

THE MARYLAND COMMERCIAL INSURANCE GROUP  
A MEMBER OF THE ZURICH GROUP

**SUPPLEMENTAL CLAIMS INFORMATION FORM**

Date of Claim: \_\_\_\_\_

Date of the earliest alleged fact or circumstances giving rise to the claim: \_\_\_\_\_

Name of the Plaintiff (Complainant):

\_\_\_\_\_  
\_\_\_\_\_

Name of all Defendants (Respondent):

\_\_\_\_\_  
\_\_\_\_\_

Forum for the Claim:

\_\_\_\_\_  
\_\_\_\_\_

Name of Counsel selected to defend the Claim:

\_\_\_\_\_  
\_\_\_\_\_

Have any loss payments been made on behalf of the Company or any of its employees under any Employment Practices policy or similar insurance:

A brief description of the allegations contained in the claim (if additional space is required, attach additional sheet):

\_\_\_\_\_  
\_\_\_\_\_

Amount spent to date in defense of the claim: \_\_\_\_\_

Amount of any settlement or judgment within the deductible: \_\_\_\_\_

Current Status:

\_\_\_\_\_