

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

SUPPLEMENTAL CLAIM INFORMATION

APPLICANT'S INSTRUCTIONS:

1. This form is to be completed by Applicant who has been involved in any claim or suit or aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, use reverse side of this page or attached separate sheet.
3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant: _____
2. Full name of individual(s) of firm involved in the claim: _____
3. Full name of Claimant: _____
4. Indicate whether: [] Claim/Suit, or [] Incident
5. Date of alleged error: _____
6. Date of claim: _____
7. Additional defendants: _____

8. **IF CLOSED:**

Total Loss Paid including Deductible: \$ _____ Defense Costs: \$ _____
 Indicate whether [] Court judgment, or [] Out of court settlement

9. **IF PENDING:**

Claimant's settlement demand? \$ _____
 Defendant's offer for settlement? \$ _____
 Insurer's loss reserve? \$ _____ Defense Reserve: \$ _____
 Deductible? \$ _____
 Is claim in Suit? [] Yes [] No. If Yes, Amount asked in summons? \$ _____

10. Name of Insurer: _____

11. Description of claim (Provide enough information to allow evaluation and use reverse side if additional space is required.):

- a. Alleged act, error or omission upon which Claimant bases claim: _____

- b. Description of case and events: _____

- c. Description of the type and extent of injury or damage allegedly sustained: _____

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

 Name of Applicant

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date