

National Casualty Company

Home Office Address: 902 Ann Street, Suite A • Madison, Wisconsin 53713-2404
Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

DENTAL CLAIM OR INCIDENT REPORT SUPPLEMENT (PREVIOUS 5 YEARS ONLY)

Instructions:

- A. Please print or type.
- B. Use one form for each claim. Duplicate for extra copies.
- C. To be used if you have been involved in any claim, suit, State Board or Peer Review action.

1. Your Name: _____

2. Claimant's Name: _____

3. Type of Claim: Direct from patient Patient's attorney Lawsuit
 Peer Review State Board Incident Report only

4. Date of alleged error: _____

5. Name of Insurance Company: _____

6. If claim is open (obtain information from your insurance carrier):

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

7. If claim is closed: Total amount paid: \$ _____

Out of court settlement Court judgement

8. Description of claim or incident:

a. Alleged error according to claimant: _____

b. What treatment did you render and what was the alleged injury? _____

9. Were other dentists or hospitals involved as co-defendants? Yes No

Please list their names: _____

10. What changes have you made in your practice to avoid this type of claim in the future? _____

I understand information submitted herein becomes a part of my Dentists Professional Liability Application and is subject to the same conditions.

Your Signature

Date

Your Name (Please Print)