



CLAIM SUPPLEMENTAL APPLICATION

INSTRUCTIONS:

- A. This form is to be completed by a Applicant or Insured who has been involved in any claim made against it or is aware of any facts, incidents or circumstances which may reasonably expect to result in a claim.
B. COMPLETE ONE FORM FOR EACH CLAIM.
C. If space is insufficient to fully answer any question, attach a separate sheet.
D. Answer all questions completely. Do not leave any blanks.
E. DO NOT ATTACH COPIES OF SUIT PAPERS UNLESS REQUESTED.

(PLEASE TYPE OR PRINT)

- 1. Full name of Applicant or Insured:
2. Full name of individual(s) or firm involved in the claim:
3. Full name of Claimant:
4. Indicate whether: [] CLAIM/SUIT or [] INCIDENT
5. Date and location of alleged error:
6. Date claim first made in writing against Applicant or Insured:
7. Name of Insurer responding to this claim, suit or incident:
Policy Number:
Coverage Type
Limit of Liability: \$
Deductible: \$
8. Date reported to Insurance Company:
9. Additional Defendants:
10. IF CLOSED:
Defense costs paid by Applicant: \$
Defense costs paid by Insurer: \$
Damages/Settlement paid by Applicant: \$
Damages/Settlement paid by Insurer: \$
Indicate whether: [] COURT JUDGEMENT or [] OUT OF COURT SETTLEMENT
Date of Settlement or Judgment

11. IF PENDING:

Defense costs paid by Applicant to date: \$ _____
Defense costs paid by Insurer to date: \$ _____
Amount asked for in complaint: \$ _____
Claimant's/plaintiff's settlement demand: \$ _____
Defendant's offer of settlement: \$ _____
Insurer's current loss and expense reserve: \$ _____

12. DESCRIPTION OF CLAIM, SUIT OR INCIDENT:

a. Description of alleged wrongful act upon which claim is based:

b. Description of the type and extent of injury or damage allegedly sustained:

c. Assessment of liability and damages, including estimated loss and defense expenses:

d. Current case status, including any important dates and/or deadlines (e.g. significant discovery or pleadings/motions deadlines, mediation or trial dates, etc.):

e. Explain what action has been taken to prevent reoccurrence of a similar claim:

NOTICE: This supplement is attached to and forms a part of the Application and is subject to the same representations and conditions.

Must be signed and dated by a Partner, Principal, Director or Officer as duly authorized on behalf of the Applicant.

Signature of Partner, Principal, Director or Officer Title Date

Print Name: _____