

IRONSHORE INDEMNITY, INC.

(A Stock Company)

PO Box 3407

New York, NY 10008

SUPPLEMENTAL CLAIM INFORMATION

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident.

If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim:

2. Full name of claimant: _____

3. Indicate whether: Incident Claim Suit

4. Date and location of alleged error: _____

5. Date of claim: _____

6. Additional defendants:

7. IF CLOSED: *Total Paid: \$ _____ Indicate whether: Court Judgment Out of Court Settlement
*Including Defense Expenses incurred.

8. IF PENDING: Claimants settlement demand: \$ _____ Insurer's loss reserve: \$ _____
Your assessment of damages or offer for settlement: \$ _____ Is claim in suit? Yes No

9. Name of Insurer responding to this claim or incident: _____

10. Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)

a. Alleged act error or omission upon which Claimant bases claim:

b. Describe what activities gave rise to the claim or incident:

c. Describe the type of Injury or damage allegedly sustained:

d. Does this incident or claim follow or result from an action to collect fees? ___ Yes ___ No

X

X

Signature of Owner, Officer, Partner, Shareholder, or Member

Date

Print or Type Name

Title