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.

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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:

    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 name:

Applicant's signature:
(Must be Signed by an Owner, Officer or Partner)

Date (mm/dd/yyyy)

A copy of this application should be retained for your records.