



NAS Insurance Services, inc.

Supplemental Claim/Wrongful Act/Incident Form

This form is to be completed if any "Prior Activities Information" question is answered "Yes."

Please complete a separate sheet for each claim or incident and answer all questions fully.

Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed Application along with any explanations.

No full indication can be given without this complete information.

1. Name of Applicant: _____
2. Name of individual(s) employed by Applicant charged in claim/incident:
 {Defendant(s)}: _____ Title: _____
 {Defendant(s)}: _____ Title: _____
 {Defendant(s)}: _____ Title: _____
3. Name of person(s) or entities making complaint/allegations in incident (Plaintiff): _____

4. Date of alleged Wrongful Act: _____
5. Date Applicant became aware of alleged Wrongful Act: _____
6. How did Applicant become aware?
 - a) Personally observed incident _____
 - b) Verbal complaint from employee _____
 - c) Written notice from employee or employee's attorney _____
 - d) Verbal/written notice from someone else other than complaining employee _____
 - e) Filing with state agency _____
 - f) Filing with EEOC _____
 - g) Receipt of law suit _____
 - h) Filing with HUD _____
 - i) Other _____ (please detail) _____
7. Name of Insurer Claim reported to (if any): _____
8. Are you represented by an attorney? ☐ Yes ☐ No
 If "Yes," name of attorney & law firm: _____
9. Present status of Claim/Incident: _____ Pending _____ Closed _____ In Suit
10. If Closed, Total Damages Paid: _____ Total Expenses Paid: _____

11. **If EEOC/State Agency filing:**

a. Has right to sue letter been issued?

☐ Yes ☐ No

Date: _____

Date right to sue expires (or did expire)? _____

b. Has determination of fault been decided?

☐ Yes ☐ No

What was determination? _____

If claimant/plaintiff has a right to sue, what dates does (did) this expire? _____

12. **If pending**, is plaintiff demanding a settlement amount?

☐ Yes ☐ No

How much? \$ _____

Has plaintiff offered a settlement amount?

☐ Yes ☐ No

How much? \$ _____

Legal expenses to date: \$ _____

13. Detailed description of complaint and Applicant's response (put on separate sheet if needed room):

14. Explain what actions have been taken to prevent an incident like this from happening again:

15. If complaint was for sexual harassment, has the alleged perpetrator been disciplined or terminated? Please explain: _____

I understand information submitted herein becomes a part of my Application and in the event that coverage is bound, is subject to the same warranty and conditions.

Applicant's Signature

Date



NAS Insurance Services, inc.

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LIC. #0677191

Claim Supplement-2 of 2

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