



# MANAGEMENT LIABILITY INSURANCE CLAIMS SUPPLEMENTAL PROPOSAL FORM

**CLAIMS MADE AND REPORTED WARNING FOR APPLICATION:** This Proposal Form is for a Claims Made and Reported Policy, relating to claims made and reported against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Provide details to all "Yes" answers, when applicable, by attachment whether or not prior coverage was in place.

Whenever printed in this Proposal Form, the terms in quotations shall have the same meanings as indicated in the "Policy". This Proposal Form is to be completed with respect to the entire "Insured Entity". "Insured Entity" as used herein is defined to include the "Named Insured" and any "Subsidiaries".

\_\_\_\_\_  
Name of "Named Insured"

**INSURED ENTITY'S INSTRUCTIONS**  
**COMPLETE ONE FORM FOR EACH CLAIM, SUIT, OR CIRCUMSTANCE DURING THE LAST 5 YEARS. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.**

**CLAIM INFORMATION**

- Full name and title or position of individual(s) involved in the "Claim", suit, or circumstance which could give rise to a "Claim":  
Full name(s) of Claimant (Plaintiff):  
 (a) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
 (b) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
Full name(s) of Defendant:  
 (a) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
 (b) \_\_\_\_\_ Position / Title: \_\_\_\_\_
- Date alleged "Claim", suit, or circumstance occurred: \_\_\_\_\_
- Date "Claim" made against an "Insured": \_\_\_\_\_
- Location of "Claim": City: \_\_\_\_\_ State: \_\_\_\_\_
- Has this "Claim", suit, or circumstance been reported to any insurance carrier?  Yes  No  
 If "Yes", date reported to insurance company: \_\_\_\_\_
- To which insurance company did you report this "Claim", suit, or circumstance? \_\_\_\_\_
- Current status of "Claim", suit, or circumstance (choose one):  Closed  Open  In Suit  Potential
- If "Claim", suit, or circumstance is Closed, provide the following:  
 Total damages paid: \$ \_\_\_\_\_ Total expenses paid (including deductible):\$ \_\_\_\_\_

**(TOTAL DAMAGES PAID AND TOTAL EXPENSES PAID MUST BE PROVIDED)**

9. If "Claim", suit, or circumstance is Open, In Suit, or Potential, provide the following:

Total damages demanded: \$ \_\_\_\_\_ Total expenses paid to date: \$ \_\_\_\_\_

10. (a) What specific causes of action are alleged in the "Claim", suit, or circumstance? (Sexual Harassment, Discrimination, Wrongful Termination, etc.):

\_\_\_\_\_  
\_\_\_\_\_

(b) Description of events that gave rise to the "Claim", suit, or circumstance (attach a copy of the formal complaint, charges, etc., if applicable):

\_\_\_\_\_  
\_\_\_\_\_

(c) How did the "Insured Entity" respond to the allegations in the "Claim", suit, or circumstance?

\_\_\_\_\_  
\_\_\_\_\_

(d) Describe how the "Claim", suit, or circumstance was investigated and by whom:

\_\_\_\_\_  
\_\_\_\_\_

(e) What policies and/or procedures have been implemented or revised to prevent a recurrence or similar "Claim", suit, or circumstance?

\_\_\_\_\_  
\_\_\_\_\_

**PRODUCER INFORMATION**

Submitted by (Agency Name) \_\_\_\_\_

Dated \_\_\_\_\_

Agent's Name (Individual's Name) \_\_\_\_\_

Agent's License Number \_\_\_\_\_

**PLEASE READ CAREFULLY**

I understand that the information submitted herein becomes a part of the "Insured Entity's" Management Liability Insurance Proposal Form and is subject to the same representations and conditions.

Dated \_\_\_\_\_

\_\_\_\_\_  
President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Signature)

\_\_\_\_\_  
President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Print Name)

\_\_\_\_\_  
Title

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO APPLICANTS OF NEW JERSEY AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO APPLICANTS OF FLORIDA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The Maxum Indemnity Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:  
Maxum Indemnity Company, 3655 North Point Parkway, Suite 500, Alpharetta, GA 30005