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## Claim Supplement - Professional Liability

### CLAIM SUPPLEMENT

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 (include positions of persons involved and if they are still employed) If claim is open and involves harassment, attach copy of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has the Equal Employment Opportunity Commission (EEOC) or State of Human Rights Agency ruled on this case?  Yes  No  
If yes, was the ruling:  Probable cause  No probable cause
5. Is the claim open or closed?  Open  Closed If the claim is closed, please provide the official close date. \_\_\_\_\_
6. Amount of Defense Costs paid? \_\_\_\_\_
7. Settlement amount (if any)? \_\_\_\_\_
8. Was the Claim covered by Insurance?  Yes  No
  - a. If yes, what amount was paid by the Insurer? \_\_\_\_\_
  - b. If the claim is still open, what amount of reserve has been set up by the Insurer? \_\_\_\_\_
9. What remedial measures have been taken to prevent a recurrence of a similar claim? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

(President, Chairperson of the Board, Managing Member or Executive Director)