

**SUPPLEMENTAL CLAIM INFORMATION**

**APPLICANT'S INSTRUCTIONS:**

- 1. This form is to be completed by Applicant who has been involved in any claim or suit or aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- 2. If space is insufficient to answer any questions fully, use reverse side of this page or attached separate sheet.
- 3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

- 1. Full 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: \_\_\_\_\_
- 6. Date of claim: \_\_\_\_\_
- 7. Additional defendants: \_\_\_\_\_

8. IF CLOSED:

Total Loss Paid including Deductible: \$ \_\_\_\_\_ Defense Costs: \$ \_\_\_\_\_  
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? \$ \_\_\_\_\_ Defense Reserve: \$ \_\_\_\_\_  
Deductible? \$ \_\_\_\_\_  
Is claim in Suit? [ ] Yes [ ] No. If Yes, Amount asked in summons? \$ \_\_\_\_\_

10. Name of Insurer: \_\_\_\_\_

11. Description of claim (Provide enough information to allow evaluation and use reverse side if additional space is required.):

- 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 allegedly sustained: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date