

## Circumstance Reporting Form

For each circumstance or situation that which may reasonably be expected to give rise to a claim against the firm, its members or an entity listed in this application, please provide the following information.

Name of the circumstance how you refer to this situation. \_\_\_\_\_

Description of the circumstance or situation claim.

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Name of the potential claimant

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Name of the insurance company to whom this circumstance or situation was reported: \_\_\_\_\_

Date the Applicant became aware of the circumstance or situation. \_\_\_\_\_

Date the circumstance or situation was reported to your insurance carrier \_\_\_\_\_

Description of actions taken to avoid similar future situations:

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