



S U P P L E M E N T A L C L A I M I N F O R M A T I O N

Please supply the following information regarding any instance of claim, suit, or incident which may give rise to a claim whether dismissed, settled out of court, judgment or pending. Answer all of the questions completely. A new form should be completed for each claim. Please type or print clearly.

GENERAL INFORMATION
Applicant (Defendant's) Name
Claimant (Plaintiff's) Name
Date of alleged error Date of Claim
Indicate whether Claim Suit or Incident that has been reported to your insurance carrier
Name of insurer Agent Phone
Location of court where original complaint was filed Case number
Defendant's legal representative Phone
Address City State ZIP Code
Plaintiff's legal representative Phone
Address City State ZIP Code

STATUS OF CLAIM
If closed, indicate whether:
Court judgment Finding for You Plaintiff Date: Determined by Judge Jury
Out-of-court settlement Date of settlement:
Amount paid on your behalf: Compensation:
Punitive: Total settlement amount:
Case dismissed Against YOU Against ALL DEFENDANTS Date:
If pending, indicate:
Claimant's settlement demand: Defendant's offer for settlement:
Insurer's loss reserve: Defense reserve: Deductible:
Claim in suit Yes No If yes, amount asked in summons: Compensation: Punitive:

DESCRIPTION OF CLAIM
Incident location
Alleged act, error or omission upon which Claimant bases claim
Description of type and extent of injury or damage allegedly sustained
Patient's condition at point of your involvement
Patient's condition at end of treatment
Give a complete narration of the case, relating events in chronological order emphasizing the dates of service and stating in detail what was done each time the patient was seen professionally (provide treatment and procedures). Use reverse side for additional space required. Please type or print clearly.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

IMPORTANT: In addition to the information above, please attach copies of the complaint, final judgment, settlement & release, or other final disposition of the claim, if available.