

Claim Supplement Application

When any one of the Claim Question(s) is answered "Yes", please complete this form for **each Claim**.

1. Name of Claimant: _____
2. When did the Claim occur? _____
3. Details of Claim (positions of persons involved, what occurred, is accused/accuser still employed, if the claim had allegations of hostile work environment and/or sexual harassment, enclose a copy of the complaint).

4. Has the Equal Employment Opportunity Commission (EEOC) or State Human Rights Agency ruled on this case? Yes No
If yes, what was the ruling? Probable Cause No Probable Cause
(PLEASE ATTACH A COPY OF THE RULING)
5. What is the status of the Claim? Open Closed
6. Amount of Defense Costs Paid: \$ _____
7. Settlement Amount \$ _____
8. Contributions by Applicant (if any) \$ _____
9. If the Claim is still open, what amount of reserve has been set by the Insurer:
\$ _____
10. What remedial measures have been taken to prevent a recurrence of a similar claim:

Signature: _____
(President or Chairman)

Date: _____

The Information on this Supplemental Application is material to the Company underwriting of this risk and shall be deemed attached to the Policy as if physically attached hereto.