



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

CLAIM SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

1. Name of Attorneys involved in the claim or incident:

1	
2	
3	

2. Name of other defendants:

1	
2	
3	

3. Name of claimant or potential claimants:

1	
2	
3	

4. Indicate nature of this report:

incident
 claim
 lawsuit

Status:

Open / pending
 Closed / settled
 other _____

5. Date of alleged act or omission:

_____ / _____ / _____
 month / day / year

6. A. Date notice was received of the claim or incident made against the firm:

_____ / _____ / _____
 month / day / year

B. Date the claim or incident was reported to the firm's insurer:

_____ / _____ / _____
 month / day / year

7. Description of claim or incident (*attach appropriate documentation*):

A. Alleged act or omission upon which the claim or incident is based:

B. Description of events leading to the claim or incident::

C. Current status:

D. Was this claim or incident asserted in a cross-claim or counterclaim in an action to collect fees?

Yes No



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PROFESSIONAL LIABILITY INSURANCE**

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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: _____

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: _____
 Company reported to: _____
 Claim / file reference #: _____
 Reserve amounts established by other than CNA: _____

11. A. As a result of this claim, have you made procedural or policy changes that will reduce the possibility of a similar occurrence? Yes No

B. If yes, describe: _____