

CLAIM/SUIT INFORMATION SUPPLEMENT

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

POLICY NUMBER _____

COMPANY USE ONLY



I. SUPPLEMENT INSTRUCTIONS

- WHENEVER USED IN THIS SUPPLEMENT THE TERM "APPLICANT" SHALL MEAN THE FIRM APPLYING FOR THIS INSURANCE, ITS PAST AND PRESENT ATTORNEYS AND STAFF, AND ANY PREDECESSOR FIRMS FOR WHICH COVERAGE IS SOUGHT.
- INCLUDE ALL REQUESTED INFORMATION AND ATTACHMENTS. PROVIDE A COMPLETE RESPONSE TO ALL QUESTIONS AND ATTACH ADDITIONAL INFORMATION IF NECESSARY TO ANSWER TRUTHFULLY AND COMPLETELY.
- COMPLETE EACH SECTION OF THIS SUPPLEMENT THAT PERTAINS TO THE APPLICANT'S PRACTICE AND CHECK THE APPROPRIATE BOX AT THE BEGINNING OF EACH SECTION TO INDICATE THE AREAS OF PRACTICE THAT DO NOT PERTAIN TO THE APPLICANT'S PRACTICE.
- COMPLETE THE DECLARATIONS AND SIGNATURE SECTION AT THE END OF THIS SUPPLEMENT.
- PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A". IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

II. APPLICANT INFORMATION

A.

APPLICANT/FIRM NAME _____

SUITE _____

STREET ADDRESS _____

BUSINESS PHONE _____

BUSINESS FAX _____

E-MAIL _____

III. CLAIM/SUIT INFORMATION FORM

(PLEASE MAKE COPIES IF ADDITIONAL FORMS ARE NEEDED)

IF MAKING ADDITIONAL COPIES, PLEASE ENTER THE APPLICANT'S NAME: _____

NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUESTED AT THE UNDERWRITING DEPARTMENT'S DISCRETION. ALL FIELDS MUST BE COMPLETED.

A. CLIENT/CLAIMANT INFORMATION

LAST NAME _____

FIRST NAME (FULL) _____

B. DATE OF ALLEGED ERROR OR OMISSION WHICH LED TO THE ALLEGATIONS AGAINST APPLICANT.

MM / YYYY

C. DATE CLAIM/INCIDENT NOTICE RECEIVED.

MM / YYYY

D. HAS THIS CLAIM/INCIDENT BEEN REPORTED TO YOUR CURRENT OR FORMER INSURER?

☐ YES ☐ NO

IF YES, DATE CLAIM REPORTED TO YOUR CURRENT OR FORMER INSURER.

MM / YYYY

IF YES, PLEASE PROVIDE A COPY OF THE REPORT(S).

E. NAME OF OTHER DEFENDANTS, IF ANY, INVOLVED IN THE CLAIM OR SUIT:

F. DISPOSITION OR CURRENT STATUS OF CLAIM OR SUIT:

☐ OPEN ☐ CLOSED

IF CLOSED, DATE OF CLOSING/SETTLEMENT OR AWARD:

MM / YYYY

G. INDICATE CASE VALUE ESTABLISHED BY CARRIER, IF KNOWN (IN \$):

H. DEFENDING INSURANCE CARRIER NAME:

I. WAS THIS MATTER CLOSED WITH YOUR CONSENT?

WAS A CLAIM MADE OR A SUIT FILED?

WAS PAYMENT MADE?

IF NO, WAS CLAIM OR SUIT WITHDRAWN?

IF YES, INDICATE TOTAL AMOUNT OF SETTLEMENT OR AWARD (IN \$):

AMOUNT PAID ON YOUR BEHALF (IN \$):

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

III. CLAIM/SUIT INFORMATION FORM (CONTINUED)**J. NATURE OF ALLEGATIONS IN THE CLAIM OR SUIT:**

ALLEGED ERROR OR OMISSION: _____

SERVICES PROVIDED: _____

ALLEGED NEGLIGENCE: _____

ALLEGED DAMAGES: _____

K. PLEASE PROVIDE A NARRATIVE DESCRIPTION OF THE FACTS INCLUDING, BUT NOT LIMITED TO, THE TYPE OF SERVICES PROVIDED.**III. CLAIM/SUIT INFORMATION FORM (CONTINUED)**

IF MAKING ADDITIONAL COPIES, PLEASE ENTER THE APPLICANT'S NAME: _____

NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUESTED AT THE UNDERWRITING DEPARTMENT'S DISCRETION. ALL FIELDS MUST BE COMPLETED.**A. CLIENT/CLAIMANT INFORMATION**

LAST NAME _____

FIRST NAME (FULL) _____

B. DATE OF ALLEGED ERROR OR OMISSION WHICH LED TO THE ALLEGATIONS AGAINST APPLICANT.

MM / YYYY

C. DATE CLAIM/INCIDENT NOTICE RECEIVED.

MM / YYYY

D. HAS THIS CLAIM/INCIDENT BEEN REPORTED TO YOUR CURRENT OR FORMER INSURER?☐ YES ☐ NO

IF YES, DATE CLAIM REPORTED TO YOUR CURRENT OR FORMER INSURER.

MM / YYYY

IF YES, PLEASE PROVIDE A COPY OF THE REPORT(S).

E. NAME OF OTHER DEFENDANTS, IF ANY, INVOLVED IN THE CLAIM OR SUIT:

F. DISPOSITION OR CURRENT STATUS OF CLAIM OR SUIT:☐ OPEN ☐ CLOSED

IF CLOSED, DATE OF CLOSING/SETTLEMENT OR AWARD:

MM / YYYY

G. INDICATE CASE VALUE ESTABLISHED BY CARRIER, IF KNOWN (IN \$):

H. DEFENDING INSURANCE CARRIER NAME:

I. WAS THIS MATTER CLOSED WITH YOUR CONSENT?☐ YES ☐ NO

WAS A CLAIM MADE OR A SUIT FILED?

☐ YES ☐ NO

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 \$):

J. NATURE OF ALLEGATIONS IN THE CLAIM OR SUIT:

ALLEGED ERROR OR OMISSION: _____

SERVICES PROVIDED: _____

ALLEGED NEGLIGENCE: _____

ALLEGED DAMAGES: _____

III. CLAIM/SUIT INFORMATION FORM (CONTINUED)**K. PLEASE PROVIDE A NARRATIVE DESCRIPTION OF THE FACTS INCLUDING, BUT NOT LIMITED TO, THE TYPE OF SERVICES PROVIDED.****IV. PLEASE READ AND SIGN**

THE APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE

DATE

PRINT NAME

V. FRAUD NOTICE

UNDER THE LAWS OF YOUR STATE, IT MAY BE A CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY. PENALTIES FOR FRAUD MAY RESULT IN ONE OR MORE OF THE FOLLOWING: IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

PLEASE INITIAL THE STATEMENTS ON THE FOLLOWING PAGES FOR THE STATES APPLICABLE TO THE COVERAGE BEING APPLIED FOR.

MANDATORY: ALL APPLICANTS MUST READ AND INITIAL THE FOLLOWING UNLESS IN ONE OF THE STATES BELOW:

ANY PERSON WHO KNOWINGLY 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 ALSO PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES IN CERTAIN JURISDICTIONS.

INITIAL HERE

VI. FRAUD NOTICE - STATE STATUTORY REQUIREMENT

MANDATORY: ALL ARKANSAS APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL COLORADO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATED AGENCIES.

INITIAL HERE

VI. FRAUD NOTICE - STATE STATUTORY REQUIREMENT (CONTINUED)

MANDATORY: ALL DISTRICT OF COLUMBIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

INITIAL HERE

MANDATORY: ALL HAWAII APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

INITIAL HERE

MANDATORY: ALL KENTUCKY APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

INITIAL HERE

MANDATORY: ALL LOUISIANA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL MAINE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL MARYLAND APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL OHIO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

INITIAL HERE

MANDATORY: ALL OKLAHOMA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

WARNING: ANY PERSON, WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INITIAL HERE

MANDATORY: ALL PENNSYLVANIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

INITIAL HERE

MANDATORY: ALL TENNESSEE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL WEST VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE