

Osaic, Inc. Sponsored E&O Program
Errors & Omissions Claim Report Form
Primary Policy No. FL5EO00106-241 | December 31, 2024 to December 31, 2025

Please select the Osaic Broker/Dealer or Entity with which you are affiliated:

- ☐ Osaic Wealth ☐ Osaic FA ☐ Osaic FS ☐ Osaic Institutions
☐ Osaic Services ☐ LTCO ☐ Highland Capital

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 your Osaic Broker/Dealer, 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 your Osaic Broker/Dealer'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:**

Greg Curley
Senior Litigation Counsel
Osaic, Inc.

Phone: 212-551-5723 | Email: gcurley@osaic.com

DO NOT DISCUSS THIS MATTER WITH ANYONE OTHER THAN A REPRESENTATIVE OF EVEREST, AON, OR YOUR B/D.