

CLAIMS INFORMATION

SUPPLEMENTAL APPLICATION

ProtectiveSpecialty
Insurance Company

Instructions to the applicant:

- Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation**
- If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.**
- Application must be signed and dated by authorized person.**

- APPLICANT FIRM: _____
- a. Name of Individual involved in the claim: _____
b. Name of the Firm involved in the claim: _____
- Additional Defendants: _____
- Full name of Claimant / Plaintiff: _____
- Present Status of Claim (Check One):
 In Suit Formal Claim
 Open Incident / Potential Claim Closed
- a. Date of alleged error: _____
b. Date claim / incident made against firm: _____
c. Date claim / incident reported to Insurer: _____
d. Name of insurer to whom you reported claim: _____
- If claim is closed, answer a., b., and c. below. If claim is open, please go to question 8.
a. Total defense costs paid: \$ _____
Total indemnity paid: \$ _____
b. Was loss paid by insurer? Yes No If yes, total deductible applied: \$ _____
Total paid, excess of deductible: \$ _____
c. Out of Court Settlement: Yes No Date of settlement: _____
Court Judgment: Yes No Date of judgment: _____
- If claim is open, please answer the following:
a. Claimant's settlement demand: \$ _____
b. Defendant's offer for settlement: \$ _____
c. Insurer's loss reserve: \$ _____
d. Applicant / Insured's estimate of settlement amount \$ _____

9. Description of claim or incident which may give rise to claim:
 a. Alleged act, error, or omission upon which claim or incident is based: _____

 b. Description of events leading to claim or incident: _____

 c. Current status: _____
10. What steps, if any, has the Applicant taken to reduce the likelihood of a reoccurrence of this type of claim? _____

If additional space is needed, please provide details on a separate attachment.

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

_____	_____	_____
Signature of Owner, Officer or Partner	Print or Type Name and Title	Date (m-d-y)