



13. Description of claim, suit or incident: **Please do not attach suit papers. Each question on the form must be answered completely.**

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14. Provide a full description of alleged act, error or omission upon which the claim is based:

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15. Provide a full description of the type and extent of injury or damage allegedly sustained:

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16. What action has your firm taken to prevent a recurrence of such a claim in the future?

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**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Flexi Protection Plus Application and is subject to the same conditions as stated on the application.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Agent/Broker)

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No: \_\_\_\_\_

Address (Street, City, State, Zip) :

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## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

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Signature

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Date