APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Claim / Disciplinary Supplement

FIRM NAME:

Complete one supplement for each claim, incident/potential claim or disciplinary matter. If more space is needed to fully answer any question, provide via attachment.

1. Name of Individuals and Firm involved in this claim, incident or disciplinary matter:
   1. 
   2. 

2. Name of Additional Defendants:
   1. 
   2. 

3. Name of Claimant, Potential Claimants, or Individual(s) asserting a disciplinary complaint:
   1. 
   2. 

4. Indicate nature of this report:
   - Incident
   - Status: Open / pending
   - Claim
   - Closed / settled
   - Lawsuit
   - other __________________
   - Disciplinary matter

   If response is a Disciplinary Matter, go to Question 12.

5. Date of alleged act or omission: ______ / ______ / ______

6. a. Date notice was received of the claim made against the firm: ______ / ______ / ______
   b. Date the claim was reported to the firm’s insurer: ______ / ______ / ______

7. Description of claim: (attach appropriate documentation, not suit papers): If this is a potential claim, include likelihood that a claim will be pursued.
   a. Alleged act or omission upon which the claim or incident is based: __________________________________________________________

   b. Description of underlying representation (including the legal services rendered) & events leading to the claim or incident: __________________________________________________________

   c. Describe type and extent of injury or damage alleged: __________________________________________________________

   d. Firm’s evaluation of likelihood of liability: __________________________________________________________

   e. Was this claim asserted in a cross-claim or counterclaim in an action to collect fees?  Yes  No
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8. a. If closed, what were the following amounts paid?  
   - ___________ loss / indemnity  
   + ___________ defense costs  
   - ___________ deductible paid  
   = ___________ total

b. Company reported to:

c. If closed, provide date closed: ____ / ____ / ____

9. Indicate whether payment in question 8 above was:  
   - ☐ Judgment  
   - ☐ arbitration award  
   - ☐ Settlement

10. If pending:  
    - Insurer's last offer for settlement: $ ___________  
    - Claimant's last demand: $ ___________  
    - Deductible or retention amount: $ ___________  
    - Limits: $ ___________  
    - Name of defense counsel: ___________  
    - Costs incurred to date: $ ___________  
    - Loss Reserve: $ ___________  
    - Expense Reserve: $ ___________  
    - Insurance Carrier: ___________

11. As a result of this claim, describe procedural or policy changes made that will reduce the possibility of a similar occurrence: ___________

12. Disciplinary matters – complete the following:  
   a. When was the complaint made? ____ / ____ / ____  
   b. When were you notified of the complaint? ____ / ____ / ____  
   c. Was notification received from the Board of Bar Overseers or Disciplinary Commission of your state? ☐ Yes ☐ No  
   d. When did you respond to the Board? ____ / ____ / ____  
   e. Did you report this matter to your insurance carrier? ☐ Yes ☐ No  
   f. If reported, name of insurance carrier: ___________  
      Date reported: ____ / ____ / ____
   g. What were the allegations? Include a description of the legal services rendered to the complainant: ___________
   h. Was this complaint made after a suit for fees was initiated? ☐ Yes ☐ No  
   i. Current status: ___________
   j. What if any discipline or sanction was administered? ___________
   k. As a result of this complaint, what changes have been made that will reduce the likelihood of similar complaints? ___________

Provide a copy of the complaint, correspondence from the Board, your responses & those of the clients and the final disposition papers.