



Applicant Name:	
Claimant(s):	Position/Title(s):
Defendant(s):	Position/Title(s):
Location of Claim (City, State):	

Claim Status: Incident/Notice Claim/Suit Open Closed

Venue (Court or Agency): _____

Date of act(s) causing claim/incident: _____

Date claim/incident reported to the applicant: _____

Name of Carrier reported to (if applicable): _____

Nature of Claim and Allegations:

Please attach complaint

Name of Defense Attorney and Law Firm: _____

Name of Plaintiff Attorney and Law Firm: _____

If Closed, total paid (defense and loss): _____

If Open:

1. **Claimant's demand:** _____
2. **Insurer's Defense and/or Loss reserves:** _____
3. **Defense costs incurred to date:** _____
4. **Applicant's settlement offer:** _____
5. **Applicant's estimate of settlement:** _____

Remedial action taken to prevent a similar claim: