



Claim Supplement - Professional Liability



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsins.com

CLAIM SUPPLEMENT

When any one of the Claims questions is answered yes, please complete this form for each claim.

1. Name of Claimant: _____
2. When did claim occur? _____
3. Details and background of Claim (include positions of persons involved and if they are still employed) If claim is open and involves harassment, attach copy of complaint: _____

4. Has the Equal Employment Opportunity Commission (EEOC) or State of Human Rights Agency ruled on this case? Yes No
If yes, was the ruling: Probable cause No probable cause
(Please attached a copy of the ruling.)
5. Is the claim open or closed? Open Closed
6. Amount of Defense Costs paid? _____
7. Settlement amount (if any)? _____
8. Was the Claim covered by Insurance? Yes No
a. If yes, what amount was paid by the Insurer? _____
b. If the claim is still open, what amount of reserve has been set up by the Insurer? _____
9. What remedial measures have been taken to prevent a recurrence of a similar claim? _____

The information on this supplement is material to the Company underwriting this risk and shall be made a part of this Policy as if physically attached hereto.

Signature: _____ Date: _____

(President or Chairman of Board of Insured)