

Professional

PROFESSIONAL UNDERWRITING GROUP, INC

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SUPPLEMENTAL CLAIM FORM

INSTRUCTIONS: This form is to be completed by an Applicant Firm who has been involved in any claim or suit during the past five years or who is aware of any incident which may give rise to a claim. Complete one form for each claim. Make additional copies as necessary.

Name of Applicant Firm: _____

1. Name of individual(s) and/or firm involved in the claim/incident: _____

2. Full name of the claimant: _____

3. List any additional defendants: _____

4. Indicate whether: Claim/Suit Incident/Report Only (No reserve established, no expenses to date)

5. a. Date of alleged act, error or omission: _____/_____/_____

b. Date claim/incident was made against you: _____/_____/_____

c. Date claim/incident reported to insurer: _____/_____/_____

6. Name of Insurance Carrier responding to claim or incident: _____

Limit of Liability: \$ _____ Deductible: \$ _____

7. Present status of claim/incident:

OPEN

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's indemnity reserve: \$ _____

Insurer's expense reserve: \$ _____

Expenses paid to date: \$ _____

In Suit? Yes No

CLOSED

Total loss paid including deductible: \$ _____

Total indemnity paid: \$ _____

Total expense paid: \$ _____

Court judgment

Out-of-court settlement

Dismissed

8. Description of claim or incident:

a. Alleged act, error or omission upon which Claimant bases claim: _____

b. Description of activities that gave rise to the claim or incident: _____

9. Describe what steps have been implemented to prevent the occurrence of a similar claim/incident: _____

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

Printed Name _____

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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