



Miscellaneous Errors and Omissions Supplement

Named Insured				
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date
Is there a 638 contract in place			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are these individuals working solely for the tribe			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees or officials have knowledge of an act, error or omission which might lead to a claim <i>(If yes please explain)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Number of Professionals

Accountant		Attorneys	
Architect/Engineer		Volunteer Firemen	
Spa employees		School Teachers	

Please describe the duties of any employees that will require this coverage

**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.