CLAIM INFORMATION SUPPLEMENT

Complete this supplement if any claims have been made or legal actions have been brought against you or your firm in the past five years (if renewal, within the last year), or if your or any member of your firm are aware of any circumstance that may result in a claim being made against the firm or any individual.

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. **<u>If Closed</u>:**
    Total deductible paid: $_____

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

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

    <u>If Pending</u>:
    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 a 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 Signature (Owner, Officer or Partner) | Applicant/Firm Name (Please Print) | Date