SUPPLEMENTAL CLAIM FORM

APPLICANT'S INSTRUCTIONS: This form is to be completed by an Applicant who has been involved in any claim or suit or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT. If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of individual(s) of firm involved in the claim, suit, or incident: ______________________________________
2. Full name of Claimant: ____
3. Indicate whether: [ ] Claim/ Suit Amount asked in complaint? ____________________________________

   [ ] Incident
4. Date of alleged error: ___________________ Date of notice of claim: _______________________________________
5. Additional defendants: ____
6. IF CLOSED: Total Loss Paid including Deductible: $____

   Indicate whether: Court judgement __________________, or Out of Court settlement ________________________.
7. IF PENDING:

   Claimant's settlement demand? $____

   Defendant's Offer for settlement? $____

   Insurer's loss reserve? $____

   Deductible? $____

8. Name of Insurer: ____

9. Description of claim, suit, or incident: (Provide enough information to allow evaluation.)

   A. Alleged act, error, or omission upon which Claimant bases claim (such as failure to file suit within the statute of limitations, etc.): ____

   B. Description of case events: ____

   ____

   C. Description of the type and extent of injury or damage allegedly sustained: ___________________________

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IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT THE COMPANY ISSUES A POLICY, THIS FORM AND THE INFORMATION CONTAINED HEREIN SHALL BECOME PART OF THE PROFESSIONAL LIABILITY APPLICATION.

By: ______________________ Title: ________________________ Date: ______________ Federal I.D. #: ____________

Partner, Director, Officer or Owner

IN ACCORDANCE WITH FLORIDA STATUE 817.234 YOU ARE ADVISED THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADNG INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.