

SUPPLEMENTAL CLAIM INFORMATION



INSTRUCTIONS:

- 1. This form is to be completed by Applicant who has been involved in any claim or suit or aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, use reverse side of this page or attached separate sheet.
3. Answer all questions completely.
4. Please attach copy of insurance company loss runs valued within the past sixty (60) days for claims reported to an insurer.

(PLEASE TYPE OR PRINT)

- 1. Applicant:
2. Full name of individual(s) of firm involved in the claim:
3. Full name of Claimant(s):
4. Indicate whether: [] Claim/Suit, or [] Incident
5. Date of alleged error:
6. Date claim was made against applicant:
7. Date claim was reported to insurer:
8. If not reported to insurer, please explain why not:
9. Additional defendant(s):

- 10. IF CLOSED:
Total Loss Paid including Deductible: \$ Defense Costs: \$
Indicate whether [] Court judgment, or [] Out of court settlement

- 11. IF PENDING:
Claimant's settlement demand? \$
Defendant's offer for settlement? \$
Insurer's loss reserve? \$ Defense Reserve: \$
Deductible? \$
Is claim in Suit? [] Yes [] No. If Yes, Amount asked in summons? \$

12. Name of Insurer:

13. Description of claim (Provide enough information to allow evaluation and additional sheets if additional space is required.):

- a. Alleged act, error or omission upon which Claimant bases claim:
b. Description of case and events:
c. Description of the type and extent of injury or damage allegedly sustained:

14. Details on actions taken by Applicant to prevent/mitigate future claims:

I understand information submitted herein becomes a part of my Application and is subject to the same warranty and conditions.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date