

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

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Fraud Prevention

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.