

Horace Mann Errors & Omissions Insurance Program
Claim Report Form
Policy No. MKLM7PLCA00033 | October 1, 2020 – October 1, 2021

Today's Date:	Date you became aware of this Claim:
Name:	Agent Type (check one): <input type="checkbox"/> Exclusive <input type="checkbox"/> Captive
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 requested details below: Insurer Name: Policy Number: Limits of Liability:	
SEND THIS COMPLETED FIRST REPORT FORM TO: Nicole Israel, Category Specialist Horace Mann Educators Corporation One Horace Mann Plaza C-100, Springfield, IL 62715 Phone: 217-788-5169 Fax: 217-527-4027 Email: Nicole.Israel@horacemann.com	

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