



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 questions completely. This form should be photocopied and filled out separately 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 <input type="checkbox"/> Claim <input type="checkbox"/> Suit or <input type="checkbox"/> 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 |

| | | | | |
|--|--|---|---|--|
| STATUS OF COMPLAINT | <i>If closed, indicate whether:</i> | | | |
| | <input type="checkbox"/> Court judgment | Finding for <input type="checkbox"/> You <input type="checkbox"/> Plaintiff | Date: _____ | Determined by <input type="checkbox"/> Judge <input type="checkbox"/> Jury |
| | <input type="checkbox"/> Out-of-court settlement | Date of settlement: _____ | Amount paid on your behalf: \$ _____ | Compensation: \$ _____ |
| | <input type="checkbox"/> Case dismissed | <input type="checkbox"/> Against YOU | <input type="checkbox"/> Against ALL DEFENDANTS | Date: _____ |
| <input type="checkbox"/> Case dismissed | <input type="checkbox"/> Against YOU | <input type="checkbox"/> Against ALL DEFENDANTS | Date: _____ | Total settlement amount: \$ _____ |
| <input type="checkbox"/> Case dismissed | <input type="checkbox"/> Against YOU | <input type="checkbox"/> Against ALL DEFENDANTS | Date: _____ | Total settlement amount: \$ _____ |
| <i>If pending, indicate:</i> | | | | |
| Claimant's settlement demand: \$ _____ | | Defendant's offer for settlement: \$ _____ | | |
| Claim in suit <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, amount asked in summons: \$ _____ | Compensation: \$ _____ | Punitive: \$ _____ |

| | |
|--|--|
| DESCRIPTION OF CLAIM <i>Provide enough information to allow evaluation</i> | 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 (treatment and procedures provided). Use reverse side for additional space required. (Please type or print) |
| | |

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.