



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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