



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## HEALTH CARE CLAIM SUPPLEMENT

COMPLETE IN ADDITION TO THE KINSALE SUPPLEMENTAL APPLICATION SPECIFIC TO YOUR OPERATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### APPLICANT'S INFORMATION

1)

Named Insured:		
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:

Please attach copies of the following:

- Currently valued five year loss runs
- A copy of all citations, inspections, regulatory authority reports, etc. relevant to all claims
- For all losses which were not covered by insurance, a copy of all demand letters

### CLAIM INFORMATION

2)

Incident Details

- Claimant name: \_\_\_\_\_
- Was the claimant a patient or resident under your care or supervision (or estate thereof if the patient or resident is deceased)? Yes  No
- Claimant age and sex: \_\_\_\_\_
- What was the date(s) of the incident? \_\_\_\_\_
- What dates was the claimant in your care or supervision (if applicable)? \_\_\_\_\_
- Was this incident a:  
 Reported claim       Reported incident (no demand made)       Other: \_\_\_\_\_
- What line(s) of your coverage(s) was this incident reported on? Check all that apply:  
 Professional Liability       Commercial General Liability       Auto Liability  
 Other: \_\_\_\_\_
- When was this incident reported to insurance? \_\_\_\_\_
- Briefly summarize the allegations and circumstances of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are there any additional defendants? Yes  No   
+ If yes, who? \_\_\_\_\_  
+ To the best of your knowledge, has any settlement been paid by another party? Yes  No

- k. Is the patient or resident deceased? Yes  No   
 + If no, what is their present condition? \_\_\_\_\_
- l. Who is the attorney assigned to your case? \_\_\_\_\_  
 + Address: \_\_\_\_\_
- m. What is the present status of the claim?  
 CLOSED, and:  
 Suit threatened, no action taken  Suit filed but dropped by claimant  
 Summary judgement in your favor  Jury verdict in your favor  
 Directed verdict in your favor  Jury verdict in Plaintiff's favor  
 Directed verdict in Plaintiff's favor  Suit settled out of court  
 + If the verdict was in the Plaintiff's favor, what was the loss payment? \$ \_\_\_\_\_  
 + If you settled out of court, did you want to settle? Yes  No   
 - Settlement date: \_\_\_\_\_  
 - Amount paid: \$ \_\_\_\_\_  
 + Defense costs: \$ \_\_\_\_\_  
 OPEN, and:  
 Awaiting mediation  Awaiting court action  
 + Reserve amount: \$ \_\_\_\_\_  
 + Plaintiff's demand: \$ \_\_\_\_\_
- n. What actions have you taken, changes in procedure or new policies have you implemented to prevent a recurrence of this type of claim? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSSES OUTSIDE OF COVERAGE** (complete this section only for losses that were not reported to insurance)

- 3) Incident Details
- a. Claimant name: \_\_\_\_\_
- b. Was the claimant a patient or resident under your care or supervision (or estate thereof if the patient or resident is deceased)? Yes  No
- c. Claimant age and sex: \_\_\_\_\_
- d. What was the date(s) of the incident? \_\_\_\_\_
- e. What dates was the claimant in your care or supervision (if applicable)? \_\_\_\_\_
- f. Why was this loss not reported to insurance? Check all that apply and describe where appropriate:  
 No coverage – Did not purchase insurance  No coverage – Temporary lapse, had coverage before and after incident  
 Outside of coverage territory  
 Wanted to handle out-of-pocket to avoid reporting to carrier  Claimant preferred to settle in-person outside of coverage  
 Loss involved excluded exposure: \_\_\_\_\_  
 Other: \_\_\_\_\_

g. Briefly summarize the allegations and circumstances of the incident: \_\_\_\_\_

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

h. What amount were you originally sued or invoiced/billed for? \$ \_\_\_\_\_

i. What amount did you pay? \$ \_\_\_\_\_

j. What actions have you taken, changes in procedure or new policies have you implemented to prevent a recurrence of this type of claim? \_\_\_\_\_

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

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_