

CLAIM SUPPLEMENT

INSTRUCTIONS

- This Claim Supplement is part of the Application for insurance submitted to **Capitol Specialty Insurance Corporation** by the Applicant
- The undersigned shall complete the following after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below

Applicant (Proposed Named Insured):

I. CLAIM INFORMATION

1.1	Patient / Claimant Name:			
	Age:			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
1.2	Location of Incident:			
	Date of Incident:			
1.3	Name of Insurer to whom Incident / Claim was reported:			
	Date reported to Insurer:			
1.4	Type of claim:			
	<input type="checkbox"/> Suit	<input type="checkbox"/> Demand for Money	<input type="checkbox"/> Incident Only	<input type="checkbox"/> Notice of Intent to Sue
	<input type="checkbox"/> Regulatory or Governmental Investigation or Proceeding	<input type="checkbox"/> Disciplinary Investigation or Proceeding	<input type="checkbox"/> Internal Complaint	<input type="checkbox"/> Request for Records
				<input type="checkbox"/> Other, please describe:

II. SUMMARY OF INCIDENT

2.1	Summary of condition / diagnosis at time of Incident:		
2.2	Summary of condition / diagnosis now, if known:		
2.3	Description of treatment rendered, including dates:		
2.4	Allegations made:		
2.5	Other persons and entities involved:		
2.6	Status / Disposition:		
	<input type="checkbox"/> Open	If open, describe status and defense strategy:	
	<input type="checkbox"/> Closed without indemnity payment	<input type="checkbox"/> Judgment / Verdict for Plaintiff	<input type="checkbox"/> Judgment / Verdict for Defense
	<input type="checkbox"/> Settled by Written Agreement	<input type="checkbox"/> Otherwise Resolved (describe):	
	Date Closed / Settled / Verdict Entered or Otherwise Resolved:		
2.7	Amounts Reserved or Paid to Date (please complete the table below):		
		Indemnity	Defense
	Amount Reserved for:		
	Applicant:	\$	\$
	Other Defendants:	\$	\$

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Amount Paid on behalf of:			
Applicant:	\$	\$	
Other Defendants:	\$	\$	
2.8	Has there been a change in Applicant's practices as a result of this claim, suit, proceeding or incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:			

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

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.

APPLICABLE IN KY, NY, OH AND PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Insurer are accurate and complete;
- b. Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Insurer to provide a premium proposal;
- d. If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Insurer in writing; and
- f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.

As used above, the term "Insurer" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

Producer Signature

Date