**ProEquities, Inc.**
**Broker/Dealer E&O Program**
**Claim Report Form**
**Policy No. 00012345679-01 | February 1, 2020 – February 1, 2021**

| | | |
|---|---|---|
| Today's Date: | Date you became aware of this Claim: | |
| Name: | Rep ID#: | Branch #: |
| Business Address: | | |
| Email Address: | | |
| Phone Number: | Fax Number: | |

What type of business does this claim involve? If written through any company other than ProEquities, Inc., provide the name of the company, policy number, and policy dates:

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

Alleged Amount in Controversy (if any): $

Who is making this Claim against you:
Name:
Address:

If you have discussed this matter with anyone at ProEquities, Inc.'s Home Office, please identify the individual below:

Name:
Phone Number:
Email Address:

Besides the policy referenced above, do you have any other Errors and Omissions Insurance? If yes, provide requested details below:

Insurer Name:
Policy Number:
Limits of Liability:

**SEND THIS COMPLETED FIRST REPORT FORM TO:**
ProEquities, Inc.
Attention: Legal Department
2801 Highway 280 S., Legal 3-4, Birmingham, AL 35223
Email: legal@protective.com

**DO NOT DISCUSS THIS MATTER WITH ANYONE OTHER THAN A REPRESENTATIVE OF ZURICH, AON, OR PROEQUITIES**