American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
(631) 691-6400 - (800) 421-6694

Current Date

CLAIM ACTIVITY

Be sure to answer all question fully, leave no blanks.

(Last) (First) (Middle)

a) Name of claimant or plaintiff:

Age: Sex: MaritalStatus:

b) Date of alleged incident:

c) Location of incident (Hospital, office, clinic, etc.) :

d) Issue or type of injury claimed: - What was the object issue contested in this claim ?

Injury: Emotional Only: Cosmetic: Temporary Disability: Permanent Disability: Death:

Diagnosis:

Prognosis:

Prior Treating Psysicians:

Subsequet Treating Psysicians:

e) Were other psysicians or hospitals involved as co-defendants? No Yes Please list names:

f) Name of insurance company defending you:

g) Was claim or suit: actually brought against you merely threatened, or limited to claimants attorney contact?

h) Disposition of claim:

- Abandoned (no activity over 3 years)
- Won by defense
- Judgement or verdict vs. co-defendent(s) only
- Settled won by claimant. If so, how much was paid on your behalf?
- Open (State Current Status)

Narrative Description of Incident:

Please photocopy this form and supply us with separate information for each claim, suit or incident.

CAP-SUP (6/00)

Print Form Submit by Email