



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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