ARCH
Insurance Group
A Division of the Arch Capital Group

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Make sure all questions are answered completely.

1. Full name of Applicant or Insured: _____

2. Full name of Firm which reported claim: _____

3. Full name of claimant: _____

4. Indicate whether: ☐ Claim/suit ☐ Incident

5. Date of alleged error: _____

6. Date you became aware of alleged error: _____

7. Date it was reported to your insurance carrier: _____

   Name of your insurance carrier: _____

8. Additional defendants: _____

9. a. IF CLOSED indicate date closed. _____ Total amount paid $ _____

   b. Of the total amount paid, how much was paid for legal expenses: $_____

   What was your deductible: $_____

10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:

    a. Claimant's settlement demand $_____

    b. Defendant's offer for settlement $_____

    c. Insurer's loss reserve $_____
    (Available by calling your insurance company and/or defense counsel)

    d. Is claim in suit? ○ Yes ○ No

    If yes, amount asked in summons $_____

    e. Limits of liability _____ Deductible _____

11. Name of insurance carrier responding to this claim or incident: _____

12. Was an engagement letter used? ○ Yes ○ No

13. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

_____
_____
_____
_____

Wet Signature Required

Signature of Owner, Officer or Partner

_____
Date (month-day-year)

Save Supplement