

NIA Claims Supplemental Application

INSTRUCTIONS

This application 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.**

Claims Details

1. Applicant Name:
2. Full name 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 Judgement Out of Court Settlement
Total loss paid including deductible(s): \$

Signatures

The information on this Supplemental Application is material to Nonprofits Insurance Alliance underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.

Name (Please Print)

Title (must be a President, CEO, ED, Chairperson, CFO or Treasurer)

Applicant's Signature (must be a President, CEO, ED, Chairperson, CFO or Treasurer)

Date

The above signed warrants that the individual referenced above 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 Signature

Date