



# NAS Insurance Services, inc.

## Supplemental Claim/Wrongful Act/Incident Form

**This form is to be completed if any "Prior Activities Information" question is answered "Yes."**

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 indication can be given without this complete information.

1. Name of Applicant: \_\_\_\_\_

2. Name of individual(s) employed by Applicant charged in claim/incident:

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

3. Name of person(s) or entities making complaint/allegations in incident (Plaintiff): \_\_\_\_\_

4. Date of alleged Wrongful Act: \_\_\_\_\_

5. Date Applicant became aware of alleged Wrongful Act: \_\_\_\_\_

6. How did Applicant become aware?

a) Personally observed incident \_\_\_\_\_

b) Verbal complaint from employee \_\_\_\_\_

c) Written notice from employee or employee's attorney \_\_\_\_\_

d) Verbal/written notice from someone else other than complaining employee \_\_\_\_\_

e) Filing with state agency \_\_\_\_\_

f) Filing with EEOC \_\_\_\_\_

g) Receipt of law suit \_\_\_\_\_

h) Filing with HUD \_\_\_\_\_

i) Other \_\_\_\_\_ (please detail) \_\_\_\_\_

7. Name of Insurer Claim reported to (if any): \_\_\_\_\_

8. Are you represented by an attorney?  Yes  No

**If "Yes,"** name of attorney & law 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?  Yes  No  
 Date: \_\_\_\_\_  
 Date right to sue expires (or did expire)? \_\_\_\_\_
- b. Has determination of fault been decided?  Yes  No  
 What was determination? \_\_\_\_\_  
 If claimant/plaintiff has a right to sue, what dates does (did) this expire? \_\_\_\_\_
12. **If pending**, is plaintiff demanding a settlement amount?  Yes  No  
 How much? \$ \_\_\_\_\_  
 Has plaintiff offered a settlement amount?  Yes  No  
 How much? \$ \_\_\_\_\_  
 Legal expenses to date: \$ \_\_\_\_\_
13. Detailed description of complaint and Applicant's response (put on separate sheet if needed room):  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Explain what actions have been taken to prevent an incident like this from happening again:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. If complaint was for sexual harassment, has the alleged perpetrator been disciplined or terminated? Please explain: \_\_\_\_\_  
 \_\_\_\_\_

I understand information submitted herein becomes a part of my Application and in the event that coverage is bound, is subject to the same warranty and conditions.

\_\_\_\_\_  
**Applicant's Signature**

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



**NAS Insurance Services, inc.**

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