



CLAIM INFORMATION SUPPLEMENT



If the answer to question 14C or 14D on your 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 (claimant): _____
2. Role of claimant (e.g., 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 for this claim/incident: _____
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 a part of any policy that may be issued by the Company.

X _____ Applicant/Firm Name (Please Print) _____ Date _____
 Signature (Owner, Officer or Partner)