



**SUPPLEMENTAL CLAIM INFORMATION FORM**

This form is to be completed by Applicant who has been involved in any claim or suit or is aware of any facts, circumstances, acts, errors or omissions which may give rise to a professional liability claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

- 1. Full name of Applicant: \_\_\_\_\_
- 2. Full name of individual(s) or firm involved in claim: \_\_\_\_\_
- 3. Full name of Claimant: \_\_\_\_\_
- 4. Indicate whether: Claim/Suit ( ) or Incident ( )
- 5. Date of alleged error: \_\_\_\_\_
- 6. Date of claim: \_\_\_\_\_
- 7. (a) Description of claim: (Provide enough information to allow evaluation and use a separate exhibit if additional space is required and include a copy of the complain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (b) Description of case and events: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. Additional defendants: \_\_\_\_\_
- 9. IF CLOSED:  
 Total loss Paid including Deductible: \$ \_\_\_\_\_  
 Indicate whether: Court judgment ( ) or Out-of-court settlement ( )
- 10. IF PENDING  

Claimant's settlement demand	\$ _____
Defendant's offer for settlement	\$ _____
Insurer's loss reserve	\$ _____
Deductible	\$ _____

Is claim in Suit? Yes ( ) No ( )

If yes, Amount asked in complaint \$ \_\_\_\_\_

11. Name of insurer: \_\_\_\_\_

I understand that the information submitted herein become a part of my professional liability application and is subject to the same certifications, warranties and conditions.

SIGNATURE: \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE \_\_\_\_\_