



Application for Medical Professional Liability Claims Narrative Addendum

Applicant's Name (please print): _____

Please supply the following information for any "yes" response to question #5 in the Additional Underwriting Information section of the Application for Medical Professional Liability Reporting Policy.

Print or type answers to each of the following questions in detail. If more than one claim exists, photocopy this sheet for each claim. **Full disclosure of the information requested below is necessary.**

PATIENT/PLAINTIFF'S NAME

INSURANCE CARRIER INVOLVED

Date of Occurrence: _____ Date Reported: _____ Date Closed (if applicable): _____

What is the status of the claim? (check only one)

Pending

Settled out of Court

Found for Plaintiff at Trial

Summary Judgment

Dismissed

Found for Defendant At Trial

If damages were paid, either by settlement or court award, what was the dollar amount?

Paid on your behalf: \$ _____

Paid by all parties: \$ _____

What is/was your status? (check only one) Primary Defendant Codefendant Other

A) Provide a concise description of the incident which led to the claim or suit (attach additional page(s) if needed).

B) What were you alleged to have done incorrectly or failed to have done correctly?

C) Provide other details you believe to be pertinent to the incident/claim/suit.

D) Identify any other parties who are/were involved and/or named in the incident/claim/suit.

I hereby certify that all statements made in this application are true, material and complete. I understand that: (1) if the policy is issued, this is done by MICA in reliance upon these representations; and (2) all statements and descriptions in this application for this insurance policy or in negotiations therefor, shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this policy if issued, unless they

are fraudulent, material either to the acceptance of risk, or to the hazard assumed by the Company, or if the Company in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would have not provided coverage with respect to hazard resulting in the loss, if the true facts had been made known to the Company as required by the application for the policy or otherwise.

I certify that all statements in this application are true, material, and complete.

APPLICANT'S SIGNATURE

DATE