

**CLAIM / INCIDENT / SUIT
SUPPLEMENT FORM**

Complete the following. Answer all questions completely. If you need more space, attach an additional sheet.

Full Name of Applicant: _____

Patient's name	Date of alleged error	Date reported to insurance carrier
Name of insurance carrier	Location/setting of alleged error	Formal suit/demand? (Y/N)

Description (provide detail as to original diagnosis, treatment rendered, the alleged act, error or omission giving rise to the claim and type of injury claimed)

What is present condition of the patient?

What is current status of this claim?

Claim closed. Date claim closed:

Settled out of court? (Y/N)

Claim open.

Plaintiff's demand: \$

Total amount paid: \$

Amount paid on YOUR behalf: \$

Amount reserved on YOUR behalf: \$

Explain, in detail, what actions you have taken to avoid a recurrence of this type of claim.

AUTHORIZATION

I have answered the questions in the Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the Insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

Signature in Full		Date
Name - Please print		

This program is underwritten by and Application is made to one of the CNA Insurance Companies. CNA is a registered service mark of the CNA Financial Corporation.