



Claim Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

INSTRUCTIONS

- A. This form is to be completed if **you** have been involved in any claim, suit, or incident that may give rise to a claim or suit. **(One form is necessary for each claim.)**
- B. Please type or print.
- C. If space is not sufficient to answer any questions fully, please attach separate sheet.
- D. Answer each question completely. Do not leave anything blank.

1. Full name of attorney(s) and the firm involved in the claim: _____

2. List any additional defendants: _____

3. Full name of claimant(s) or potential claimant: _____

4. Date of alleged error: _____

Date of claim: _____

Date reported to the insurance company: _____

To what insurance company did you report this matter _____

5. Is this an: Incident Claim Suit Disciplinary Complaint

6. STATUS: Open Closed

If open:

Claim demand \$ _____

Settlement offer \$ _____

Insurer's reserve \$ _____

If closed: Date: _____ Total Damages Paid: \$_____ Total Expenses Paid: \$_____

Manner of Settlement: Out of Court Arbitration/Mediation Dismissed with Prejudice

Dismissed without Prejudice Other _____

7. Description of the representation and the alleged act, error or omission upon which a claim is/could be based. Please provide enough information to allow a clear understanding of the matter.

8. Was this the result of an attempt to collect fees? Yes No

9. What procedures have been implemented to prevent/deter a recurrence of a similar claim or incident?

10. Please attach currently dated loss runs for this matter.

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant
(Must be signed by a Managing Partner or Officer of the Firm.)

Date