



Philadelphia Insurance Companies  
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

## SUPPLEMENTAL CLAIM INFORMATION

### Instructions:

1. This form is to be completed by an Applicant or Insured who has been involved in any claim or suit 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 question, attach a separate sheet.
4. Answer all questions completely.
5. **DO NOT ATTACH COPIES OF SUIT PAPERS.**

### 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, or  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 or  OUT OF COURT SETTLEMENT
9. IF PENDING: Claimant's settlement demand \$ \_\_\_\_\_  
Defendant's offer for settlement \$ \_\_\_\_\_  
Insurer's loss reserve \$ \_\_\_\_\_  
Name of Insurer responding to this claim or incident: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

The Insurance Company will not accept suit papers. Each question on the form must be answered completely.

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Description of alleged act, error or omission 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 void my protection.**

\_\_\_\_\_  
Signature of Applicant or Insured

\_\_\_\_\_  
Date

(Must be signed by a Principal, Partner or Officer of the Firm.)

