



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]