



Rockbridge Underwriting, An RLI Company
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Houston, TX 77098
(713) 874-8800

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a closed claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a potential claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant Name: _____

Name of Patient/Claimant/Plaintiff: _____

Allegation(s): _____

Date of Incident: _____ Date claim was reported: _____

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 incident:

I understand this information becomes part of my medical professional liability insurance application.

Signature

Date