

CLAIM SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY FORM BEFORE COMPLETING.

1. Name of Individual(s) and/or Firm involved in the claim or incident: _____

2. Name of Claimant(s): _____
3. List any additional Defendant(s): _____
4. a. Date of alleged act, error or omission: _____
b. Date Individual or Firm became aware of claim or incident: _____
c. Date first reported to Insurer: _____
d. Name of Insurance Carrier responding to this claim or incident: _____
Limit of Liability: _____ Deductible: _____
5. Present status of claim or incident: (Please check one category and provide the information requested. Include any deductible amount in the figures provided. We can not proceed without all information requested so please obtain.)
 Closed
Total loss paid: \$ _____
Total expenses paid: \$ _____
 Court Judgment (Check if applicable.)
 Out-of-court settlement (Check if applicable.)
 Dismissed (Check if applicable.)
 Open
Claimant's settlement demand: \$ _____
Defendant's offer for settlement: \$ _____
Insurer's claim reserve: \$ _____
Expenses paid to date: \$ _____
Expense reserve: \$ _____
 In Suit (Check if applicable.)
 Incident / Report Only (No reserve established, no expenses to date.)
6. Description of claim or incident:
 - a. Alleged act, error or omission upon which the claimant bases the claim: _____

 - b. Describe what activities gave rise to the claim or incident: _____

 - c. Describe the type and extent of injury or damage allegedly sustained: _____

 - d. Does this incident or claim follow or result from an action to collect fees? ----- Yes No
7. What steps have been taken to prevent the occurrence of a similar claim or incident? _____

NOTICE

Any claims or incidents disclosed in the application or that any member of the Firm had knowledge of prior to the effective date of this application would not be afforded coverage under any policy that may subsequently be issued by one of the IFG Companies.

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner

Title

Date