



Axis Insurance Services, LLC 795 Franklin Avenue #206 Franklin Lakes, NJ 07417 201-847-9174 (fax) 201-847-9175 (phone)

CLAIM SUPPLEMENTAL APPLICATION

Please read this entire Supplemental Application carefully before signing. Whenever used in this Supplemental Application, the term “Applicant” means the Named Insured(s). Please complete ONE Supplemental Application for EACH claim or incident.

Name of Applicant: _____

1. Name(s) of Claimant(s) or potential Claimant(s): _____

2. Name of Defendant(s) or potential Defendant(s): _____

3. (a) Please indicate: **Incident (potential claim)** **Claim** **Lawsuit**
 (b) Date of alleged wrongful act, error or omission: _____
 (c) Date Applicant became aware of the alleged wrongful act, error or omission: _____
 (d) How did the Applicant become aware of the alleged wrongful act, error or omission: _____

4. This matter is **CLOSED** **PENDING**

(a) If **CLOSED**, please indicate the Total:
 (1) Expenses Paid: \$ _____
 (2) Damages Paid: \$ _____

(b) If **CLOSED**, please indicate: **Court Judgment** **Out of Court Settlement** **Withdrawn**

(c) If **PENDING**, please indicate the Claimant(s) settlement demand, if any: \$ _____

(d) If **PENDING**, please indicate the settlement amount offered by the Applicant: \$ _____

(e) If **PENDING**, please indicate the amount of legal expenses paid to date: \$ _____

(f) If **PENDING**, please indicate the Insurer’s reserve for:
 (1) Expenses: \$ _____
 (2) Damages: \$ _____

(g) Name of Insurer(s) responding to this matter, if any: _____

5. Please provide a detailed description of the claim or incident, including the allegations made against the Applicant and the response by the Applicant:

6. Please explain the corrective actions taken to prevent a similar claim or incident from reoccurring:

By signing this Supplemental Application, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to, and is subject to the same representations and conditions of, its application for professional liability insurance.

This Supplemental Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title