Claims Supplement

NA

This Supplement must be completed for each Claim, Suit or Potential claim. 1. Full name of the individual attorney(s) or firm involved: 2. Full name(s) of the Claimant(s) or potential Claimant(s): 3. This is a: Suit Potential Claim 4. Date and location of act, error or omission alleged, or which may be alleged: 5. Date the Claim or Suit was reported: 6. Additional defendant(s) or potential defendant(s): 7. Present status of Claim, Suit or Potential claim: Open Closed 8. Please provide the most recent dollar values for each category on for this Claim / Suit or Incident: Claimant's settlement demand? Total paid (including deductible)? \$ Defendant's offer for settlement? Indemnity paid? \$ Insurer's Indemnity reserve? \$ Expenses paid? \$ \$ Expenses paid to date? \$ Expense reserves? 9. Name(s) of Insurer(s) responding to this Claim / Suit or Incident: 10 Description of alleged act, error or omission upon which Claim, Suit or Potential claim is or may be based: 11. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: 12. Explain what action(s) have been taken to prevent recurrence of same or similar acts, errors or omissions: APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS Sign and date in ink Title: Signature: Date: Name of firm: **Printed Name:**