SUPPLEMENTAL REPORT

A member of the Tokio Marine Group

Insured: _____

Claimant First Name: _____ **Claimant Last Name:** _____

Your claim no.: _____ SNCC claim no.: _____ Date of Loss: _____

NCCI Job Class Code: _____ Job Description: _____

AWW: $ _____ TT: $ _____ PPD: $ _____ PT: $ _____

Supplemental/Cola: $ _____

Offsets? Y ☐ N ☐ Maybe ☐ Type: _____ Amount: $_____

Actual or estimated RTW Date: _____ Full? _____ Modified? _____ Same Employer? _____

Attach computer printout	**Paid to Date**	**Future Estimate**	**Total**
Indemnity:	$ _____	$ _____	$ _____
Medical:	$ _____	$ _____	$ _____
Rehab:	$ _____	$ _____	$ _____
Legal/Expenses:	$ _____	$ _____	$ _____
Total:	$ _____	$ _____	$ _____

Interest/Penalties paid? ☐ Y ☐ N If yes, please explain: _____

Are PT/Death claims discounted to present value? Y ☐ N ☐

Please comment on changes in medical status, disputes/legal issues, subrogation, and Second Injury Fund. (Attach additional page if needed):

Settlement? ☐ Y ☐ N ☐ Maybe Amount $ _____ Demand $ _____ Offer $ _____

Please comment on current status, settlement and disposition plans. (Attach additional page if needed):

Do you expect this claim to exceed the SIR? _____ **Expected closure date**: _____

Please attach all pertinent file material.

Form completed by: _____ Date completed: _____

Company: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Safety National Casualty Corporation
1832 Schuetz Road, St. Louis MO 63146
Telephone (314) 995-5300 Facsimile (314) 995-3897