



Big "I"
PROFESSIONAL
LIABILITY

Claim Supplemental Application

Instructions: Complete a separate page for each claim.

1. Name of Applicant: _____

2. Name of Agency Individual Involved in Claim: _____

3. Name of Claimant: _____

4. Date of Error: _____

5. Date of Claim: _____

6. Name(s) of Additional Defendant(s): _____

7. Name of E&O Carrier: _____

8. Claim Status: Open In Suit Paid

9. If paid, _____

a. Amount of Damages Paid: _____ \$

b. Amount of Expenses Paid: _____ \$

10. If Open or in Suit, _____

a. Claimant's Settlement Demand: _____ \$

b. Defendant's Offer for Settlement: _____ \$

c. E&O Carrier Loss Reserve: _____ \$

11. Act, error or omission alleged by claimant: _____

12. Description of claim and events: _____

13. What steps have been taken to reduce the likelihood of a reoccurrence of this type of claim? _____

Name: _____ Title: _____

[Print Name]

[Print Title]

Signature: _____ Date: _____

[Must be signed by Owner, Partner or Senior Officer]

[Month/Day/Year]