

MANAGEMENT LIABILITY CLAIM SUPPLEMENTAL APPLICATION

Atlantic Specialty Insurance Company
(Stock company owned by Intact Insurance Group USA LLC)



intactspecialty.com/management-liability

THIS SUPPLEMENTAL APPLICATION IS PART OF THE MANAGEMENT LIABILITY APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Instructions:

A separate supplement should be completed for each claim or potential claim. If additional space is needed to answer the below questions, attach a separate document to this Supplemental Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

Whenever used in this Application, the term "Applicant" shall mean the organization identified in response to Question 1 of Section I. of this Supplemental Application.

I. GENERAL INFORMATION

1. Name of Applicant:
(as identified in the Management Liability Application submitted for the proposed insurance)
2. Name of the claimant:
3. Date of alleged wrongful act (MM/DD/YY): _____ Date claim made (MM/DD/YY): _____
4. Date claim reported to carrier (MM/DD/YY): _____
5. Describe the claim or potential claim (include the type of coverage involved and individuals involved, allegations asserted):

II. STATUS OF CLAIM

6. Potential Claim In Suit Open Closed
7. If claim is open or in suit, answer the following:
 - a. Claimant's settlement demand: \$ _____ Paid losses to date: \$ _____
Claimant's last offer for settlement: \$ _____ Paid expenses to date: \$ _____
 - b. Brief status of current activity:
9. If claim is closed, answer the following:
 - a. Total expenses paid: \$ _____ Retention/deductible Applicant paid: \$ _____
Total losses or damages paid: \$ _____ Date claim closed (MM/DD/YY): _____
 - b. What steps have been taken to prevent a recurrence or similar claim?

III. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any 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.

MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.