



CLAIM INFORMATION SUPPLEMENT

NOTE: PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

If the answer to Question 12C or 12D on the new business application (or any part of Question 10 on the renewal application) is "yes," provide information for each claim or incident in accordance with the format below. ATTACH ONE FORM FOR **EACH** CLAIM OR INCIDENT.

1. Full name of party making claim: _____

2. Role of claimant, i.e., owner, contractor, etc. _____

3. Indicate whether: Claim Lawsuit Incident only

4. Date of alleged error: _____

5. Date claim reported to you: _____

6. Description of claim/incident:

A. Alleged act, error, or omission upon which claimant bases claim:

B. Description of events leading to claim:

7. Amount of damages claimed: _____

8. Additional defendants: _____

9. Name of insurer: _____

10. IF CLOSED:

Total deductible paid: \$ _____

Indicate total loss paid in excess of the deductible: \$ _____

Indicate total defense expenses paid in excess of the deductible: \$ _____

IF PENDING:

Claimant's settlement demand: \$ _____

If suit filed, amount asked in complaint: \$ _____

Insurer's loss reserve: \$ _____

Defense expenses to date: \$ _____

11. Explain what action has been taken to prevent a recurrence of similar claim:

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and part of any policy that may be issued by the Underwriter.

X

Signature of Owner, Officer, or Partner

Applicant/Firm Name (Please Print)

Date