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? Is this a closed claim? Is this a potential claim? Yes No No
Applicant Name:
Name of Patient/Claimant/Plaintiff:
Allegation(s):
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

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