THE MEDICAL PROTECTIVE COMPANY
AGENT/PRODUCER INITIALS: _____

APPLICANT NAME(S): _____
APPLICANT INITIALS: _____

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:

_____

_____