

Claim Supplemental Application

Applicant's Name _____

Date of Claim _____ **Status of Claim** _____ **Date Claim was closed** _____

Defense Costs _____ **Paid Loss** _____ **Reserves** _____

Name of Claimant _____

Circumstances of Claim -

Resolution of Claim and steps being taken to prevent further claims -

Applicant's Signature: _____
(Must be signed by an Officer of the Board) Date (Mo./Day/Yr.)