

Claim/Circumstance/Administrative Hearings Supplement



APPLICANT'S INSTRUCTIONS:

- Complete one form for each claim, circumstance or administrative hearing.
- If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

1. Name(s) of individual(s) in the company named in the claim: _____
2. Name of Claimant: _____
3. To what insurance company did you report this claim or incident? _____
 - A. Date of alleged error: _____
 - B. Date reported: _____
 - C. Date first notice received: _____
4. Present status of claim (check one): in suit open circumstance closed
 - A. If closed:

Total damages paid: \$ _____

Total Defense Costs paid (Including any Deductible paid.): \$ _____

Indicate whether: court judgment out-of-court settlement
 - B. If in suit or open:

Amount asked in summons \$ _____

Claimant's settlement demand \$ _____

Defendant's offer for settlement \$ _____

Insurer's loss reserve* \$ _____

Defense Costs paid-to-date \$ _____

Your Deductible that will apply to this claim \$ _____

**Unknown is unacceptable. Please contact the insurance company or the defense attorney for a good faith estimate.*

5. Description of claim: Alleged act, error or omission upon which claimant bases claim.
(Provide enough information to allow evaluation and attach a separate page if additional space is required.)

6. Have you changed policies or procedures as a result of this claim that will reduce the possibility of a similar occurrence? Yes No
If yes, please describe:

This application must be signed by the Chairman of the Board, Chief Executive Officer or the President of the company acting as the authorized representative of the persons and entities proposed for this insurance. I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

Signature: _____ Title: _____ Date: _____