



**MAG MUTUAL INSURANCE COMPANY
UNDERWRITING CLAIM INVESTIGATION**

INSTRUCTIONS: This form is to be completed for each and every incident, request for records, threat of legal action, demand for payment of damages, or lawsuit which may ultimately lead to judgment or settlement against you. If any such incidents, potential claims, or lawsuits have not been reported to your present professional liability carrier, you **MUST** identify them to us because we otherwise assume that they have been reported and that your present carrier will be providing defense and indemnity. If you are ultimately insured by our company, MAG Mutual Insurance Company will assume no liability for any unreported potential claims of which you now have knowledge. Please print or type.

1. Applicant's Name

2. Patient (or Plaintiff)

3. If no lawsuit, how did you become aware of this as a potential malpractice action against you?

4. Give a summary of the allegations made:

5. Give a summary of the alleged damages and patient's present condition. In other words, has the patient died or become severely disabled, etc.?

Applicant's Name

6. Give a summary of your treatment:

7. Give a summary of the case events and present status of the claim:

8. Was the case settled out of court?

Yes No

Date:

Amount:

9. Was a lawsuit filed?

Yes No

Date:

Civil Action number:

10. In what court?

11. Plaintiff Counsel:

12. Date of Judgment:

Amount:

IF A LAWSUIT, ATTACH COPIES OF THE FOLLOWING DOCUMENTS:

1. Summons and Complaint
2. Defendant's Answer
3. Interrogatories
4. Judgment and/or Dismissal
5. Other correspondence available