

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: _____

LOSS INFORMATION SUPPLEMENT (CONTINUED)

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:

