

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

SUPPLEMENTAL CLAIM FORM FOR PROFESSIONAL LIABILITY INSURANCE

Full name of Applicant: _____

Provide details below for each claim, fact, circumstance or situation. If more space is needed, attach additional pages.

1. Date Claim Made: _____ Date of Alleged Error: _____
Current Status/Date settled: _____ Claim, Suit or Incident: _____
Claimant(s)/Plaintiff(s): _____
Additional Defendant(s) (if any): _____
Nature of Claim and Allegations: _____

Date Reported to Insurance Company and Name of Insurance Company: _____

Amount Reserved (Loss/ Expense): \$ _____ / \$ _____ Amount Paid (Loss/Expense): \$ _____ / \$ _____

2. Date Claim Made: _____ Date of Alleged Error: _____
Current Status/Date settled: _____ Claim, Suit or Incident: _____
Claimant(s)/Plaintiff(s): _____
Additional Defendant(s) (if any): _____
Nature of Claim and Allegations: _____

Date Reported to Insurance Company and Name of Insurance Company: _____

Amount Reserved (Loss/ Expense): \$ _____ / \$ _____ Amount Paid (Loss/Expense): \$ _____ / \$ _____

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date