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:_____