

NEW YORK LIFE AGENTS' PURCHASING GROUP
Professional Liability Plan (PLP) Claim Report Form
Policy # 42-PLA-151408-06 | September 1, 2025 – September 1, 2026
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.