



Evolution Insurance Brokers
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**CLAIM INFORMATION
 SUPPLEMENT**

(USE A SEPARATE FORM FOR EACH SEPARATE CLAIM)

This Claim Information Supplement must be completed, signed, and dated by the Applicant for each Claim, Suit, or circumstance reported on your Application for insurance. All questions must be answered completely. If any question does not apply, indicate "NOT APPLICABLE."

Information:

Name:	Social Security Number or EIN:
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Claim or Circumstance Information:

Claimant Name:	Age:	Sex:
Date of Alleged Incident:	Date Claim was made or Suit brought:	
Additional Defendants:		
Insurance Carrier to Whom Claim/Circumstance Reported:		

Claim Status:

Dismissed:	Defense Verdict:	
Plaintiff Verdict:	Total Paid: \$	Paid on Your Behalf:
Settlement:	Total Paid: \$	Paid on Your Behalf:
Open		
Settlement Demand: \$	Settlement Offer:	Loss Reserve:

For all Paid and Reserve amounts, include both Indemnity and Expense dollars.)

Claim Description: Include allegation(s), events leading up to the Claim, and any other facts pertinent to the Claim.

The Applicant declares that the information contained in this Claim Information Supplement is true and that no material facts have been suppressed or misstated.

Signature: _____ Date: _____

Printed Name: _____