Electronically - FirstReports@lancerclaims.com

Fax - 714-978-8023

Via Mail - First Reports Desk

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