

Claim, Suit, Or Incident Additional Information Request

Travelers Casualty and Surety Company of America

Important Note: You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission known before the effective date of any insurance policy issued by Travelers may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this additional information request.

PLEASE COMPLETE A SEPARATE FORM FOR EACH CLAIM, SUIT, OR INCIDENT

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Travelers Policy Number:

CLAIM, SUIT OR INCIDENT INFORMATION

1. Name(s) of individual(s) at firm involved in the claim, suit or incident: _____

2. Additional defendants, if any: _____
3. Name(s) of claimant(s): _____

4. Date of the alleged wrongful act: _____
5. Has this claim, suit, or incident been reported to another professional liability carrier? Yes No
 If yes, please provide the name of the carrier to which the claim, suit or incident has been reported:

6. This matter is currently a/an: Pending claim or suit Closed claim or suit Incident only

PENDING CLAIM OR SUIT

Complete this section if this matter is a pending claim or suit:

7. Date of the claim or suit: _____	10. Is claim in suit? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Claimant's settlement demand: \$ _____	11. Defendant's offer for settlement: \$ _____
9. Insurer's loss reserve: \$ _____	12. Defense costs paid to date: \$ _____

CLOSED CLAIM OR SUIT

Complete this section if this matter is a closed claim or suit:

13. Date of claim or suit: _____ 16. Total indemnity paid: \$ _____
 14. Total defense costs paid: \$ _____ 17. Deductible paid: \$ _____
 15. Matter was: Closed without payment Court judgment Out of court settlement

DESCRIPTION OF CLAIM, SUIT, OR INCIDENT

Provide enough information to allow evaluation, use additional information section if necessary. DO NOT attach a copy of the summons.

18. Type of professional services provided to claimant, and city and state where services were provided: _____

 19. Name, type, and location of project, if applicable: _____

 20. Description of the alleged wrongful act upon which the claimant bases the claim, suit, or incident:

 21. Description of the case and events: _____

 22. Description of the type and extent of alleged injury or damage:

 23. Description of any remedial measures implemented to avoid similar claims, suits, or incidents:

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
X		
Producer Signature: *	State Producer License No. (required in FL):	Date:
X		
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.