

**SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION**  
**Claims Supplement**

Please complete this form for each claim, circumstance, or incident.

1. Name of Assured:
2. Name of all individual(s) involved in the claim:
3. Other defendant(s):
4. Name of Claimant(s):
5. Name of the insurance company that the claim/ circumstance/incident was reported to:

- A. Date of alleged error:
- B. Date you first received notice:
- C. Date reported:

5. Current status of the claim:     Open                     Closed

A. If closed, what are the total losses paid including deductible:

- Loss/Indemnity                    \$
- Defense Expenses                    \$
- Applicable Deductible                    \$

B. If open, please complete the following:

- Amount asked in Summon                    \$
- Claimant's settlement demand                    \$
- Assured's settlement offer                    \$
- Insurer's current loss/expense reserves                    \$
- Applicable Deductible                    \$

6. Description of the claim/circumstance/incident including details of the alleged act,error or omission for which the claim is based and the type and extent of alleged damages.

7. If applicable, please describe any details involving this claim/circumstance/incident that would make a future similar claim unlikely, or any details explaining why the assured should not be liable or have reduced liability for this claim/circumstance/incident.

8. Have you changes any company policies or procedure as a result of this claim/  Yes  No  
circumstance/incident that will reduce the likelihood of a similar matter occurring?

If Yes, please describe:

I UNDERSTAND INFORMATION SUBMITTED HERIN BECOMES A PART OF MY APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE, AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

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Applicant Signature

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Date (Mo/Day/Yr)