



Supplemental Claim Form

Alleged Victim(s) / Claimant(s): _____ **Age(s):** _____

Alleged Perpetrator(s) / Defendant(s): _____ **Age(s):** _____

Claim Status: Incident/Notice Claim Suit

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: