

Horace Mann Errors & Omissions Insurance Program Claim Report Form Policy No. EOC-8164075-01 October 1, 2026 – October 1, 2027	
Today's Date:	Date you became aware of this Claim:
Name:	Agent Type (check one): ☐ Exclusive ☐ Benefit Specialist ☐ Captive ☐ Supplemental Product Only Agent
Contract Date:	Termination Date (if applicable):
Business Address:	
Email:	
Phone Number:	Fax Number:
What type of business does this claim involve? If written through any company other than Horace Mann, 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 <u>must</u> be enclosed.	
Alleged Amount in Controversy (if any): \$	
Who is making this Claim against you: Name: Address: Email: Phone Number: Fax Number:	
Besides the policy referenced above, do you have any other Errors and Omissions Insurance? If yes, provide the requested details below: Insurer Name: Policy Number: Limits of Liability: <i>Exclusive Agents & Benefits Specialists: If a claim qualifies as a valid Error or Omission under your Errors & Omissions (E&O) policy but the alleged amount falls below the applicable policy deductible, the Company may, at its discretion, compensate the affected customer directly. By signing below, you agree to reimburse the Company for the full amount of any such payment made to the customer.</i> _____ (Signature)	
SEND THIS COMPLETED FIRST REPORT FORM TO: Nicole Israel, Corporate Insurance Risk Management Horace Mann Educators Corporation One Horace Mann Plaza C-100, Springfield, IL 62715 Phone: 217-788-5169 Email: Nicole.Israel@horacemann.com	

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