

## SUPPLEMENTAL CLAIM / INCIDENT INFORMATION

**This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees. Make sure all questions are answered completely.**

1. Full name of Applicant or Insured: \_\_\_\_\_
2. Full name of Firm which reported claim: \_\_\_\_\_
3. Full name of claimant: \_\_\_\_\_
4. Indicate whether:  Claim/suit     Incident
  - a. Date of alleged error: \_\_\_\_\_
  - b. Date you became aware of alleged error: \_\_\_\_\_
  - c. Date it was reported to your insurance carrier: \_\_\_\_\_
  - d. Name of your insurance carrier: \_\_\_\_\_
  - e. Additional defendants: \_\_\_\_\_
5. IF CLOSED, indicate date closed: \_\_\_\_\_
  - a. Total amount paid \$: \_\_\_\_\_
  - b. Of the total amount paid, how much was paid for legal expenses? \$ \_\_\_\_\_
6. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
  - a. Claimant's settlement demand: \$ \_\_\_\_\_
  - b. Defendant's offer for settlement: \$ \_\_\_\_\_
  - c. Insurer's loss reserve: \$ \_\_\_\_\_  
(Available by calling your insurance company and/or defense counsel)
  - d. Is claim in suit?  Yes     No
    - i. If yes, amount asked in summons: \$ \_\_\_\_\_
  - e. Limits of Liability: \_\_\_\_\_    Deductible: \_\_\_\_\_
7. Name of your insurance carrier responding to this claim or incident: \_\_\_\_\_
8. Was an engagement letter used?  Yes     No
9. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury (use a separate sheet if more space is needed):  
\_\_\_\_\_  
\_\_\_\_\_

### NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date