SUPPLEMENTAL CLAIM INFORMATION

Claimant(s): _____

Position/Title(s): _____

Defendant(s): _____

Position/Title(s): _____

Claim status: Incident Claim Suit

Venue: (Court or Agency) _____

Date of act(s) causing claim / incident: _____

Date claim / incident reported to the applicant: _____

Nature of Claim and allegations:

Name of defense attorney and law firm: _____

Name of plaintiff attorney and law firm: _____

If Closed, total paid (defense and loss): _____

If Open:

1. Claimant's demand: _____

2. Insurer's defense and/or loss reserves: _____

3. Defense costs incurred to date: _____

4. Applicant's settlement offer: _____

5. Applicant's estimate of settlement: _____

Remedial action taken to prevent a similar claim: