



# Claim Supplement

## Lawyers Professional Liability Insurance

**NAME OF APPLICANT:** \_\_\_\_\_

### INSTRUCTIONS

- A. This form is to be completed by the Applicant who has 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.

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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?

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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*