

SUPPLEMENTAL CLAIM / INCIDENT INFORMATION

This form should be completed for each claim, suit or incident Applicant is aware of after inquiry of all partners, officers, owners and employees.

Please ensure that all questions are answered completely.

1. Full name of Applicant or Insured: _____
2. Full name of Applicant who reported claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim/suit Incident
5. Date of alleged error: ____ / ____ / ____
6. Date you became aware of alleged error: / ____ / ____
7. Date it was reported to your insurance carrier: ____ / ____ / ____
Name of your insurance carrier: _____
8. Additional defendants: _____
9. a. IF CLAIM CLOSED indicate date closed: ____ / ____ / ____ Total amount paid \$ _____
b. Of the total amount paid, how much was paid for legal expenses: \$ _____
What was your deductible: \$ _____
10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand \$ _____
 - b. Defendant's offer for settlement \$ _____
 - c. Insurer's loss reserve \$ _____
(Available by calling your insurance company and/or defense counsel)
 - d. Is claim in suit? Yes No
If yes, amount asked in summons \$ _____
 - e. Limits of liability _____ Deductible _____
11. Name of insurance carrier responding to this claim or incident: _____
12. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

Signature of Owner, Officer or Partner

Date (month-day-year)