

SUPPLEMENTAL CLAIM INFORMATION

Applicant's Instructions:

- Complete one form for each claim or suit.
- If space is insufficient to answer any questions fully, use reverse side of this page or attach a separate sheet.
- Answer all questions completely. Please type or print.

1. Name of Applicant _____ Social Security Number: _____

2. Name of Patient/Claimant: _____ Age _____ Sex _____

3. Allegation: _____

4. Date(s) of Treatment for Allegation: _____
Location: _____

5. Date Claim/Suit Reported: _____
Name of Insurer: _____

6. Additional Defendants: _____

7. Current Disposition:

Open – Amount of Reserve: _____

Closed – Amount of Settlement or Judgment: _____

Amount Paid on Applicant's behalf \$ _____

If no payment, was claim/suit withdrawn? Yes No

8. Date Claim Closed or Suit Withdrawn: _____

9. Please provide narrative description of the case; including nature of treatment, your involvement, etc.

I understand information submitted herein becomes part of my Professional Liability Application as submitted.

Applicant's Signature

Date