



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

Claim / Incident Supplement

INSTRUCTIONS: This form is to be completed for each and every incident, request for records, threat of legal action, demand for payment of damages, or lawsuit which has or may ultimately lead to judgment or settlement against you. Certain Underwriters at Lloyds will assume no liability for any unreported potential claims of which you now have knowledge. Please print or type and attach current loss runs.

1. Applicant Information:

a. Name of Applicant : _____

b. Address: _____

c. Policy Number: _____

2. Claimant Information:

a. Name of Claimant(s): _____

b. Address of Claimant: _____

3. Claim / Incident Information:

a. Date of Incident: _____ / _____ / _____

b. Date of Notice: _____ / _____ / _____

c. Date of Settled/Closed (if applicable): _____ / _____ / _____

d. Provide a Summary of the Allegations Made:

e. Give a summary of the alleged damages and Claimant's present condition:



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4. Current status of claim:

- Dismissed (Action dropped without payment or Statute of Limitations has expired)
- Abandoned (no activity from claimant for over 3 years)
- Won by defense
- Won by claimant: Total Paid \$ _____ Amount Paid on your behalf \$ _____
Please indicate whether: Court judgment, or Out of court settlement
- Open:
Claimant's settlement demand \$ _____
Defendant's offer for settlement? \$ _____
Insurer's loss reserve \$ _____

5. Please advise what action has been taken to help prevent recurrence of the same type of claim:

The undersigned declares that to the best of his/her knowledge the statements herein are true.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)