

**Claim/Suit Information Supplement**

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Whenever used in this supplement, the term "Applicant" shall mean the firm applying for this insurance, as well as its past and present attorneys and staff, and any predecessor firms for which coverage is sought. Please print legibly, answer all questions and complete all fields. If a question is not applicable, respond with "N/A." If, in order to respond completely and fully, additional space is needed or additional information is required, respond on a separate page, reference the question being responded to, and attach any additional information. Please note that the underwriting department may request additional documentation at its discretion.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Client/Claimant Full Name:** \_\_\_\_\_

**3. Name of other defendants, if any, involved in the claim or suit:** \_\_\_\_\_

**4. Date of alleged error or omission which led to the allegations against Applicant:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Year

**5. Date claim/incident notice received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Year

**6. Has this claim/incident been reported to your current or former insurer?**  Yes  No

If yes, date reported to your current or former insurer. \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, please provide a copy of the report(s).

Month Year

**7. Disposition or current status of claim or suit:**  Open  Closed

If closed, date of closing/settlement or award: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Year

**8. Indicate case value/reserve established by carrier, if known (in \$):** \_\_\_\_\_

**9. Carrier defending claim:** \_\_\_\_\_

**10. Was this matter closed with your consent?**  Yes  No

**11. Was a suit filed?**  Yes  No

**12. Was payment made?**  Yes  No

If no, was claim or suit withdrawn?  Yes  No

If yes, indicate total amount of settlement or award (in \$): \_\_\_\_\_

Amount paid on your behalf (in \$): \_\_\_\_\_

**13. Nature of allegations in the claim or suit:**

Alleged error or omission: \_\_\_\_\_

Services provided: \_\_\_\_\_

Alleged negligence: \_\_\_\_\_

Alleged damages: \_\_\_\_\_

**14. Please provide a narrative description of the facts, the type of services provided:**

This Supplement is incorporated into and expressly made part of the Application and any policy issued as the result of the application process. All answers made herein are subject to the representations and signature on the Application.