



APPLICANT INSTRUCTIONS

- This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. **Complete one form for each such claim or circumstance.**
- If space is insufficient to answer any question fully, attach a separate sheet.
- Answer all questions completely.

1. Full name of Applicant: _____

2. Full name(s) of individual(s) involved or named in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: Claim/suit Incident

5. Date of alleged error: _____ Date of claim: _____

6. Additional defendant (if any): _____

7. **IF CLOSED:**

Total Loss Paid including Deductible: \$ _____

Legal Expenses Paid: \$ _____

8. **IF PENDING:**

Claimant's settlement demand: \$ _____ Loss reserves: \$ _____

Defendant's offer of settlement: \$ _____ Loss paid to date: \$ _____

Expense reserves: \$ _____ Expenses paid to date: \$ _____

Deductible: \$ _____ Is claim in suit? Yes No

If yes, amount asked in summons: \$ _____

9. Name of Insurer (if any): _____

10. Description of claim (provide enough information to allow evaluation and attach an additional sheet if required):

a. Alleged act, error or omission upon which claimant bases claim:

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

11. What preventive measures has the applicant implemented to ensure claims will not occur in the future?

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Authorized signature

Date

Typed or printed name:

Title: