

SCOTTSDALE INSURANCE COMPANY
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

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 including claim expense and deductible: \$ _____

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* \$ _____

Deductible \$ _____

*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)