

# Claim Supplemental Application



**This form only needs to be completed if the applicant firm or any insurance company on behalf of the applicant firm has had a claim within the past five years OR if you have a reasonable basis to believe that you or anyone in your firm has committed an act or omission that may lead to a professional liability claim being made against the firm or any attorneys in the firm.**

Firm/Applicant Name: \_\_\_\_\_

1. Full name of Claimant: \_\_\_\_\_

2. Indicate whether: ☐ CLAIM/SUIT ☐ INCIDENT

3. Date of actual or alleged error: \_\_\_\_\_

4. Date reported to insurance carrier: \_\_\_\_\_

5. IF CLOSED: Total paid including deductible: \$ \_\_\_\_\_  
Total indemnity paid: \$ \_\_\_\_\_  
Total expenses paid: \$ \_\_\_\_\_

6. IF PENDING: Claimant's settlement demand: \$ \_\_\_\_\_  
Defendant's offer for settlement: \$ \_\_\_\_\_  
Insurer's loss reserve: \$ \_\_\_\_\_  
Insurer's defense reserve: \$ \_\_\_\_\_  
And/Or paid defense costs thus far: \$ \_\_\_\_\_

7. Description of alleged act, error or omission upon which this claim is based (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Explain what action the firm has taken to prevent reoccurrence of a similar claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

**Notice to Applicant: 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Applicant signature: \_\_\_\_\_  
Signature of Owner/Partner

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

Print name: \_\_\_\_\_

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