SUPPLEMENTAL CLAIM INFORMATION

APPLICANT'S INSTRUCTIONS:

This form is to be completed by an Applicant who has been involved in any claim or suit, or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT. If space is insufficient to answer any question fully, attach a separate sheet.

	Indicate whether:	[] Claim/ Suit [] Incident	Amount asked in complaint?	
	Date of alleged error:		Date of notice of	claim:
	Additional defendants:			
IF CLOSED: Total Loss Paid including Deductible: \$				
	Indicate whether		_Court judgement, or	Out of court settlement.
	IF PENDING:			
	Claimant's settlement demand	1?	\$	-
	Defendant's Offer for settleme	ent?	\$	-
	Insurer's loss reserve?		\$	-
	Deductible?		\$	_
	Name of Insurer:			
	Description of claim, suit, or i	incident: (Provide enough	information to allow evaluation.)	
	Alleged act, error, or omission	n upon which Claimant ba	ses claim (such as failure to file suit within the	ne statue of limitations, etc.):
	Description of case events:			
Description of the type and extent of injury or damage allegedly sustained:				

IN ACCORDANCE WITH FLORIDA STATUE 817.234 YOU ARE ADVISED THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN 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.

Partner, Director, Officer or Owner

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