National Fire & Marine Insurance Company Insured Financial Professionals of Avantax Investment Services and/or **Avantax Advisory Services**

Avantax Sponsored Errors & Omissions Insurance Program

Policy Period: 12/31/2024 - 12/31/2025

CLAIM REPORT FORM

Da	e: Policy Number: 42-PBD-151493-05
Na	ne: Financial Professional #:
Business Address:	
Ph	one Number:Email Address:
1.	Date you became aware of this claim:
2.	Do you have any other Errors and Omissions Insurance? If so, provide the name of the insurer, policy number, and limits:
3.	What type of business does the claim involve?
4.	Who is making this claim against you?
Na	me:
Address:	

Please attach a description of the circumstances leading to this claim and copies of all pertinent correspondence. If you have been served with a lawsuit, a copy of the suit must be enclosed.

Send this report to:

Berkshire Hathaway Specialty Insurance 500 Northpark Town Center 1100 Abernathy Road, N.E., Suite 1200 Atlanta, GA 30328

Phone: 855-453-9675 Fax: 617-507-8259

Or by Email to: claimsnotice@bhspecialty.com

Fax or Email a copy to:

Avantax Compliance Department Attention: Veronica Cordova 3200 Olympus Blvd., Suite 100 Dallas, Texas 75019

Phone: (866) 218-8206 Option #1

(Ext 6064)

Fax: (972) 870-6705

Email: complaints@avantax.com

Gallagher

Andrew Riche, Senior Claims Advocate Phone: 973-921-8397 Email: andrew riche@ajg.com