



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

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**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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.**