## 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.			or State of Human Rights Agency ruled on this case?	☐ Yes	☐ No
	If yes, was the ruling: □Probable cause	□No proba	able cause		
	(Please attached a copy of the ruling.)				
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	e information on this supplement is material to the	Company un	derwriting this risk and shall be made a part of this Policy	as if phys	sically
atta	ached hereto.				
Sig	nature:		Date:		
	(President or	Chairman of	Board of Insured)		