



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 indemnify. If you are ultimately insured by our company, MAG Mutual 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.?

**MAG MUTUAL INSURANCE COMPANY
UNDERWRITING CLAIM INVESTIGATION**

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?

Date:

Amount:

9. Was a lawsuit filed?

Date:

Amount:

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