



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: <input type="checkbox"/> In Suit <input type="checkbox"/> Open Incident/Potential Claim <input type="checkbox"/> Formal Open Claim <input type="checkbox"/> Closed Claim
8.	If Claim/Incident is closed, please indicate the following: <input type="checkbox"/> Court Judgment <input type="checkbox"/> 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>
_____ Applicant's Signature <i>(Must be signed by a President, CEO, ED, Chairperson, CFO or Treasurer)</i>	_____ Date
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	