

ISBA MUTUAL INSURANCE COMPANY

SUPPLEMENTAL CLAIM INFORMATION

PLEASE TYPE OR PRINT IN INK. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

1. Applicant Name: _____ Policy No.: _____

2. Date of alleged claim or incident: _____

3. Date Applicant became aware of alleged claim or incident: _____

4. Name(s) of individual(s) involved in the alleged claim or incident:

5. Name of firm involved in the alleged claim or incident: _____

6. Additional defendant(s): _____

7. Name(s) of claimant(s): _____

8. Present status: Open Claim/Suit Open Incident Closed

9. a. **IF CLOSED:**

Total Damage Paid (including deductible and claim expenses):	\$ _____	Indemnity
	\$ _____	Deductible
	\$ _____	Defense Costs

Indicate Date Closed: ____ / ____ / ____ Court judgment Out of court settlement

b. **IF PENDING:**

Amount asked in summons \$ _____

Claimant's settlement demand \$ _____

Defendant's offer for settlement \$ _____

Insurer's loss reserve * \$ _____

Deductible \$ _____

* Unknown is unacceptable. Please contact insurance company or defense attorney for a good faith estimate.

10. Name of insurer responding to this claim or incident: _____

11. Description of claim:

a. Alleged act, error or omission upon which the Claimant bases this claim or incident:

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SUPPLEMENTAL CLAIM INFORMATION (cont'd)

Applicant Name: _____ Policy No.: _____

11. b. Description of case and events:

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

12. Does this claim or incident follow or result from an action to collect fees? Yes No

13. Did you change procedures as a result of this claim or incident that will reduce the possibility of a similar occurrence? Yes No

If YES, please provide explanation.

I/We affirm that the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ Date _____

Print Name _____ Title _____