

Supplemental Claim Form

Instructions:

1. This form is to be completed when the Applicant/Insured has been involved in any Claim or is aware of an incident which may give rise to a Claim.
2. Complete one form for each Claim or incident which may give rise to a Claim. If space is not sufficient to answer any question fully, attach a separate sheet.
3. Attach copy of any suit papers or demand letter.
4. Sign and date form when completed.

Name of Applicant: _____

Name of Claimant: _____

Is the **Claim** a lawsuit? Yes No

If Yes, when was the suit filed? _____ If No, when was **Claim** received? _____

Describe the allegations of the **Claim** or explain the incident/circumstance that may lead to a **Claim**:

Amount of Damages Claimant is seeking \$ _____

Claim Open? Yes No If No, how was claim resolved? (e.g. was it settled or dismissed or was there a judgment against Applicant?)

Total amount paid (if any) in settlement or in satisfaction of a judgment : \$ _____

Was or is Applicant defended by an insurance carrier? Yes No

Total amount of defense fees and expenses paid to date: \$ _____

Total reserves: \$ _____

Name and address of law firm defending Applicant against the **Claim**:

Describe actions taken to prevent another **Claim** of this nature:

Signature of authorized representative of Applicant

Title

Print name of authorized representative

Date

NOTE: THE POLICY FOR WHICH APPLICANT IS APPLYING WILL NOT INSURE THE CLAIM DESCRIBED ON THIS FORM OR ANY CLAIM ARISING THEREFROM. THIS SUPPLEMENTAL CLAIM FORM IS ATTACHED TO AND FORMS A PART OF THE LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.