

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

Instructions:

1. This supplement must be completed if any Applicant proposed for this insurance has knowledge of any claim, suit or potential claim in which he/she/it is named or may become involved. Please complete one Media Liability Claim Information Supplement for each such claim, suit or potential claim.
2. Please provide enough information to allow for evaluation. Do not attach copy of complaint.

A. ACCOUNT INFORMATION

1. Applicant Name (as identified in the application submitted for the proposed insurance):	
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B. CLAIM INFORMATION

2. Full name(s) of Individuals(s) involved and state so if currently employed:	
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3. Full name of claimant or potential claimant:	
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4. This matter is a/an:	<input type="checkbox"/> Claim <input type="checkbox"/> Suit <input type="checkbox"/> Incident
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5. Date of Claim, Suit or Incident:	
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6. To what insurer was this claim, suit or incident reported?	
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7. Date reported to such insurer:	
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8. Name and address of the attorney assigned to the case:	
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9. Description of alleged act, error or omission upon which claim is based:	
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10. Description of the type and extent of injury or damage which is or may be alleged to have been sustained:	
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11. Provide applicable details:

<input type="checkbox"/> Open claim	<input type="checkbox"/> Closed claim
<p>a. <input type="checkbox"/> Incident/circumstance <input type="checkbox"/> In suit <input type="checkbox"/> Claim</p> <p>b. Amount asked in complaint \$ _____</p> <p>c. Claimant's settlement demand \$ _____</p> <p>d. Defendant's offer for settlement \$ _____</p> <p>e. <input type="checkbox"/> Awaiting mediation <input type="checkbox"/> Awaiting court action</p> <p>f. Defense costs paid to date \$ _____</p> <p>g. Total defense costs reserved \$ _____</p> <p>h. Damages paid to date \$ _____</p> <p>i. Total damages reserved \$ _____</p>	<p>a. <input type="checkbox"/> Closed without payment <input type="checkbox"/> Closed with payment</p> <p>b. Defense costs paid by Applicant \$ _____</p> <p>c. Defense costs paid by Insurer \$ _____</p> <p>d. Damages/settlement paid by Applicant \$ _____</p> <p>e. Damages/settlement paid by Insurer \$ _____</p> <p>f. Date of settlement _____</p> <p>g. Date closed _____</p> <p>h. If closed with payment <input type="checkbox"/> Jury Verdict <input type="checkbox"/> Directed Verdict</p> <p>i. <input type="checkbox"/> Summary judgment in your favor <input type="checkbox"/> Suit threatened, no action taken <input type="checkbox"/> Suit filed, dropped by claimant <input type="checkbox"/> Suit settled out of court If checked, Did you want to settle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. To your knowledge, was any settlement <input type="checkbox"/> Yes <input type="checkbox"/> No paid by another party involved (i.e., your PA., P.C., partners, employees, etc.)?</p>

12. Explain what actions have been taken to prevent recurrence of same or similar claims or incidents.
Attach separate sheet if necessary.

C. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. The undersigned understands that this Supplement and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	