

## LAWYERS PROFESSIONAL LIABILITY CLAIM SUPPLEMENT

This form should be completed for each claim or incident that may reasonably give rise to a claim that the applicant is aware of after inquiry of all members, officers, owners, partners, and employees. Please fully answer all questions in ink.

1. Firm Name: \_\_\_\_\_

2. Indicate if: (a) Claim\_\_ (b) Incident\_\_ (c) Subpoena\_\_ (d) Disciplinary Matter\_\_

3. Status: (a) Open\_\_ (b) Closed\_\_ (c) Inactive since \_\_\_\_\_

4. Name of (potential) Claimant: \_\_\_\_\_

5. Date(s) services were rendered: \_\_\_\_\_

6. Date **you** became aware of this matter: \_\_\_\_\_

7. Date matter was reported to insurer: \_\_\_\_\_

8. Name of insurer matter was reported to: \_\_\_\_\_

9. Additional Defendants: \_\_\_\_\_

10. If the matter is OPEN (please attach a copy of the lawsuit/complaint and/or demand letter), what is the:

a. Claimant's Demand: \_\_\_\_\_

b. Settlement Offer: \_\_\_\_\_

c. Insurer's Loss/Indemnity Reserve: \_\_\_\_\_

d. Insurer's Defense Expense Reserve: \_\_\_\_\_

e. Insurer's Paid Defense Expense: \_\_\_\_\_

11. If the matter is CLOSED, what was the:

a. Date Closed: \_\_\_\_\_

b. Settlement Amount: \_\_\_\_\_

c. Total Defense Expenses: \_\_\_\_\_

d. Deductible Owed: \_\_\_\_\_

e. Deductible Paid: \_\_\_\_\_

12. Was an engagement letter used? ☐ Yes ☐ No

13. Was this matter the result of an attempt to collect fees? ☐ Yes ☐ No

14. Describe the alleged act/error/omission upon which the Claimant bases its claims: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Describe what action(s) **you** have taken to prevent the recurrence of similar claims: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_