

Application Instructions:

1. This form is to be completed by the Applicant who has been involved in any claim or suit within the past five (5) years, or when the Applicant is aware of any circumstance that may lead to a professional liability claim.
2. If additional space is needed, please use your letterhead
3. Please type or complete this supplement in ink.
4. Please answer all questions completely.
5. PLEASE DO NOT ATTACH SUIT PAPERS.

1. Name of Applicant: _____

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

3. Full name of Claimant: _____

4. Indicate whether: Claim/Suit, or Incident

5. Date of alleged error: / /
MM DD YR

6. Date of Claim: / /
MM DD YR

7. Additional Defendants: _____

8. IF CLOSED:

a. Total Loss Paid including Deductible: \$ _____

b. Indicate whether Court Judgement: _____ Or Out of Court Settlement: _____

9. IF PENDING:

a. Claimant's settlement demand? \$ _____

b. Defendant's offer for settlement? \$ _____

c. Insurer's loss reserve? \$ _____

d. Deductible? \$ _____

e. Is claim in Suit? Yes No

If Yes, Amount asked in summons? \$ _____

10. NAME OF INSURER: _____

11. Description of claim:

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 sustained: _____

d. What measures have you or will you take to prevent similar claims from arising?

REPRESENTATIONS

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.
Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name (Please type or print)

Signature of the Insured, Owner, Partner or Principal

Title

Date