

## SUPPLEMENTAL CLAIMS APPLICATION

When any one of the Claims Questions is answered "Yes", please complete this form for **each Claim**.

1. Name of Claimant? \_\_\_\_\_

2. When did Claim occur? \_\_\_\_\_

3. Details and background of Claim \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the EEOC or State Human Rights Agency ruled on this case? Yes \_\_\_\_\_ No \_\_\_\_\_ .

If Yes, was ruling A. Probable Cause \_\_\_\_\_ B. No Probable Cause \_\_\_\_\_

(PLEASE ATTACH A COPY OF THE RULING).

5. What is the Status of the Claim? \_\_\_\_\_

6. Amount of Defense Costs Paid? \_\_\_\_\_

7. Settlement Amount? \_\_\_\_\_

8. Was the Claim filed with Insurer? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, was the Claim covered by Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ .

9. If Claim is still open, what amount of Reserve has been set up by the Insurer? \_\_\_\_\_

10. What remedial measures have been taken to prevent a recurrence of a similar Claim? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(By President or Chairman of Board of Insured)

The information on this supplemental Application is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.