



EMPLOYMENT PRACTICES LIABILITY INSURANCE SUPPLEMENTAL CLAIM / INSURED EVENT / INCIDENT FORM

The form is to be completed if any question in the Loss History section of the Application is answered "yes" or "see attached". Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed application along with any explanations. No full Quotation can be given without this complete information.

1. Name of Applicant: _____
2. Name of individual(s) employed by Applicant charged by employee/non-employee in claim/incident:
Defendant(s): _____ Title: _____
Defendant(s): _____ Title: _____
3. Name of claimant making complaint/allegations in incident (Plaintiff): _____
4. Date of alleged incident / Insured Event: _____
5. Date Applicant became aware of alleged incident / Insured Event: _____
7. Name of Insurer claim reported to (if any): _____
8. Are you represented by an attorney? _____ If yes, name of attorney and firm: _____

9. Present status of claim/incident: _____ Pending _____ Closed _____ In suit
10. **If Closed**, total Damages paid: \$ _____ Total Expenses paid: \$ _____
11. **If EEOC/State Agency filing:**
 - a. Has right to sue letter been issued? _____ Date: _____
Date right to sue expires (or did expire)? _____
 - b. Has determination of fault been decided? _____
What was determination? _____
If employee has a right to sue, what date does (did) this expire? _____
12. **If Pending**, is employee demanding a settlement amount? _____ How much? \$ _____
Has employer offered a settlement amount? _____ How much? \$ _____
Insurer's Loss Reserve (if Insurance Co. involved): \$ _____
Legal Expenses to date: \$ _____
- 13 Detailed description of employee's complaint and Applicant's response (attach additional sheets if necessary):

- 14 Explain what actions have been taken to prevent an incident like this happening again (attach additional sheets if necessary): _____

I understand the information submitted here becomes a part of my Application (and a part of the Policy should a policy be issued) and is subject to the same warranty and conditions. The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this form changes between the date of this form and the inception date of the Policy, it will immediately notify us of such change.

* Kentucky Applicants – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date Authorized signature of a principal, partner or officer of the Applicant Title
Please ensure that the Applicant has provided any additional information requested in questions **13 & 14**