



CARRIER:

Claim Supplement – Management Liability/Employment Practices Liability

THIS FORM IS TO BE COMPLETED IF THERE HAS BEEN AN ALLEGATION, INQUIRY, COMPLAINT, NOTICE OF HEARING, CLAIM, SUIT, CHARGE OR CIRCUMSTANCE RELATED TO COVERAGE, INVOLVING THE APPLICANT/INSURED IN THE PAST FIVE YEARS. PLEASE COMPLETE A SEPARATE SUPPLEMENT FOR EACH.

1. Name of applicant or insured: _____
2. Date(s) the alleged claim/incident occurred: _____
3. Name of individual(s) making allegation/claim: _____
4. Name, position/title and dates of employment with applicant of each individual against whom allegations have been made in the claim/incident:

5. Are all involved individuals currently employed by the applicant/insured? _____
6. Provide details and applicant/insured's response. *Please include a copy of the complaint, charge, and settlement agreement (if applicable):*

7. If an Equal Employment Opportunity Commission/Department of Labor/State agency charge:
 - a. Has determination of fault been decided? ☐ Yes ☐ No
What was the determination? _____
 - b. Has a Right-to-Sue letter been issued? ☐ Yes ☐ No
Date issued: _____ Date right to sue letter expires (or did expire): _____
8. Was the claim/incident covered by insurance? ☐ Yes ☐ No
Name of insurer to whom reported (if applicable): _____
9. Present status of claim: ☐ Open ☐ Closed
 - a. If "Closed," please provide the official date closed: _____
 - i. Total settlement or judgment paid: _____
 - ii. Total defense costs paid: _____
 - b. If "Open," please provide:
 - i. Total amount of defense costs paid to date: _____
 - ii. Total settlement, judgment or demand made to date: _____
 - iii. Current insurer's reserve amount: _____
10. What remedial measures have been taken to prevent a recurrence of a similar claim or incident?

The information on this supplement is material to the company underwriting this risk and shall be made a part of this policy as if physically attached hereto.

Applicant's signature _____ Date: _____
(President, Chairperson of the Board, Managing Member or Executive Director)

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