



PROFESSIONAL LIABILITY HISTORY

Please list all past or current professional liability claims or lawsuits which have been filed against you. (Photocopy this page as needed and submit information of each claim/lawsuit)

Date of Occurrence _____
Date claim was filed _____

Professional Liability Carrier involved _____

Describe your role in the claim/lawsuit: [] Primary Defendant [] Co-defendant

Describe the allegations against you:

Describe the alleged injury to the patient:

Identify all the other defendants:

Has the claimant/plaintiff filed suit in court? [] Yes [] No
Case number: _____ [] State Court State: _____ County: _____
Case number: _____ [] Federal Court District: _____

Present status of the claim or case:
[] The case or claim is pending
[] Verdict or judgment for the plaintiff was entered in the amount of \$_____. The portion of the verdict or judgment which was attributed to me was \$_____.
[] Case or claim settled for \$_____. The portion of the settlement paid on my behalf was \$_____.
[] The case was dismissed by the court
[] The claimant/plaintiff voluntarily withdrew the claim/lawsuit
[] The claimant/plaintiff voluntarily dismissed me from the lawsuit

Provider Name: _____ Date: _____

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