

Applicant:

SUPPLEMENT 2

CLAIM SUPPLEMENTAL APPLICATION

Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit during the past five years. **COMPLETE ONE FORM FOR EACH CLAIM.**
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
3. **Leave no answer blank.**

Please type or print.

1. Full Name of Applicant: _____

2. Full Name of individual(s) of firm involved in the claim:

3. Full Name of Claimant: _____

4. Date of Alleged Error: _____ 5. Date of Claim: _____

6. Additional Defendants:

7. Present Status of Claims: _____ Open _____ In Suit ___ Closed

8. Total Loss Paid: \$ _____ Name of Insurer: _____

Court Judgment: _____ Out of Court Settlement: _____

9. If pending: Amount asked in summons: \$ _____

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of insurer: _____

10. Description of claim - including likelihood of liability if pending: (Please provide enough information to allow an evaluation and use reverse side if additional space is required.)

A. Allegation upon which Claimant bases claim: _____

B. Description of case and events:

I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm	Title	Date
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