

- This form is to be completed by the Applicant regarding each claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. **COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.**
- If space is insufficient to answer a question full, attach a separate sheet.
- **Answer all questions completely.**

1. Applicant Name: _____

2. Full name(s) of individual(s) involved or named in the claim: _____

3. Full name(s) of claimant(s): _____

4. Type of claim: Claim/Suit Incident

5. Date of alleged act, error or omission: _____

6. Date claim made against applicant: _____

7. The claim/incident is: Closed Open

8. Is the claim in suit? Yes No

9. Description of claim (provide enough information to allow evaluation and use separate sheet if additional space is required):

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

b. Description of the type and extent of injury or damage allegedly sustained:

10. Complete all that apply:

Claimant's Settlement Demand: \$ _____ Loss Reserve: \$ _____

Defendant's Settlement Offer: \$ _____ Loss Paid to Date: \$ _____

Expense Reserves: \$ _____ Expense Paid to Date: \$ _____

Deductible: \$ _____ If Suit, Summons Demand: \$ _____

11. Does the applicant have coverage for this current claim/incident? Yes No

If yes, name of insurer: _____

12. Regardless of whether paid to claimant or not, has any judgement been made against the application in this matter? Yes No

13. What preventive measures has the applicant implemented to ensure claims will not occur in the future?

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Authorized signature (owner, partner or senior officer)

Date

Typed or printed name:

Title: