



SUPPLEMENTAL CLAIM FORM

Please complete one form for each claim or incident.

If space is insufficient to answer any question fully, use the reverse side of this page or attach a separate sheet.

Answer all questions in full.

1. Named Insured:

2. Name of individual(s) involved in the claim:

3. Additional defendants:

4. Full name of claimant(s)

5. Which insurance company was the claim/incident reported to?

a. Date of alleged error:

b. Date reported:

c. Date you first received notice:

6. Present status of claim: In suit Open incident Closed

a. If Closed: Total damages paid including deductible: \$ Loss
\$ Claim expenses

Indicate whether: Court Judgement Out of court settlement

b. If Pending: Amount asked in Summons: \$
Claimant's settlement demand: \$
Defendant's offer for settlement: \$
Insurer's loss reserve:* \$
Deductible: \$

*Unknown is unacceptable. Please contact insurance company or defense attorney for a good faith estimate.

7. Description of claim/incident:
(Please provide enough information to allow evaluation and attach a separate page if additional space is required.)

a. Alleged act, error or omission upon which claimant bases claim:



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b. Description of case and events:

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

8. Have you changed company policies or procedures as a result of this claim/incident that will reduce the possibility of a similar occurrence?

YES NO

If YES, please describe:

DECLARATION

I/We hereby understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

Applicant's signature:

Date:

(Must be Signed by an Owner, Officer or Partner)