



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:

Table with 2 rows and 1 column for names of individuals and firm.

2. Name of Additional Defendants:

Table with 2 rows and 1 column for names of additional defendants.

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

Table with 2 rows and 1 column for names of claimants.

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

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.