

SUPPLEMENTAL CLAIM INFORMATION

Full name of Firm/Applicant: _____
(as shown on your letterhead)

Policy No.: _____

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 question fully, use the attached sheet.
3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Individual(s) of firm involved in the claim:

2. Full name of Claimant: _____

3. Indicate whether: ___ Claim/Suit ___ Incident (potential claim)

4. Date of alleged error (MM/DD/YYYY): _____

5. Date when Applicant first knew of claim, act, error or omission
(MM/DD/YYYY): _____

6. Additional defendants: _____

7. **IF CLOSED:**

Total Loss Paid Including Deductible: \$ _____
Indicate whether ___ Court Judgement, or ___ Out of court settlement.

8. **IF PENDING:**

Claimant's settlement demand? \$ _____
Defendant's offer for settlement? \$ _____
Insurer's loss reserve? \$ _____
Deductible? \$ _____
Is claim in Suit? ___ Yes ___ No

9. Name of Insurer to whom claim or incident was reported:

10. Description of claim: (Provide enough information to allow evaluation and use attached sheet if additional space is required.)

A. Alleged act, error or omission upon which Claimant bases claim (such as failure to file suit within the statute of limitations): _____

B. Description of case and events: _____

C. Description of the type and extent of injury or damage allegedly sustained: _____

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the representations, conditions and warranties.

By: _____ Date _____
(Authorized representative of applicant and/or policyholder)

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C. – Sec. 3999.21)

