

**INDEPENDENT NEVADA DOCTORS INSURANCE EXCHANGE
Physicians & Surgeons Professional Liability Application
PRIOR CLAIM ADDENDUM**

ATTACH TO APPLICATION

Please make copies of this page as needed

1. Name of Patient:
2. Age of Patient:
3. Gender of Patient: Male Female
4. Allegation:

5. Date claim was made or filed:
6. Date of incident leading to allegation:
7. Insurance company:
8. Additional defendants:
9. Location of occurrence:
10. Disposition of claim: Open Closed
 - a. Date Closed:
 - b. Total Settlement or Judgment: \$
 - c. Amount Paid on Your Behalf: \$
11. Condition and Diagnosis at Time of Incident (include dates of visits):

12. Date and Description of Treatment Rendered (include dates of visits):

13. Condition of Patient Subsequent to Treatment (include dates of follow-up treatment):

I hereby warrant that the information contained in this application is accurate and complete to the best of my knowledge. I understand that this application shall be considered a part of the terms and conditions of my insurance policy with the Independent Nevada Doctors Insurance Exchange if a policy is issued.

Signature of Applicant

Date of Signature