

## ANI #11

### CLAIMS SUPPLEMENTAL APPLICATION

This form is to be completed if the Applicant or Insured has been involved in any Claim, Suit or Disciplinary Proceeding or is aware of such an Incident which may give rise to a claim in the past five (5) years.

One supplemental claims application should be completed for **each Claim/Incident**.

#### Claim Details

1. Applicant Name: \_\_\_\_\_
2. Full names of individual(s) involved in Claim/Incident: \_\_\_\_\_
3. Full name of Claimant: \_\_\_\_\_
4. Date Claim/Incident occurred: \_\_\_\_\_
5. Narrative and background on Claim/Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What measures have been taken to prevent a recurrence of a similar Claim/Incident? \_\_\_\_\_  
 \_\_\_\_\_
7. Please indicate status:     In Suit                       Open Incident/Potential Claim  
     Formal Open Claim     Closed Claim
8. If Claim/Incident is closed, please indicate the following:     Court Judgment     Out of Court Settlement  
 Total loss paid including deductible(s): \$ \_\_\_\_\_

#### Signatures

**The information on this supplemental Application is material to ANI underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.**

Name <i>(Please Print)</i>	Title <i>(Must be a President, CEO, ED, Chairperson, CFO or Treasurer)</i>
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Applicant's Signature <i>(Must be signed by a President, CEO, ED, Chairperson, CFO or Treasurer)</i>	Date
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The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

Insurance Broker/Producer