

Miscellaneous Medical Professional Supplemental Application Claim Information Form (Complete One for Each Claim)

1) Name of applicant/named insured:

2) Name of other parties or defendants named in suit:

3) Date of alleged error or occurrence, or contact date:

4) Date claim was made:

5) Name of Claimant:

6) Name of Insurance Company handling your claim:

7) Present status of claim or final disposition and explanation: Closed Open

8) Defense costs paid to date inclusive of any deductible:

9) If closed, total loss paid, inclusive of any deductible:

10) If claim is open or pending, what are the insurers reserves?

Defense: Loss:

11) Description of case and events including allegations and assessment of liability:

12) Claimant's last settlement demand:

13) Steps taken to avoid a similar incident

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title

Type or print your name & title

Type or print your phone number

Type or print your e-mail address