



Wesco Insurance Company  
 800 Superior Ave. East  
 21<sup>st</sup> 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 ( <b>check one and include any deductible amount in figures provided</b> ):			
	<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