

## CLAIMS SUPPLEMENTAL APPLICATION

<b>Claims or Incidents</b>
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Complete one for each claim or incident.

A. Full name of individual(s) or firm involved: \_\_\_\_\_

B. Full name(s) of Claimant(s) or potential Claimant(s): \_\_\_\_\_

C. This is a     Claim    Suit                     Incident

D. Date and location of act, error or omission alleged or which may be alleged: \_\_\_\_\_

E. Date of Claim or suit: \_\_\_\_\_

F. Additional defendant(s) or potential defendant(s): \_\_\_\_\_

G. Present status of claim/incident:    Open    _____	Closed    _____
Claimant's settlement demand:    \$ _____	Total paid including deductible:    \$ _____
Defendant's offer for settlement:    \$ _____	Indemnity paid:                        \$ _____
Insurer's Indemnity reserve:        \$ _____	Expenses paid:                        \$ _____
Expenses paid to date:                \$ _____	
Expense reserve:                        \$ _____	

H. Name(s) of Insurer(s) responding to this claim or incident: \_\_\_\_\_

I. Description of alleged act, error or omission upon which claim is or may be based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Explain what actions(s) have been taken to prevent recurrence of same or similar claims: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**NOTICE :** Any person who 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Sign & Date in ink.**

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_