



SUPPLEMENTAL CLAIMS INFORMATION SHEET

This form is to be completed by applicant who has been involved in any claim or suit during the past five (5) years or who is aware of any incidents which may give rise to a claim within the scope of this proposed insurance. Please complete this form for all claims including claims previously reported to any company. Complete a separate sheet for each claim or incident. **ANSWER ALL QUESTIONS COMPLETELY.** The highest ranking officer/official of the entity must sign this sheet in addition to the application.

1. Name Of Applicant Entity: _____

2. Name Of Individuals Of Entity Involved In Claim: _____

3. Name Of Claimant: _____

4. Date Of Alleged Wrongful Act, Error Or Omission: _____

5. Date Of Claim Made: _____

6. Present Status Of Claim: _____ Pending _____ Closed _____ In Suit

7. If Closed, Total Loss Paid: _____ Total Expense Paid: _____

8. If Pending, Amount Asked In Summons: _____

Claimant's Settlement Demand: _____

Defendant's Settlement Offer: _____

Expenses Paid To Date: _____

9. Detailed Description Of Claim And Events: _____

10. Allegations Upon Which Claimant Bases Claim: _____

11. Explain What Actions Have Been Taken To Prevent A Reoccurrence Of A Similar Incident Or Claim:

APPLICANT'S SIGNATURE: _____ DATE: _____

Must be signed by highest ranking official