

## Media/Professional Insurance

A division of Financial & Professional Risk Solutions, Inc.  
2300 Main Street, Suite 800  
Kansas City, Missouri 64108-2404  
(816) 471-6118 Fax: (816) 471-6119  
www.mediaprof.com

### SUPPLEMENTAL CLAIM INFORMATION

#### INSTRUCTIONS

- A) Copy this form so that it can be used to disclose additional claims;
- B) Complete one form for each claim;
- C) Please print or type all answers;
- D) Leave no blanks;
- E) Attach copy of summons and complaint, if available.

1. NAME OF APPLICANT/NAMED INSURED:	
2. DATE OF ALLEGED ERROR OR OCCURRENCE, OR CONTRACT DATE:	3. DATE OF CLAIM:
4. NAME OF CLAIMANT:	
5. NAME OF INSURER ON RISK:	
6. PRESENT STATUS OF CLAIM, OR FINAL DISPOSITION:	
7.A. DEFENSE COSTS PAID TO DATE, INCLUSIVE OF ANY DEDUCTIBLE: \$	
7.B. IF CLOSED, TOTAL LOSS PAID, INCLUSIVE OF ANY DEDUCTIBLE: \$	
7.C. IF PENDING, INSURER'S LOSS RESERVES: DEFENSE - \$                      LOSS - \$	
8. DESCRIPTION OF CASE AND EVENTS (IF CASE IS PENDING INCLUDE ALLEGATIONS AND ASSESSMENT OF LIABILITY):  CLAIMANT'S LAST SETTLEMENT DEMAND: \$	
9. NAME, ADDRESS AND PHONE NUMBER OF ATTORNEY DEFENDING CLAIM ON YOUR BEHALF:	

**THIS SUPPLEMENT FORMS A PART OF THE INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE OF INSURED      NAME (please type or print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## ExecutivePerils

11845 West Olympic Boulevard • Suite 750 • Los Angeles • CA • 90064  
T:310-444-9333 • F:310-444-9355 • Web: [www.eperils.com](http://www.eperils.com) • CA Lic. #0E36308  
dba: Executive Perils Insurance Services