CLAIM/CIRCUMSTANCE
SUPPLEMENT

Claimant(s): _____

Claim Number(s): _____
(If Applicable)

Title(s): _____

Defendant(s): _____

Title(s): _____

Claim status: ☐ Incident ☐ Claim ☐ Suit

Venue:
(Court or Agency) _____

Date of act(s) causing claim / incident: _____

Date claim / incident reported to the applicant: _____

Right to sue issued? _____

If YES, expiry date? _____

Nature of Claim and allegations:

If CLOSED, total paid (defense and loss): _____

If OPEN:

1. Claimant's demand: _____

2. Insurer's defense and/or loss reserves: _____

3. Defense costs incurred to date: _____

4. Applicant's settlement offer: _____

5. Applicant's estimate of settlement: _____

Remedial action taken to prevent a similar claim:

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.

Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title