

Catlin Underwriting Agency, U.S., Inc.
1330 Post Oak Boulevard, Ste. 2325
Houston, TX 77056

CLAIM SUPPLEMENT

Use separate form for each claim

Please complete this form for any claim or incident that you have experienced.

Is this a current claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a closed claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a potential claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Name: _____

Name of Patient/Claimant/Plaintiff: _____

Allegation(s): _____

Date of Incident: _____ Date claim was reported to Insurer: _____

Insurance Company defending you: _____

Additional Defendant(s): _____

Location of Incident (Hospital, office, etc.): _____

Disposition of Claim/Suit: _____

Dismissed or Discontinued Won by defense Judgment or Verdict against co-defendant(s) only

Settled or Won by Plaintiff, If so how much was paid on you behalf? \$ _____

Date Closed _____ Open (State current status) _____

Open Claims-Reserve \$ _____ (Indemnity) \$ _____ (Expense)

Narrative Description of your treatment and involvement in this incident: _____

How has your practice changed as a result of this claim? _____

I understand this information becomes part of my medical professional liability insurance application.

Signature

Date