



**Claim Supplemental– Professional Liability**

1 **Name of Claimant** \_\_\_\_\_

2 **When did Claim occur?** \_\_\_\_\_

3 **Details and background of Claim**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 **Is the Claim open or closed?**       **Open**       **Closed**

5 **Amount of Defense Costs paid?** \_\_\_\_\_

6 **Settlement amount (if any)?** \_\_\_\_\_

7 **Was the Claim covered by Insurance?**       **Yes**    **No**

a. **If yes, what amount was paid by the Insurer?** \_\_\_\_\_

b. **If the claim is still open, what amount of reserve has been set up by the Insurer?** \_\_\_\_\_

**What remedial measures have been taken to prevent a recurrence of a similar claim?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information on this supplemental is material to the Company underwriting this risk and shall be made a part of this Policy as if physically attached hereto.**

**Signature:**

\_\_\_\_\_

*Signature of a person authorized to execute on behalf of the Applicant.*

**Date** \_\_\_\_\_