

# Individual Claim Data Report

## Applicant's Instructions:

1. This form is to be completed by applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim.  
**Complete one form for each such claim or circumstance.**
2. If additional Individual Claim Data Reports are required, please photocopy blank report.
3. If space is insufficient to answer any question fully, attach a separate sheet.
4. Answer all questions completely.

*Please Type or Print*

1. Full name of applicant: \_\_\_\_\_
2. Full name of individual(s) involved or named in the claim: \_\_\_\_\_
3. Full name of claimant: \_\_\_\_\_
4. Indicate whether: Claim/suit: \_\_\_\_\_ Incident: \_\_\_\_\_
5. Date of alleged error: \_\_\_\_\_ Date of claim: \_\_\_\_\_
6. Additional defendant (if any): \_\_\_\_\_
7. If closed:  
Total loss paid including deductible: \$ \_\_\_\_\_  
Legal expenses paid: \$ \_\_\_\_\_
8. If pending:  
Claimant's settlement demand: \$ \_\_\_\_\_ Loss reserves: \$ \_\_\_\_\_  
Defendant's offer of settlement: \$ \_\_\_\_\_ Loss paid to date: \$ \_\_\_\_\_  
Expense reserves: \$ \_\_\_\_\_ Expenses paid to date: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ Is claim in suit?  Yes  No  
If yes, amount asked in summons: \$ \_\_\_\_\_
9. Name of insurer (if any): \_\_\_\_\_
10. Description of claim: (Provide enough information to allow evaluation and use back of this page or separate exhibit if additional space is required.)  
A. Alleged act, error, or omission upon which claimant bases claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
B. Description of the type and extent of injury or damage allegedly sustained:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_