

Claims Reporting Form

For each claim that has been made against the Applicant (including potential claims), please provide the following information:

Name of the Claim or how you refer to this claim _____

Description of the claim or potential claim

Name of the Claimant _____

Name of the insurance company to whom this claim was reported: _____

Date the Applicant became aware of the claim or potential claim. _____

Date the claim was reported to your insurance carrier _____

What is the present status of the claim: Open Closed

If the claim is Open,
What is the current demand for settlement? _____

What is your current offer for settlement? _____

Description of actions taken to avoid similar future claims:
