



**EMPLOYMENT PRACTICES
LIABILITY INSURANCE
CLAIM/INCIDENT
SUPPLEMENTAL APPLICATION**

Return All Applications to:
Rockwood Programs Inc.
3001 Philadelphia Pike
Claymont, DE 19703-2580
Tel: 800-558-8808 • Fax: 302-764-5477
www.rockwoodinsurance.com

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

Whenever printed in this Claims Supplement Form, the terms in boldface type shall have the same meanings as indicated in the **Policy**. This Claims Supplemental Form is to be completed with respect to the entire **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

INSTRUCTIONS: COMPLETE ONE FORM FOR EACH CLAIM, SUIT, OR CIRCUMSTANCE DURING THE LAST 5 YEARS. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.

I APPLICANT'S GENERAL INFORMATION

1. Name of Named Insured _____
2. Street Address, Suite _____
3. City _____ County _____ State _____ Zip _____

II CLAIM/INCIDENT INFORMATION

1. Full name and title or position of individual(s) involved in the Claim, suit, or circumstance which could give rise to a Claim:

a) Full name(s) of Claimant (Plaintiff) _____

b) Full name(s) of Defendant _____

2. Date alleged Claim, suit, or circumstance occurred _____

3. Date Claim made against an Insured _____

4. Location of Claim: City _____ State _____

5. Has this Claim, suit, or circumstance been reported to any insurance carrier? ☐ Yes ☐ No

If "Yes", date reported to insurance company _____

6. To which insurance company did you report this Claim, suit, or circumstance? _____

7. Current status of Claim, suit, or circumstance (check one): ☐ Closed ☐ Open ☐ In Suit ☐ Potential

8. If Claim, suit, or circumstance is Closed, provide the following:

Total damages paid \$ _____ Total expenses paid (including deductible) \$ _____

9. If Claim, suit, or circumstance is Open, In Suit, or Potential, provide the following:

Total damages paid \$ _____ Total expenses paid (including deductible) \$ _____

10. a) What specific causes of action are alleged in the Claim, suit, or circumstance? _____

10. b) Description of events that gave rise to the Claim, suit, or circumstance (attach a copy of the formal complaint, Charges, etc. if applicable) _____
- _____
- _____
- _____
- _____
- _____
- _____
- c) How did the Insured Entity's respond to the allegations in the Claim, suit, or circumstance? _____
- _____
- _____
- _____
- d) Describe how the Claim, suit, or circumstance was investigated and by whom: _____
- _____
- _____
- _____
- _____
- _____
- _____
- e) What policies and/or procedures have been implemented or revised to prevent a recurrence or similar Claim, suit, or circumstance? _____
- _____
- _____
- _____
- _____
- _____

III SIGNATURE REQUIRED

I understand that the information submitted herein becomes a part of the Insured Entity's Employment Practices Liability Insurance Proposal Form and is subject to the same representations and conditions.

Applicant's Signature _____ Date _____

Title (*print*) _____

Note: The Application must be signed by the President, Chairperson of the Board, Managing Member, or Executive Director.