SUPPLEMENTAL CLAIM INFORMATION

Claimant(s):			
Claim status:	Incident	<u>Claim</u>	<u>Suit</u>
Venue:		<u> </u>	<u> </u>
Date of act(s) causing cla	.im / incident:		_
Date claim / incident repo	orted to the applicant:		_
Right to sue issued?		Expiry date?	
Nature of Claim and allegations:			
Name of defense attorney	y 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/o	or loss reserves:		
3. Defense costs incurred	I to date:		
4. Applicant's settlement of	offer:		
5. Applicant's estimate of	settlement:		
Remedial action taken to	prevent a similar claim:		