

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Supplemental Claim Form Architects & Engineers
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.		

SUPPLEMENTAL CLAIM FORM - ARCHITECTS & ENGINEERS

Complete one form for each claim or suit which has occurred during the past 10 years.

Name of claimant: _____

Date of alleged error: _____ Date claim first reported: _____

Name of your insurance company: _____

Name of specific individuals of your firm named in action:

Present status of Claim: Pending Suit Closed

Date file closed: _____

If closed, total loss amount \$ _____ If closed, total expense paid: \$ _____

If pending, amount asked in Summons: \$ _____

Insurer's expense reserves: \$ _____ Insurer's loss reserves: \$ _____

Description of Claim including assessment of liability. If pending, provide enough information to evaluate claim:

Allegation upon which Claimant bases Claim:

Description of case and events:

I/WE DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND THAT I/WE WILL UNDERTAKE TO INFORM THE COMPANY OF ANY MATERIAL CHANGE TO THE FACTS WHETHER OCCURRING BEFORE OR AFTER COMPLETION OF THE CONTRACT OF INSURANCE.

SIGNATURE OF DIRECTOR/PARTNER/PRINCIPAL	TITLE
NAME OF APPLICANT:	