

**NEGLEY**  
**ASSOCIATES**  
UNDERWRITING MANAGERS



**SCOTTSDALE INSURANCE COMPANY®**

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**Miscellaneous Professional Liability Insurance  
Claim/Circumstance/Administrative Hearings Supplement**

**APPLICANT'S INSTRUCTIONS:**

1. This form is to be completed if the Applicant answered yes to questions 23., 24., or 25. on the application.
2. Complete one form for each claim, circumstance or administrative hearing.
3. If space is insufficient to answer any question, use the reverse side or attach a separate sheet. Answer all questions.

(PLEASE TYPE OR PRINT)

**1. Name of individual(s) in the company named in the claim:** \_\_\_\_\_

**2. Name of Claimant:** \_\_\_\_\_

**3. To what insurance company did you report this claim or incident?** \_\_\_\_\_

A. Date of alleged error: \_\_\_\_\_

B. Date reported: \_\_\_\_\_

C. Date first notice received: \_\_\_\_\_

**4. Present status of claim** (check one):     in suit             open circumstance             closed

A. If closed:

Total damages paid including claim expense and deductible: \$ \_\_\_\_\_

Indicate whether:     court judgment, or             out of court settlement.

B. If in suit or open:

Amount asked in summons        \$ \_\_\_\_\_

Claimant's settlement demand    \$ \_\_\_\_\_

Defendant's offer for settlement \$ \_\_\_\_\_

Insurer's loss reserve\*            \$ \_\_\_\_\_

Deductible                            \$ \_\_\_\_\_

\*Unknown is unacceptable. Please contact the insurance company or the defense attorney for a good faith estimate.

**5. Description of claim:** (provide enough information to allow evaluation and attach a separate page if additional space is required.)

Alleged act, error or omission upon which claimant bases claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Have you changed policies or procedures as a result of this claim that will reduce the possibility of a similar occurrence?**.....  Yes     No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by an Owner, Officer or Partner)