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Note: Please type or print clearly. Please complete a separate form for each claim or potential claim.

1. Full Name of Applicant: _____

2. Full name of individual(s) involved in Claim or Potential Claim:

3. Full name(s) of Claimant(s) or Potential Claimant(s):

4. This is a (Please check one): Potential Claim
 Claim
 Suit

5. Date and location of alleged Wrongful Act (or which may be alleged): _____

6. Date of Claim or Potential Claim: _____

7. Additional defendant(s) or potential defendant(s):

8. If this is a CLOSED matter:
a. Total loss paid including deductible(s): \$ _____
b. Indicate whether (Please check one): Court Judgment
 Out of Court
 Settlement

9. If this is a PENDING matter, please indicate:
a. Claimant's settlement demand \$ _____
b. Defendant's offer for settlement: \$ _____
c. Insurer's Total Reserves: \$ _____

10. Name(s) of Insurer(s) responding to this Claim or Potential Claim:

11. Please set forth a full and comprehensive explanation of the circumstances surrounding the subject matter. This should include, but not necessarily be limited to, a description of the alleged Wrongful Act and the nature and extent of damages allegedly caused thereby. Please attach a separate sheet of paper, if necessary. Attach any other documents you deem relevant to responding to this question:

12. Explain in detail the action(s) taken, if any, to prevent recurrence of a same or similar situation and why you believe that such preventative measures will reduce or eliminate the likelihood of future Claims. Please attach a separate sheet of paper, if necessary. Attach any other documents you deem relevant to responding to this question:

Applicant understands the information submitted herein becomes apart of the Applicant's professional liability insurance claims made application and is subject to the same representation and conditions.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title: _____