

SUPPLEMENTAL CLAIM INFORMATION FORM

(COMPLETE ONE FORM FOR EACH CLAIM, POTENTIAL CLAIM OR INCIDENT)

1. Name of Applicant or Named Insured:

2. Name of other parties or defendants named in suit:

3. Date of alleged error or incident:

4. Date claim was made:

5. Name of claimant:

6. Name of insurance company handling your claim:

7. Present status of claim or final disposition: Closed Open

8. Defense costs paid to date inclusive of any deductible:

9. If closed, total loss paid, inclusive of any deductible:

10. If claim is open or pending, what are the insurer's reserves?

Defense:

Loss:

11. Description of case and events including allegations and assessment of liability:

12. Claimant's last settlement demand:

13. Description of any changes that were implemented in order to reduce potential for future losses of this same type or nature:



The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application. The Applicant understands that any subsequent contract issued by the Company may be issued on a claims made form.

Electronic signature of Applicant or authorized representative:

Title:

Current Date:

If you prefer not to return application with an electronic signature, please print and sign below.

Signature of Applicant or authorized representative:

Title:

Current Date:
