

Swiss Re Corporate Solutions America Insurance Corporation

CLAIM SUPPLEMENT

This form should not be used to report new claims. Please follow the appropriate procedure indicated in your Swiss Re Corporate Solutions America Insurance Corporation policy.

Section I: General Claims Information

1. Full Name of Applicant/insured firm:

2. Full name of claimant/plaintiff:

3. Date claim/incident made against firm (MM/DD/YYYY): ____ / ____ / ____

4. Date claim reported to insurance carrier (MM/DD/YYYY): ____ / ____ / ____

5. Date of alleged error (MM/DD/YYYY): ____ / ____ / ____

If the error is alleged to have occurred over a period of time, please indicate the start and end date of said period (MM/DD/YYYY):

____ / ____ / ____ to ____ / ____ / ____

6. Please indicate if this matter:
- Was previously reported to **Swiss Re Corporate Solutions America Insurance Corporation** as a claim/potential claim/grievance under a **Swiss Re Corporate Solutions America Insurance Corporation** Insurance policy
 - Was previously reported to **Swiss Re Corporate Solutions America Insurance Corporation** as a claim/potential claim/grievance reported under another carrier's policy (please provide loss run for any claim, potential claim or grievance filed in past five years)
 - Has never been reported to **Swiss Re Corporate Solutions America Insurance Corporation** (please provide loss run)

If this claim was previously reported to [Insert Company Name **Swiss Re Corporate Solutions America Insurance Corporation** as a claim/potential claim/grievance under a **Swiss Re Corporate Solutions America Insurance Corporation** Insurance policy, no further information is required except for Q15, which is required for all matters.

Section II. Other Claims Information

7. Indicate whether: claim/suit incident/potential claim disciplinary grievance

8. Full name of applicant individual(s) involved in claim/incident:

9. Name of firm involved in claim/incident if different than above:

10. Other parties against whom this claim was made:

11. Name of insurance company: _____

12. The claim is: open closed

13. Please complete the following for all open and closed claims:

A. Total amounts paid to date (including deductible): \$ _____

B. Loss paid in excess of Deductible: \$ _____

C. Expenses paid in excess of Deductible: \$ _____

If claim is still open:

D. Insurance company's loss reserve: \$ _____

E. Insurance company's expense reserve: \$ _____

F. Claimant's settlement demand: \$ _____ None Made

G. Defendant's offer for settlement: \$ _____ None Made

If the claim is closed:

H. Indicate date closed: (MM/DD/YYYY): ____ / ____ / ____

I. Indicate how resolved:

- | | |
|--|---|
| <input type="checkbox"/> Settlement via court judgment | <input type="checkbox"/> Claim dismissed by claimant without settlement |
| <input type="checkbox"/> Settlement via formal mediation/arbitration | <input type="checkbox"/> Dismissed via motion |
| <input type="checkbox"/> Out of court settlement | <input type="checkbox"/> Claim never developed |
| <input type="checkbox"/> Jury trial | <input type="checkbox"/> Bench trial |
| <input type="checkbox"/> Other (describe): _____ | |

14. Provide a full description of the engagement, the events leading up to the claim / potential claim, the allegations asserted against your firm and the current status of the matter. Please indicate whether or not the claimant was your client; if not, fully explain claimant's relationship to client. **Do not attach suit papers.**

15. What action has your firm taken to prevent the occurrence of a similar matter in the future?

16. Do you continue to service client? Yes No Not Applicable

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signed: _____ Date _____
Owner, Officer or Partner

Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.

IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY: By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: _____ Title _____ Date _____
Owner, Officer or Partner