



Claims Supplement

NOTE: Please complete one supplement for each incident, record request, threat of legal action, demand for payment, allegation of error or injury, and/or lawsuit. Certain Underwriters at Lloyd’s will assume no liability for any unreported potential claims or incidents of which you now have knowledge. Please include currently valued loss runs with this supplement once completed.

1. Applicant Information:

- a) Name of Applicant: _____
- b) Location Address: _____
- c) Policy Number: _____

2. Claimant Information:

- a) Name of Claimant(s): _____
- b) Address of Claimant(s): _____

3. Claim/Incident Information:

- a) Date of Occurrence: _____
- b) Date of Notice: _____
- c) Date Closed (if applicable): _____

Summary of incident or alleged error made which gives rise to this claim/incident:

Summary of Alleged Damages and/or Injuries Sustained:

4. Current Status of Claim:

a) Open:

Incident only reported (no reserves established and no expenses incurred to date)

Open Claim:

Claimant's settlement demand: \$ _____

Insurer's loss reserve: \$ _____

b) Closed:

Dismissed (action dropped without payment or statute of limitations expired)

Dropped (no activity from the claimant in over 3 years)

Won by Claimant:

Total indemnity paid: \$ _____

Total expenses paid: \$ _____

Total amount paid on your behalf: \$ _____

5. Please provide details as to what procedures or steps have been implemented to help prevent the occurrence of a similar type of claim/incident in the future:

The undersigned declares that to the best of his/her knowledge the statements herein are true.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)