



CLAIMS QUESTIONNAIRE  
MISCELLANEOUS PROFESSIONAL LIABILITY

SUPPLEMENTAL QUESTIONNAIRE TO DETAIL CLAIMS REFERRED TO IN THE "YES" ANSWER TO QUESTION # 17 OF MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION, FORM # \_\_\_\_\_

PLEASE READ THESE INSTRUCTIONS FIRST:

1. Please make copies of this blank questionnaire to have sufficient supply to complete a single questionnaire for each *Claim* to be detailed.
2. The policy of insurance for which you are now applying will not cover any *Claim* detailed in this questionnaire.
3. The information detailed herein is used by the *Insurer* solely for underwriting purposes. This application questionnaire is NOT a *Claim* Report Form. The information you provide in this questionnaire does NOT constitute a report of a *Claim* to the *Insurer*. Any such notice must be sent separately to the Claims Department of the *Insurer* pursuant to all policy terms and conditions.
4. Each question must be answered; if more space is needed, attach a separate sheet indicating the question number being answered. Question N allows you to advise us of additional information. The *Insurer* will rely on the information you detail in this questionnaire.

A. Name of Applicant: \_\_\_\_\_

B. Name of Plaintiff/Complaining Party(ies): \_\_\_\_\_  
\_\_\_\_\_

C. Date error or omission was alleged to have happened: \_\_\_\_\_

D. Date Applicant became aware allegations were being made: \_\_\_\_\_

E. Summarize errors and omissions alleged: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Did a professional liability or other insurance policy apply to this claim? Yes  No  If NO, skip to question M.

G. Name of insurer in answer to question F.: \_\_\_\_\_

H. Did Applicant report this claim to the insurer in G.? Yes  No  If Yes, on what date: \_\_\_\_\_ If NO, why not?  
\_\_\_\_\_  
\_\_\_\_\_

I. Did insurer in G. deny coverage for this claim? Yes  No  If Yes, on what grounds? \_\_\_\_\_  
\_\_\_\_\_

J. Current status of this: (i) \_\_\_\_\_ claim \_\_\_\_\_ suit \_\_\_\_\_ knowledge of an error (no claim yet) is:  
(ii) \_\_\_\_\_ Open (go to question K.) \_\_\_\_\_ Closed (go to question L.)

K. If this claim is open on the date this questionnaire is being signed, please provide the following:

- i) amount incurred to date for defense expenses, inclusive of your deductible: \$ \_\_\_\_\_
  - ii) insurer's defense expense reserve: \$ \_\_\_\_\_
  - iii) insurer's loss reserve: \$ \_\_\_\_\_
  - iv) amount of plaintiff's original demand: \$ \_\_\_\_\_
  - v) current status of claim \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

L. If this claim is fully closed, please provide the following:

- i) date the claim was closed: \_\_\_\_\_
- ii) amount paid for all defense expenses, inclusive of your deductible: \$ \_\_\_\_\_
- iii) amount paid for loss/damages: \$ \_\_\_\_\_
- iv) how closed? \_\_\_\_ court award; \_\_\_\_ arbitration; \_\_\_\_ settlement; \_\_\_\_ other (describe) \_\_\_\_\_

M. (If "NO" is the answer to question F). Provide following information:

- i) name of counsel/city/state chosen for defense: \_\_\_\_\_
  - ii) if still open, amount demanded by plaintiff: \$ \_\_\_\_\_
  - iii) if open, amount incurred to date for defense expenses: \$ \_\_\_\_\_
  - iv) if closed, amount incurred for defense expenses: \$ \_\_\_\_\_
  - v) if closed, amount incurred for loss/damages: \$ \_\_\_\_\_
  - vi) if closed, how? \_\_\_\_ court award; \_\_\_\_ arbitration; \_\_\_\_ settlement; \_\_\_\_ other (describe): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

N. If you wish, provide additional information that you feel will be useful regarding this claim. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant (MUST BE SAME SIGNATORY AS ON APPLICATION FORM #):

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

MM/DD/YYYY