

# 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:

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

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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.**

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**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 \_\_\_\_\_