Complete this supplement if any claims have been made or legal actions have been brought against you or your firm in the past five years (if renewal, within the last year), or if your or any member of your firm are aware of any circumstance that may result in a claim being made against the firm or any individual.

1. Full name of party making claim (claimant): ____________________________________________________________

2. Role of claimant (e.g., owner, contractor, etc.): _______________________________________________________

3. Indicate whether: ________ claim ________ lawsuit ________ incident only

4. Date of alleged error: ___________________________________________________________________________

5. Date claim reported to you: _______________________________________________________________________

6. Description of claim/incident:
   A. Alleged act, error or omission upon which claimant bases claim:
      _____________________________________________________________________________________________
      _____________________________________________________________________________________________
      _____________________________________________________________________________________________
   B. Description of events leading to claim:
      _____________________________________________________________________________________________
      _____________________________________________________________________________________________
      _____________________________________________________________________________________________

7. Amount of damages claimed: ______________________________________________________________________

8. Additional defendants: ____________________________________________________________________________

9. Name of insurer for this claim/incident: _______________________________________________________________

10. **If Closed:**
    Total deductible paid: $____________________
    Indicate total loss paid in excess of the deductible: $____________________
    Indicate total defense expenses paid in excess of the deductible: $____________________

   **If Pending:**
   Claimant’s settlement demand: $____________________
   If suit filed, amount asked in complaint: $____________________
   Insurer’s loss reserve: $____________________
   Defense expenses to date: $____________________

11. Explain what action has been taken to prevent a recurrence of a similar claim:
    _____________________________________________________________________________________________
    _____________________________________________________________________________________________
    _____________________________________________________________________________________________

The undersigned represents that the statements set forth herein are true, complete and accurate, and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

X Signature (Owner, Officer or Partner) ________________________________________________________________

Applicant/Firm Name (Please Print) _________________________________________________________________

Date ____________________________

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