MLBA MUTUAL INSURANCE COMPANY
CLAIM INFORMATION FORM

Note: Please complete this form for EACH suit in which you have been involved.
All the blanks on this form must be completed,

Date Claim Filed: _____

Plaintiff's Name: _____

_____

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Nature of Claim: _____

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_____

Other Defendants: _____

_____

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_____

Date Settled and Amount: _____

11/01/01