

SUPPLEMENTAL CLAIM INFORMATION

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident.

If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim:

2. Full name of claimant: _____

3. Indicate whether: Incident Claim Suit

4. Date and location of alleged error: _____

5. Date of claim: _____

6. Additional defendants:

7. IF CLOSED: *Total Paid: \$ _____ Indicate whether: Court Judgment Out of Court Settlement
*Including Defense Expenses incurred.

8. IF PENDING: Claimants settlement demand: \$ _____ Insurer's loss reserve: \$ _____
Your assessment of damages or offer for settlement: \$ _____ Is claim in suit? Yes No

9. Name of Insurer responding to this claim or incident: _____

10. Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)

a. Alleged act error or omission upon which Claimant bases claim:

b. Describe what activities gave rise to the claim or incident:

c. Describe the type of Injury or damage allegedly sustained:

d. Does this incident or claim follow or result from an action to collect fees? Yes No

X

Signature of Owner, Officer, Partner, Shareholder, or Member

X

Date

Print or Type Name

Title