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Our aim is your peace of mind.

SUPPLEMENTAL CLAIM APPLICATION

- This form is to be completed by Applicant or Insured who has been involved in any claim or suit or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- If space is insufficient to answer any questions fully, attach separate sheet.
- Answer all questions COMPLETELY.
- If more than one form is needed, please visit our "Forms" page, and download a blank copy to complete in addition to this Application.

1. Full name of Applicant or Insured: _____
 2. Full name of individual(s) of firm involved in claim: _____
 3. Full name of Claimant(s): _____
 4. Indicate whether: Claim/Suit, or Incident
 5. Date and location of alleged error: _____
 6. Date of claim: _____
 7. Additional defendants: _____
 8. IF CLOSED: Total Loss Paid including Deductible: \$ _____
Indicate whether: Court judgment or Settlement
 9. IF PENDING: Claimant's settlement demand? \$ _____
Defendant's offer for settlement? \$ _____
Insurer's loss reserve? \$ _____
Deductible? \$ _____
- Is Claim in Litigation? ___ Yes ___ No If yes, amount of ad damnum \$ _____
- NOTE: For pending and/or closed claims, attach copies of complaints and answers.**
10. Name of insurer responding to this claim or incident: _____
Policy Number: _____
Limits of Liability: _____ Deductible: _____
Type of form: _____ claims-made or _____ occurrence

11. Description of claim. (Provide enough information to allow evaluation and attach a typewritten narrative summary, if necessary.)

A. Alleged act, error, omission or Personal Injury upon which Claimant bases claim:

B. Description of events:

C. Description of the type and extent of injury or damage allegedly sustained:

D. Did the claim arise from your performance of legal services for the firm or any predecessor firm?
If yes, please describe what activities gave rise to the claim or incident:

I declare that the information submitted herein is true and I understand that it becomes a part of my Application for Lawyers Professional Liability Policy, subject to the same warranty and conditions.

(MUST BE SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM)

(Date)

(Signature of Applicant)

(Title)