



2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com

Claimant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Claim status: Incident Claim Suit

Venue: (Court or Agency) \_\_\_\_\_

Date of act(s) causing claim / incident: \_\_\_\_\_

Date claim / incident reported to the applicant: \_\_\_\_\_

Nature of Claim and allegations:

Name of defense attorney and law firm: \_\_\_\_\_

Name of plaintiff attorney and law firm: \_\_\_\_\_

If Closed, total paid (defense and loss): \_\_\_\_\_

If Open:

1. Claimant's demand: \_\_\_\_\_

2. Insurer's defense and/or loss reserves: \_\_\_\_\_

3. Defense costs incurred to date: \_\_\_\_\_

4. Applicant's settlement offer: \_\_\_\_\_

5. Applicant's estimate of settlement: \_\_\_\_\_

Remedial action taken to prevent a similar claim: