



Has there been any claim, suit, or are you aware of any circumstances that could result in a claim arising out of your activities with any of these entities? \_\_\_\_\_

**If yes, please provide details and complete a Claim Supplement.**

I understand that the information submitted herein shall become part of the application and is subject to the same conditions as stated in the application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Partner, Officer and/or Owner Title

**The applicant understands and agrees that he or she is obligated to report any changes in the information provided in this supplement that occur after the date of application and before policy inception.**