

Continental Casualty Company
Insured Advisors of HD Vest Investment Securities, Inc.
Errors & Omissions Insurance Program
(5/1/2014-5/1/2015)

CLAIM REPORT FORM

Date: _____

Policy Number: 425546815

Name: _____ Advisor #: _____

Business Address: _____

Phone Number: _____ Email Address: _____

1. Date you became aware of this claim: _____
2. Do you have any other Errors and Omissions Insurance? If so, give name of company, policy number, and limits:
3. What type of business does the claim involve?
4. Who is making this claim against you?

Name: _____

Address: _____

Please attach a description of the circumstances leading to this claim and copies of all pertinent correspondence. If you have been served with a lawsuit, a copy of the suit must be enclosed.

Send this report to:

CNA Specialty Claims
PO Box 8317
Chicago, IL 60680-8317
(212) 440-7142
FAX (800) 742-7773
Or by Email to: CANEWCLAIMS@CNA.COM

Fax or Email a copy to:

HD Vest Law Department
Attention: Sandi Lavenant
6333 N. State Highway 161, 4th Floor
Irving, Texas 75038
Fax: 972.870.6500
Email: Sandi.Lavenant@hdvest.com

Do not discuss this matter with anyone other than a representative of CNA, the Law Department of HD Vest, or Aon.