

**NEW YORK LIFE AGENTS' PURCHASING GROUP**  
**Professional Liability Plan (PLP) Claim Report Form**  
**Policy # 42-PLA-151408-05 | September 1, 2024 – September 1, 2025**  
**Privileged & Confidential — Prepared in Defense or Anticipation of a Claim**

Date:

Agent Code:

GO Code:

Other Insured Code (if applicable):

Agent Full Name:

Mailing Address:

Email Address:

Phone:

1. Date you became aware of this claim:

2. If a lawsuit, date you were served with complaint:

3. Name of client/claimant making claim against you:

4. Product/type of business which is the subject of this claim:

5. Do you have any other Errors & Omissions Insurance?      YES       NO   
If yes, provide name of Carrier, Policy Number and Limits:

6. Please attach copies of all pertinent correspondence. If you have been served with a lawsuit, a copy of the suit also must be enclosed. You will be expected to provide Berkshire Hathaway with a written description of the circumstances leading to this claim. This writing should be sent directly to Berkshire Hathaway after the claims adjuster is identified.

**Notification of claims or potential claims should be mailed without delay to:**

AON Affinity Insurance Services  
New York Life PLP Administration, Attention: Claims  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034  
Phone: (800) 509-6126 | Fax: (215) 293-1248

***All lawsuits must be sent via Overnight Delivery to the above address.***

***Do not discuss this matter with anyone unless the person identifies himself/herself as an employee or Officer of Berkshire Hathaway, Aon, or New York Life's Office of the General Counsel, Corporate Insurance Management, Corporate Compliance, or Agency Departments.***