



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 _____