



Miscellaneous PROtect<sup>SM</sup>
Claims Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY OR PELEUS INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
For any information that exceeds the space provided, continue responses on your letterhead.
This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant: [ ]
2. Name of Claimant: [ ]
3. Names of Additional Defendants: [ ]
4. Provide dates during which professional services were rendered:
Beginning (mo/yr): [ ] Ending (mo/yr): [ ]
5. Date claim made: [ ]
6. Indicate whether:
[ ] Claim/Suit [ ] Potential Claim
[ ] Arbitration [ ] Counterclaim from fee dispute
[ ] Other:
7. If claim/circumstance has been reported to a professional liability insurer, please indicate:
a. Name of carrier: [ ]
b. Deductible applicable to claim/circumstance: \$ [ ]
c. Date claim/circumstance reported: [ ]
8. Provide full details of claim/circumstance including:
a. Description of services rendered. [ ]
b. Allegation of claim/circumstance. [ ]
c. Description of the type and extent of the alleged injury or damage. [ ]

d. Description of events leading to circumstance.

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e. Action taken to prevent a similar claim/circumstance in the future.

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9. If claim/circumstance is still OPEN, provide:

Claimant's demand amount	\$	Expenses paid to date:	\$
Insurance Company's expense reserve	\$	Insurance Company's indemnity reserve	\$
Defendant's offer for settlement	\$		

10. If claim/circumstance is CLOSED, provide:

Indemnity payment made	\$	Expense paid (including deductible)	\$
Date claim/circumstance closed			
Matter was: <input type="checkbox"/> Closed without payment <input type="checkbox"/> Court judgement <input type="checkbox"/> Out of court settlement			

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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