



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

## CLAIM SUPPLEMENT Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

### INSTRUCTIONS

- A. This form is to be completed by the Applicant who has been involved in any claim, suit, or incident that may give rise to a claim or suit. **(One form is necessary for each claim.)**
- B. Please type or print.
- C. If space is not sufficient to answer any questions fully, please attach separate sheet.
- D. Answer each question completely. Do not leave anything blank.

1. Full name of attorney(s) and the firm involved in the claim: \_\_\_\_\_

\_\_\_\_\_

2. List any additional defendants: \_\_\_\_\_

\_\_\_\_\_

3. Full name of claimant(s) or potential claimant: \_\_\_\_\_

4. Date of alleged error: \_\_\_\_\_

Date of claim: \_\_\_\_\_

Date reported to the insurance company: \_\_\_\_\_

To what insurance company did you report this matter? \_\_\_\_\_

5. Is this an:  Incident  Claim  Suit  Disciplinary Complaint

6. STATUS:  Open  Closed

If open:

Claim demand \$ \_\_\_\_\_

Settlement offer \$ \_\_\_\_\_

Insurer's reserve \$ \_\_\_\_\_

If closed: Date: \_\_\_\_\_ Total Damages Paid: \$ \_\_\_\_\_ Total Expenses Paid: \$ \_\_\_\_\_

Manner of Settlement:  Out of Court  Arbitration/Mediation  Dismissed with Prejudice

Dismissed without Prejudice  Other: \_\_\_\_\_

7. Description of the representation and the alleged act, error or omission upon which a claim is/could be based. Please provide enough information to allow a clear understanding of the matter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was this the result of an attempt to collect fees? .....  Yes  No

9. What procedures have been implemented to prevent/deter a recurrence of a similar claim or incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
Signature of Applicant Title Date  
(Must be signed by Managing Partner or Officer of the Firm)