



Wesco Insurance Company
 800 Superior Ave. East
 21st Floor
 Cleveland, OH 44114

CLAIM SUPPLEMENT

1.	Full name of Applicant Firm:		
2.	Full name(s) of individual(s) of firm involved in claim:		
3.	Other defendants:		
4.	Name of potential/actual claimant(s):		
5.	Check whether: <input type="checkbox"/> incident <input type="checkbox"/> claim <input type="checkbox"/> lawsuit <input type="checkbox"/> disciplinary action		
6.	a. Date of alleged act, error, or omission:		
	b. Date reported to insurer:		
	c. Name of insurance carrier responding to this claim:		
7.	Present status of claim (check one and include any deductible amount in figures provided):		
	<input type="checkbox"/>	Closed	<input type="checkbox"/> Open
	Total loss paid (including deductible): \$		Claimant's settlement demand: \$
	Total expense paid (including deductible): \$		Defendant's offer for settlement: \$
	<input type="checkbox"/>	Court judgment	Insurer's claim reserve: \$
	<input type="checkbox"/>	Out-of-court settlement	Expense reserve: \$
	<input type="checkbox"/>	Dismissed	Expenses paid to date: \$
	<input type="checkbox"/>	Arbitration award	<input type="checkbox"/> Currently In Suit <input type="checkbox"/> Incident/Report Only (No reserve established, no expenses to date)
8.	a. Alleged act, error or omission upon which claim or incident is based:		
	b. Description of events leading to claim or incident:		
	c. Current status:		
	d. What steps have been taken to prevent a similar loss in the future?		
	Please include copies of carrier loss run(s) valued within 30 days of desired policy inception date.		

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date