

**CLAIMS SUPPLEMENT**

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

**Named Insured/ Applicant:** \_\_\_\_\_

Note: This Claims Supplement should be completed only after making a reasonable and thorough inquiry of all attorneys in the Firm. The Claims History must identify all claims and incidents, regardless of whether they were reported to a professional liability carrier. Please complete one supplement for each claim or incident.

1. Full name(s) of individual(s) and/or firm involved: \_\_\_\_\_
2. Additional defendant(s) or potential defendant(s): \_\_\_\_\_
3. Full name(s) of claimant(s) or potential claimant(s) \_\_\_\_\_
4. Date of act or omission alleged or which may be alleged: \_\_\_\_\_
5. Name of Insurance carrier to whom you reported this claim: \_\_\_\_\_ Date reported: \_\_\_\_\_
6. Current status of claim:

<input type="checkbox"/> Open	<input type="checkbox"/> Closed
<input type="checkbox"/> Circumstance/Claim <input type="checkbox"/> In suit	<input type="checkbox"/> Closed with payment <input type="checkbox"/> Closed without payment

**Amounts Outstanding:**

Amount asked in summons: \_\_\_\_\_  
 Claimant's settlement demand: \_\_\_\_\_  
 Defendant's offer of settlement: \_\_\_\_\_  
 Defense costs to date: \_\_\_\_\_  
 Insurer's current loss reserve: \_\_\_\_\_

**Amounts Paid:**

Total paid including deductible: \_\_\_\_\_  
 Indemnity Paid: \_\_\_\_\_  
 Expenses paid: \_\_\_\_\_

7. Description of claim or incident which may give rise to a claim:
  - a. Nature of engagement/services provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b. Description of events leading to claim or incident including alleged act or omission upon which claim or incident is based: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Applicant's response to the allegations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Current status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e: What steps, if any, has the Applicant taken to reduce the likelihood of a reoccurrence of this type of claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fraud Prevention – General Warning**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_