

PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM INFORMATION

INSTRUCTIONS: (PLEASE CAREFULLY READ AND COMPLETE THIS ENTIRE FORM AND SIGN AT THE BOTTOM)

- 1. If Applicant has been involved in any claim or is 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 of the questions fully, please attach a separate sheet.
- 3. In lieu of attaching suit papers, please provide a complete narrative description of the litigation and facts involved.
- 4. If there are no known claims or potential claims, please check the appropriate box(s) below.

- No – I have not had any claims in the past 5 years
- No – I am not aware of any circumstances, acts, errors or omissions that may give rise to a claim.
- Yes – I have reported this claims or potential claims to the insurance carrier.
- Yes – I am aware of a claim or potential claim, but have not reported it to the insurance carrier.

1. Full Name of Applicant: _____

2. Full Name of Individuals or Firm Involved in Claims: _____

3. Full Name of Claimant: _____

4. Date of Alleged Act, Error or Omission: _____

5. Date Reported to Insurance Company: _____

6. Name of Insurer (if applicable): _____

7. Current Status of Claim: Open In suit Closed

If Open/In Suit

Claimants Demand \$ _____

Deductible \$ _____

Expenses Charged to Date \$ _____

If Closed:

Total Loss, Including Deductible \$ _____

Expenses Paid \$ _____

8. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

9. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant

Title

Date

(Must be signed by a Principal, Partner or Officer of the Firm)