WHAT TO DO IN THE EVENT OF A CLAIM OR POTENTIAL CLAIM

Zurich American Insurance Company appointed CalSurance Associates, a Division of Brown & Brown Program Insurance Services, Inc., Lancer Claims Services as the administrator for Claims on the American Fraternal Alliance Participating Society sponsored Agents' Professional Liability Policy. Lancer Claims Services handles only professional liability claims.

1. For questions regarding reporting a Claim, potential claim or for help in determining if you need to report a circumstance, please contact:

   Lancer Claims Services, A Division of Brown & Brown Program Insurance Services, Inc.
   800-821-0540
   or
   firstreports@calsurance.com

2. As soon as you are aware of an E&O claim or circumstances that may lead to a claim, you should immediately report the claim or potential claim to Lancer Claims Services. Visit https://www.calsurance.com/report-a-claim/ for more info. All Claims should be reported through the above link or via one of the following methods:

   Email: FirstReports@CalSurance.com
   Phone: 800-821-0540
   Via Mail: First Reports Desk
   Lancer Claims Services, a Division of Brown & Brown Program Insurance Services, Inc.
   681 S. Parker Street, Suite 300
   Orange, CA 92868

3. For all types of claims, it is important that you notify Lancer Claims Services as soon as possible. Please note that in litigated matters there may be a response time predetermined by a court. In the event a suit is brought against you:

   A. Immediately (within 24 hours upon being served with a summons and complaint) notify Lancer Claims Services by telephone of the circumstances.

   B. Immediately forward to Lancer Claims Services at the above address, by priority mail, copies of any written demand, notice, summons or other process you have received.

   C. Do not engage your own attorney without specific authorization from Lancer Claims Services.

   D. Do not make any admission of liability, assume any obligation, make any payment, incur any expenses or agree to arbitration without the consent of Lancer Claims Services.

CalSurance Associates
A Division of Brown & Brown Program Insurance Services, Inc.
Domiciled in California, CA License Number: 0B02587

E. As soon as practicable thereafter, send any other information that may be requested by Lancer Claims Services to the above addresses.

4. After you have reported the claim, Lancer Claims Services will contact you by telephone and provide you with a written confirmation that your claim has been received within 1 business day.

5. During the evaluation and settlement of your claim, continue to cooperate with Lancer Claims by:

   A. Meeting with representatives of Lancer Claims, submitting to their examination and interrogation under oath if requested, and giving written statements to such representatives;

   B. Attending hearings, depositions and trials; and

   C. Assisting in effecting settlement, securing and giving evidence, and obtaining the attendance of witnesses in the conduct of the suit.

6. In every case, once the situation has been identified as an errors and omissions claim, great care should be exercised to avoid any disclosures or discussions of any facts or information relating to the claim with anyone other than CalSurance® , Lancer Claims Services, American Fraternal Alliance Participating Society, or a designated representative appointed to handle your claim.

7. Every effort will be made to keep you advised of all developments in a claim. However, this is not a "consent to settle" policy, and Lancer Claims Services will handle claims as it deems appropriate, including, but not limited to engaging in settlement without your consent.

8. Please remember that a claim does not need to be valid to be made against you. Very frequently claims without merit are pursued. Since these claims require a defense, you should be prepared to report the matter as soon as you become aware of circumstances that lead you to believe that there may or will be a claim made against you. You do not need to wait until the claim is actually made; under the Awareness provision, the Policy permits you to report a potential claim.

The following information will be needed to report a claim or potential claim:

- Your Name & Contact Information
- Insured's Information
- Claimant's Information
- Claimant Attorney's information (if the claimant is represented)
- Summary
  - Date of Alleged Error
  - Date of Loss
  - Date made aware of the complaint/alleged error/loss
  - Brief summary of alleged error and loss resulting in the matter