

**FORM B – PROFESSIONAL LIABILITY ACTIONS**

**DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.**

Applicant Name: \_\_\_\_\_  
Last First MI

A. Plaintiff's Name: \_\_\_\_\_  
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_  
\_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): \_\_\_\_\_

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): \_\_\_\_\_

D. Allegations, including Patient Outcome, if Available: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Date of Incident (mm/yy): \_\_\_\_\_ F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): \_\_\_\_\_

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$ \_\_\_\_\_

I. Professional Liability Insurer Name (if one was involved): \_\_\_\_\_

J. Insurer Telephone Number: ( ) \_\_\_\_\_ K. Policy Number: \_\_\_\_\_

L. Insurer Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_