Agents of Protective Life Insurance Company & West Coast Life Insurance Company and Registered Representatives of ProEquities, Inc.

E&O Program Claim Report Form

Policy No.: MKLM7PLCA00039 | Policy Period: March 1, 2021 to March 1, 2022

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 Protective Life, West Coast Life or 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 Protective Life/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:

Protective Life Insurance Company; ProEquities, Inc.
Attention: Laura Miller, Director of Regulatory Affairs | ProEquities, Inc.
2801 Highway 280 S., Legal 3-4, Birmingham, AL 35223
Email: Laura.Miller@proequities.com

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