



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
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**allrisks**  
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 All Risks, Ltd  
 501 W State Street, Suite 205  
 Geneva IL 60134  
 Toll Free Phone: 877-334-8786  
 Fax: 630-208-4941

**SUPPLEMENTAL CLAIM INFORMATION**

**APPLICANT'S INSTRUCTIONS:**

1. This form is to be completed by Applicant who has been involved in any claim or suit or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, use reverse side of this page or attached separate sheet.
3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant: \_\_\_\_\_
2. Full name of individual(s) of firm involved in the claim: \_\_\_\_\_
3. Full name of Claimant: \_\_\_\_\_
4. Indicate whether: [ ] Claim/Suit, or [ ] Incident
5. Date of alleged error: \_\_\_\_\_
6. Date of claim: \_\_\_\_\_
7. Additional defendants: \_\_\_\_\_

8. IF CLOSED:

Total Loss Paid including Deductible: \$ \_\_\_\_\_ Defense Costs: \$ \_\_\_\_\_  
 Indicate whether [ ] Court judgment, or [ ] Out of court settlement

9. IF PENDING:

Claimant's settlement demand? \$ \_\_\_\_\_  
 Defendant's offer for settlement? \$ \_\_\_\_\_  
 Insurer's loss reserve? \$ \_\_\_\_\_ Defense Reserve: \$ \_\_\_\_\_  
 Deductible? \$ \_\_\_\_\_  
 Is claim in suit? [ ] Yes [ ] No. If Yes, amount asked in summons? \$ \_\_\_\_\_

10. Name of Insurer: \_\_\_\_\_

11. Description of claim (Provide enough information to allow evaluation and use reverse side if additional space is required.):

- a. Description of events upon which Claimant bases claim: \_\_\_\_\_  
 \_\_\_\_\_
- b. Description of services provided by the Applicant: \_\_\_\_\_  
 \_\_\_\_\_
- c. Description of the type and extent of injury or damage allegedly sustained: \_\_\_\_\_  
 \_\_\_\_\_
- d. Advise what procedures have been implemented to prevent similar claims in the future: \_\_\_\_\_  
 \_\_\_\_\_

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PRODUCED BY (Insurance Agent or Broker):**

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Producer License No.: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Florida Applicants:** 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.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Tennessee and Virginia Applicants:** 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.

**Notice to Applicants of all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.