



4545 E. Shea Blvd., Suite 246
Phoenix, Arizona 85028-3074

602.424.3351
FAX 602.424.3353
WWW.AMINSPRO.COM

SUPPLEMENTAL CLAIMS INFORMATION SHEET

This sheet is to be completed by applicant who has been involved in any claim or suit during the past 5 (FIVE) years or who is aware of any incidents which may give rise to a claim. Complete a separate sheet for each claim or incident if necessary. **Answer all questions fully.** Principal of firm must sign this sheet in addition to the application.

1) NAME OF INSURED/APPLICANT: _____

2) NAME OF INDIVIDUAL(S) OR FIRM INVOLVED IN CLAIM: _____

3) NAME OF CLAIMANT: _____

4) DATE OF ALLEGED ERROR/ACT: _____

5) DATE CLAIM MADE: _____

6) NAME OF INSURER (if applicable): _____

7) PRESENT STATUS OF CLAIM:
_____ PENDING _____ CLOSED _____ IN SUIT

8) IF CLOSED, TOTAL LOSS PAID \$ _____ TOTAL EXPENSES PAID \$ _____

9) IF PENDING, AMOUNT ASKED IN SUMMONS \$ _____
CLAIMANT'S SETTLEMENT DEMAND \$ _____
DEFENDANT'S SETTLEMENT OFFER \$ _____
INSURER'S LOSS RESERVE \$ _____
EXPENSES PAID TO DATE \$ _____

10) DETAILED DESCRIPTION OF CLAIM AND EVENTS:

11) ALLEGATIONS UPON WHICH CLAIMANT BASES CLAIM:

12) EXPLAIN WHAT ACTIONS HAVE BEEN TAKEN TO PREVENT A RECURRENCE OR SIMILAR CLAIM:

APPLICANT'S SIGNATURE: _____ DATE: _____