

**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.**

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**Name of Applicant:** \_\_\_\_\_

1. Name(s) of Claimant(s) or potential Claimant(s): \_\_\_\_\_

\_\_\_\_\_

2. Name of Defendant(s) or potential Defendant(s): \_\_\_\_\_

\_\_\_\_\_

3. Indicate:  Incident (potential claim)  Claim  Lawsuit

(a) Date of alleged wrongful act, error or omission: \_\_\_\_\_

(b) Date Applicant became aware of the alleged wrongful act, error or omission: \_\_\_\_\_

(c) How did the Applicant become aware of the alleged wrongful act, error or omission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the matter been reported to the current carrier:  Yes  No

Carrier Name and date reported: \_\_\_\_\_

5. This matter is  Closed  Open

(a) If Closed, indicate the Total:

(1) Expense paid: \$ \_\_\_\_\_

(2) Damages paid: \$ \_\_\_\_\_

(b) If Closed indicate if:  Court Judgment  Out of Court Settlement  Withdrawn

(c) If Open, indicate the Claimant Settlement Demand, if any: \$ \_\_\_\_\_

