

Supplemental Claims Application

When any one of the Claims Questions is answered "YES", please complete this form for each claim.

Name of Insured: _____

1. Name of Claimant: _____

2. When did claim occur? _____

3. Details and background of Claim. _____

4. Has the EEOC or State Human Rights Agency ruled on this case? Yes No

If yes, was ruling Probable Cause No Probable Cause

(Please attach a copy of the Ruling)

5. What is the status of the Claim? _____

6. Amount of Defense Costs Paid? _____

7. Settlement Amount? _____

8. Was the claim filed with Insurer? Yes No

If yes was the Claim covered by insurance? Yes No

9. If claim is still open, what amount of reserve has been set up by the insurer? _____

10. What remedial Measures have been taken to prevent a recurrence of a similar claim?

Signature: _____ Date: _____

(By President or Chairman of Board of Insured)

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