

**SUPPLEMENTAL CLAIM INFORMATION FORM**  
*(Complete one form for each claim, potential claim or incident)*

1. Name of applicant/named insured: \_\_\_\_\_  
\_\_\_\_\_
2. Name of other parties or defendants named in suit: \_\_\_\_\_  
\_\_\_\_\_
3. Date of alleged error or occurrence, or contact date: \_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Circle One:                    **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 insurers reserves?  
Defense: \_\_\_\_\_ Loss: \_\_\_\_\_
11. Description of case and events including allegations and assessment of liability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Claimants last settlement demand: \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Type or Print Name and Title**