



Protecting your future for 150 years

Claim Supplemental Application

Instructions: Complete a separate page for each claim.	
1. Name of Applicant:	
2. Name of Agency Individual Involved in Claim:	
3. Name of Claimant:	
4. Date of Error:	
5. Date of Claim:	
6. Name(s) of Additional Defendant(s):	
7. Name of E&O Carrier:	
8. Claim Status:	
9. If paid,	
a. Amount of Damages Paid:	\$
b. Anount of Expenses Paid:	\$
10. If Open or in Suit,	
a. Claimant's Settlement Demand:	\$
b. Defendant's Offer for Settlement:	\$
c. E&O Carrier Loss Reserve:	\$
11. Act, error or omission alleged by claimant:	
12. Description of claim and events:	
13. What steps have been taken to reduce the likelihood of a reoccurrence of this type of	of claim?
Name: Title:	
[Print Name]	[Print Title]
Signature: Date:	