

**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE
CLAIM SUPPLEMENTAL APPLICATION**

1. Name of Attorneys involved in the claim or incident:

- a. _____
- b. _____
- c. _____

2. Name of other defendants:

- a. _____
- b. _____
- c. _____

3. Name of claimant or potential claimants:

- a. _____
- b. _____
- c. _____

4. Indicate nature of this report:

- | | |
|--|---|
| <input type="checkbox"/> incident | Status: <input type="checkbox"/> Open/pending |
| <input type="checkbox"/> claim | <input type="checkbox"/> Closed/settled |
| <input type="checkbox"/> lawsuit | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> disciplinary matter | _____ |

5. Date of alleged act or omission:

____/____/____
month day year

6. A. Date notice was received of the claim or incident made against the firm

____/____/____
month day year

B. Date the claim or incident was reported to the firm's insurer:

____/____/____
month day year

C. Insurance Company reported to _____

7. Description of claim or incident (attach appropriate documentation):

A. Alleged act or omission upon which the claim or incident is based: _____

B. Description of events leading to the claim or incident: _____

C. Current status: _____

8. If closed, what were the following amounts paid? _____ loss/indemnity
 + _____ defense costs
 - _____ deductible paid
 = _____ total

9. If pending:

Insurer's last offer for settlement: \$ _____ Claimant's last demand: \$ _____
 Reserve amount established _____

10. A. As a result of this claim, have you made procedural or policy changes that will reduce the possibility of a similar occurrence? _____ YES _____ NO

B. If yes, describe: _____

WARNING-NEW YORK RESIDENTS ONLY

Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (for New York residents only: and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.)

 Signature of Officer or Partner of Firm Print name of Officer or Partner Date