***Instructions:***

- A separate supplement should be completed for **each** claim or potential claim experienced in the last five (5) years;
- If the space allotted is not adequate, provide details as a separate attachment;
- Complete, sign and date the supplement in ink.

## *Claims Information Supplement*

1. Applicant's Name: _____
2. Name of Agency that reported claim (if different than above): _____
3. Name of the Claimant: _____
4. Date of alleged error: _____ (MM/DD/YYYY) Date Claim made: _____ (MM/DD/YYYY)
5. Date claim reported to E&O Carrier: _____ (MM/DD/YYYY)
6. Describe the claim or incident (include the type of coverage involved, allegations asserted and agency response):

7. Status of Claim (check one only):
   Incident only ☐ In Suit ☐ Open ☐ Closed ☐

*If claim is open or in suit, answer the following:*

8. Claimants settlement demand: $ _____ Paid Losses to date: $ _____
   Defendants last offer for settlement: $ _____ Paid Expenses to date: $ _____
9. Brief status of current activity:

*If claim is closed, answer the following:*

10. Total expenses paid: $ _____ Deductible Applicant paid: $ _____
    Total losses or damages paid: $ _____ Date Claim closed: _____ (MM/DD/YYYY)
11. What steps have been taken to prevent a recurrence or similar claims?

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

| Signature | Date |
|---|---|
| | |

Application must be signed by an owner, officer, partner or principal of the Applicant