

Please complete this form for each pending suit, closed claim, and potential claim listed in the Loss Information section of the application. Photocopy blank forms as needed for each additional suit or claim. If more space is needed, please continue on a separate page. Each question must be answered or marked Not Applicable (NA).

## A. PLEASE COMPLETE

1. Name of physician: \_\_\_\_\_  
First Name Middle Last Name
2. Name of patient: \_\_\_\_\_  
First Name Middle Last Name
3. Relationship to patient (primary surgeon, assisting surgeon, attending surgeon, etc.): \_\_\_\_\_
4. Date of incident: \_\_\_\_\_ Date reported to the insurance company: \_\_\_\_\_  
MO/DAY/YR MO/DAY/YR
5. Location: \_\_\_\_\_
6. Insurance Company(ies) and claim # (if available): \_\_\_\_\_
7. Other defendants: \_\_\_\_\_
8. Current status:  Potential claim       Closed with judgment       Closed with no indemnity payment  
 Pending suit       Closed with settlement
- If closed, please provide: Date closed: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
MO/DAY/YR
9. To your knowledge, was there any settlement or judgment paid by another party involved (your partners, employees, hospital, P.A., P.C., etc)? .....  Yes  No  
*If yes, amount of settlement or judgment: \$ \_\_\_\_\_*  
*If more space is needed for your answers below, please write "see attached" and include a separate page.*
10. Allegations made against you: \_\_\_\_\_
11. Your response to the allegations: \_\_\_\_\_
12. Date and description of treatment: \_\_\_\_\_
13. Condition of patient after treatment (include dates and any follow-up treatment): \_\_\_\_\_
14. What actions have you taken to prevent this type of claim from occurring in the future?  
 Explain in detail: \_\_\_\_\_
15. Were there any issues regarding altering or directing others to alter any patient or business records pertaining to this claim?  
*If yes, please explain: \_\_\_\_\_*

## B. SIGNATURE REQUIRED

I verify that the above information is complete and true.

For residents of all states except Oklahoma:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Oklahoma residents: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date