





## **NIAC #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			
٠.	Applicant Name:		
2.	Full names of individual(s) involved in Claim/Incident:		
3.	Full name of Claimant:		
4.			
5.	Narrative and background on Claim/Incident:		
6.	What measures have been taken to prevent a	a recurrence of a similar Claim/Incident?	
_			
7.	Please indicate status: In Suit	☐ Open Incident/Potential Claim ☐ Closed Claim	
a		e following:	
0.	Total loss paid including deductible(s): \$		
Sig	Signatures		
	e information on this supplemental Applica emed attached a part of this Policy as if phy	ation is material to NIAC underwriting this risk and shall be vsically attached hereto.	
-	Name		
		Title	
	(Please Print)	Title (Must be a President, CEO, ED, Chairperson, CFO or Treasurer)	
_	(Please Print)	(Must be a President, CEO, ED, Chairperson, CFO or Treasurer)	
-		(Must be a President, CEO, ED, Chairperson, CFO or Treasurer)  ature Date	
inc	(Please Print)  Applicant's Signa (Must be signed by a President, CEO, ED, Co	(Must be a President, CEO, ED, Chairperson, CFO or Treasurer)  ature Date	
inc	(Please Print)  Applicant's Signa (Must be signed by a President, CEO, ED, Co e above signed warrants that he/she is authorizeluding the Warranty Statement on behalf of	(Must be a President, CEO, ED, Chairperson, CFO or Treasurer)  ature  hairperson, CFO or Treasurer)  zed and has the power to complete and execute this Application,	