



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company

7 World Trade Center, 37th Floor
250 Greenwich Street
New York, NY 10007-0033
1-800-423-7675

**CLAIM SUPPLEMENT
Lawyers Professional Liability Insurance**

INSTRUCTIONS

- A. This form is to be completed if you have 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.

NAME OF APPLICANT: _____

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? _____

10. Please attach currently dated loss runs for this matter.

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)