

Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Fax 619-234-8601 <> Web Site www.cavignac.com

General Liability Claim Supplement

Please complete a separate sheet for each claim and answer all questions fully. **A principal of the firm must sign and date this sheet in addition to the application.**

1. **Name of Firm**
2. **Name of individuals in your company involved with the claim**

3. **Name of Claimant (Plaintiff)** _____
4. **Date of Accident** _____ 5. **Date Claim Made** _____
6. **Name of Insurer claim was reported to (if applicable)** _____
7. **Present status of claim** Open Closed
8. **If closed, total damages paid** \$ _____ **Total expenses paid** \$ _____
9. **If open, please provide**

Amount asked in summons	\$	
Claimant's settlement demand	\$	
Defendant's settlement offer	\$	
Insurer's loss reserve	\$	
Expenses paid to date	\$	
10. **Provide detailed description of claim and events (use separate sheet if necessary)**

11. **Allegations upon which Claimant bases claim**

12. **Explain what action has been taken to prevent a recurrence or similar claim**

I understand that the information submitted herein becomes a part of my Commercial General Liability Insurance Application, and will be relied upon in underwriting my account. I also understand that I am under a continuing obligation to *immediately* notify Cavignac & Associates of any material alteration to the information provided.

Applicant's Signature _____

Date _____