



SCOTTSDALE INSURANCE COMPANY®

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Employment Practices Liability Insurance Claim/Circumstance/Administrative Hearings Supplement

APPLICANT'S INSTRUCTIONS:

- 1. Complete one form for each claim, circumstance or administrative hearing.
2. If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

1. Name(s) of individual(s) in the company named in the claim: _____

2. Name of Claimant: _____

3. To what insurance company did you report this claim or incident? _____

A. Date of alleged error: _____

B. Date reported: _____

C. Date first notice received: _____

4. Present status of claim (check one): [] in suit [] open circumstance [] closed

A. If closed:

Total damages paid: \$ _____

Total Defense Costs paid (including any Deductible paid): \$ _____

Indicate whether: [] court judgment, or [] out of court settlement.

B. If in suit or open:

Amount asked in summons \$ _____

Claimant's settlement demand \$ _____

Defendant's offer for settlement \$ _____

Insurer's loss reserve* \$ _____

Defense Costs paid to date \$ _____

Your Deductible that will apply to this claim \$ _____

*Unknown is unacceptable. Please contact the insurance company or the defense attorney for a good faith estimate.

5. Description of claim (provide enough information to allow evaluation and attach a separate page if additional space is required). Alleged act, error or omission upon which claimant bases claim: _____

6. Have you changed policies or procedures as a result of this claim that will reduce the possibility of a similar occurrence? [] Yes [] No

If yes, please describe: _____

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

PRINCIPAL'S SIGNATURE: _____ DATE: _____

(Must be signed by an Owner, Partner or Officer)