



This Supplemental Claim Form is designed to determine whether notwithstanding this claim, it is still in the best interest to issue a policy in the McGowan Community Association Program due to the facts and remedial measures notwithstanding the claim(s). Additional information to assist our evaluation is welcome. This form is only a guide. Provide any additional relevant facts available.

Name of Insured Association:

1. Insurer handling D&O claim
2. Insurer Claim number
3. Is the current D&O policy being non-renewed? ☐ Yes ☐ No
4. Describe the claim and the damages/relief being sought in detail – do not just copy loss run details (i.e. money damages, rule change, reverse architectural variance decision, invalidate election):
5. Describe the Insured(s) alleged wrongful act(s) that gave rise to the claim (i.e. failure to enforce rule, discriminatory application of rule, improper election, failure to properly notice meeting):
6. What are the key defenses/positions/excuses of the Insured(s)?
7. How was the claim made (i.e. the “written” demand that the Insured(s) do or not do something):
☐ Written letter or email demand? ☐ Lawsuit/Cross-complaint? ☐ Administrative proceeding (i.e. EEOC charge)?
8. If Claim is a Lawsuit/Administrative Proceeding, list court/agency and case/petition number:
9. Who is/are the claimant(s) and relation to insured (i.e. unit owner, vendor/contractor, employee)?
 - a. First time claimant? ☐ Yes ☐ No
 - b. Repeat offender? ☐ Yes ☐ No
10. Who is/are the Defendant(s)/Respondent(s) and their relation to insured? (i.e. board member, association, manager, employee):

Attorney(s) defending Insured(s): Attorney/Firm/phone number/email:

Claim status?

1. Current Status: ☐ Closed nothing paid ☐ Closed only defense Paid ☐ Closed defense & indemnity paid
2. If open, what is the attorney’s evaluation regarding the likelihood of settlement and how much?
3. If open has the matter been in mediation or arbitration? ☐ Yes ☐ No If yes describe result
4. What is defense counsel’s evaluation of liability against the Insured(s)?
5. Defense fees and costs paid to date (including billed but unpaid?)
6. Reserves: Defense fees and costs Indemnity
7. If any Indemnity has been paid state amount and by whom:
8. If there were any “non-monetary” terms or conditions to a settlement describe:

IMPORTANT Remedial Measures (this is the most critical part of the supplemental):

1. What steps have the Insured(s) taken to prevent a similar claim from happening again? Describe:
2. Is there a new community management company due to the claim? ☐ Yes ☐ No
3. If there is a new community management company, provide contact information:
4. Have the governing documents been reviewed, updated and/or otherwise amended? ☐ Yes ☐ No
5. Have any new policies been put into place as a result of the claim? ☐ Yes ☐ No
6. Have there been any board changes due to or after the claim? ☐ Yes ☐ No

Additional Notes:

Signature of Insured Director and/or Officer

Date

Print Name and Title of Director and/or Officer