



**LAWYERS PROFESSIONAL LIABILITY
CLAIMS SUPPLEMENT**



Applicant: _____

Please complete one supplement for each claim, lawsuit, incident, disciplinary action, or grievance. Attach additional sheets for descriptions as necessary. PLEASE ATTACH SUPPORTING DOCUMENTS (INCLUDING BUT NOT LIMITED TO COMPLAINT, PETITION, DEMAND LETTER AND/OR GRIEVANCE AND RESPONSE SUBMITTED TO THE BAR, AS APPLICABLE).

1. Name of individuals of the firm involved in the claim: _____
2. Other Defendants: _____
3. Name of actual/potential claimant: _____
4. Check whether: incident claim lawsuit disciplinary action/grievance
5. Date of claim/incident/grievance: _____ Date reported to you: _____
6. Date reported to your insurance company: _____ Insurance Company: _____
Claim Number: _____
7. Current Status: Open Incident Report Only (no amounts reserved or paid)
 Closed Date Closed: _____

Is the claim in litigation? ____ If yes, at what stage is the litigation? _____
Expense/loss paid by firm within deductible: _____ Deductible amount: _____
Defense expense paid by insurance company: _____ Current expense reserve: _____
Loss paid by insurance company: _____ Current loss reserve: _____
Please attach a current loss run.

8. Please provide a detailed narrative regarding the substance of the claim, incident, lawsuit and/or disciplinary action or grievance.

9. Did your engagement agreement limit the scope of representation as described above? Yes No
10. What steps have been taken to prevent similar occurrences in the future? _____
11. Does this claim/incident result from an action to collect fees? Yes No

I understand that the information submitted in this supplement becomes a part of my Lawyers Professional Liability application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.