

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: _____