



SUPPLEMENTAL CLAIM INFORMATION

APPLICANT'S INSTRUCTIONS:

- 1. This form is to be completed by Applicant who has been involved in any claim or suit or aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- 2. If space is insufficient to answer any questions fully, use reverse side of this page or attached separate sheet.
- 3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

- 1. Full name of Applicant: _____
- 2. Full name of individual(s) of firm involved in the claim: _____
- 3. Full name of Claimant: _____
- 4. Indicate whether: [] Claim/Suit, or [] Incident
- 5. Date of alleged error: _____
- 6. Date of claim: _____
- 7. Additional defendants: _____

8. IF CLOSED:

Total Loss Paid including Deductible: \$ _____ Defense Costs: \$ _____
Indicate whether [] Court judgment, or [] Out of court settlement

9. IF PENDING:

Claimant's settlement demand? \$ _____
Defendant's offer for settlement? \$ _____
Insurer's loss reserve? \$ _____ Defense Reserve: \$ _____
Deductible? \$ _____
Is claim in Suit? [] Yes [] No. If Yes, Amount asked in summons? \$ _____

10. Name of Insurer: _____

11. Description of claim (Provide enough information to allow evaluation and use reverse side if additional space is required.):

- a. Alleged act, error or omission upon which Claimant bases claim: _____

- b. Description of case and events: _____

- c. Description of the type and extent of injury or damage allegedly sustained: _____

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date