

SUPPLEMENT CLAIM INFORMATION

Instructions:

1. This forms is to be completed by an Applicant or Insured who has been involved in any claim or suite or is aware of an incident, which may give rise to a claim.
 2. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
 3. If space is insufficient to fully answer any questions, attach a separate sheet.
 4. Answer all questions completely.
 5. DO NOT ATTACH COPIES OF SUIT PAPERS.
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Please Type or Print in Ink

1. Full name of Applicant or Insured: _____
2. Full name(s) of individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____
4. Indicate whether: CLAIM/SUIT INCIDENT
5. Date and location of alleged error: _____
6. Date of claim: _____
7. Additional defendants: _____

8. IF CLOSED: Total loss paid including deductible(s): \$ _____
 Indicate whether: Court Judgment Out or Court Settlement
9. IF PENDING: Claimant's settlement demand: \$ _____
 Defendants offer for settlement: \$ _____
 Insurer's loss reserve: \$ _____
 Name of Insurer responding to
 this claim or incident: _____
 Policy Number: _____
 Limits of Liability: \$ _____
 Deductible: \$ _____

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT: _____

a. Description of alleged acts, errors or omissions upon which claim is based: _____

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

c. Explain what action has been taken to prevent recurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could wave my protection.

X _____ X _____
Signature of Owner, Officer, Partner, Shareholder or Member Date

Print or Type Name Title

(Must be signed by an Owner, Partner, Member, Shareholder or Officer of the Firm)