

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL

LOSS INFORMATION SUPPLEMENT

Please complete the following information for each applicant involved in each claim or incident. Please make copies if additional forms are needed for multiple claims or incidents and/or each applicant.

Note: Additional documentation may be requested at The Medical Protective Company's discretion.

A. Is the matter related to A, B or C from the Loss Information section? (Check only one.)

- A.** Current or prior claim.
- B.** Complication, incident, or adverse outcome.
- C.** Written request for records.

B. Is the matter identified in the Loss Information section related to (Check only one):

- Professional Liability
- Other Commercial Liability, i.e. General Liability, EPLI, Cyber, etc. (please describe): _____

C. Patient/Claimant Information:

_____ Last Name _____ First Name _____ Age _____

D. Date of treatment and/or surgery which led, or could lead, to allegations against you: _____ / _____
(MM/YYYY)

E. Date of notice received, if applicable: _____ / _____
(MM/YYYY)

F. Has this matter been reported to your current or former insurer? Yes No

If Yes, date reported to your current or former insurer: _____ / _____
(MM/YYYY)

Current or former insurer name: _____

If No, please explain: _____

G. Name of all other doctor(s), hospital(s), surgery center(s) or healthcare provider(s), if any, involved: _____

H. Current status: Open Closed

If open, indicate dollar value established by insurer: \$ _____

If closed, date of closing: _____ / _____
(MM/YYYY)

Was a payment made? Yes No

1. If Yes, did you consent to the settlement? Yes No

2. Total amount of settlement or award: \$ _____

3. Total amount of settlement or award paid on your behalf: \$ _____

I. Nature of allegations or potential allegations:

Condition treated: _____

Treatment provided: _____

Alleged negligence: _____

Alleged injury: _____

J. Please provide a narrative description of all relevant facts, including, but not limited to, your involvement in the treatment and/or surgery:

K. What steps or procedures have you adopted to prevent a similar claim? Please explain:

MANDATORY: All FLORIDA applicants must read and initial the following:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Initial Here