

Complete one form for each claim, suit, or circumstance within the last 5 years. If space is insufficient to answer any question fully, provide separate attachments.

1. Name of Applicant:

2. Address of Applicant:

3. Full Name(s) of Claimant (Plaintiff):

4. Full Name(s) of Defendant:

5. Date alleged Claim, suit, or circumstance occurred:

6. Date Claim made against an Insured:

7. Location of Claim (City, State):

8. Has this Claim, suit, or circumstance been reported to any insurance carrier? Yes No

If "Yes," date reported to insurance company:

9. To which insurance company did you report this Claim, suit, or circumstance?

10. Current status of Claim, suit, or circumstance: Closed Open & In-Suit Potential

11. Provide the following:

a. Total Damages Paid:

b. Total Expenses paid (including deductible):

c. Total Reserves

d. TOTAL INCURRED (a + b + c):

12. What specific causes of action are alleged in the Claim, suit, or circumstance? (Attach a copy of the formal complaint, charges, etc. if applicable).

13. What policies and/or procedures have been implemented or revised to prevent a recurrence or similar Claim, suit, or circumstance?

Date  Signature  Title

**CURRENTLY VALUED CARRIER LOSS RUNS MUST BE SUBMITTED WITH THE COMPLETED APPLICATION.**