

SUPPLEMENTAL CLAIM INFORMATION FORM

1. Full Name of Applicant: _____

2. Full Name of Claimant: _____

3. Indicate whether: Claim _____ Suit _____ Incident _____

4. Date of Incident: _____ 5. Date Claim was Reported: _____

6. Additional Defendants: _____

7. If Closed:

Total Loss Paid Including Deductible: \$ _____ Defense Costs: \$ _____

Indicate whether: Court Judgment _____, or Out of Court Settlement _____

Date Closed: _____

8. If Pending:

Claimant's Settlement Demand: \$ _____

Defendant's Offer for Settlement: \$ _____

Insurer's Loss Reserve: \$ _____

Deductible Amount: \$ _____

Is Claim in Suit? Yes _____ No _____

If Yes, Amount asked in Summons: \$ _____

9. Insurance Carrier: _____

10. Description: (Please provide enough information to allow evaluation. Use reverse side or additional sheet if required.)

A. Alleged acts, error or omission upon which Claimant bases claim:

B. Description of case and events:

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

Signature of Applicant

Date