

Professional Liability: Claim Supplement

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UNDERWRITERS
Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. Claim/ Incident Information:

Full Name of Claimant: _____

Date of Wrongful Act: ____ / ____ / ____ Date of Notice: ____ / ____ / ____

Please provide a summary of the allegations made along with alleged damages (please attached additional pages if needed):

3. What is the current status of the claim:

- Open; If so, what are the reserves for defense/ indemnity _____
- Closed; Closing Date: ____ / ____ / ____
- Dismissed (Action dropped without payment or Status of Litigations have expired)
- Abandoned (No activity from claimant for over 3 years)

4. What is the amount of Defense cost paid \$ _____

5. What was the Settlement amount (if any)? \$ _____

6. Was the Claim covered by Insurance? No Yes; If "Yes", please complete a & b

a. Amount paid by Insurer \$ _____

b. If the claim is still open, what is the current amount paid out thus far \$ _____

7. Please provide details on what actions are now taken to prevent recurrence of the same type of claim (please attach additional pages if needed):

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.