



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

CLAIM & DISCIPLINARY SUPPLEMENT

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

Applicant Firm Name	
---------------------	--

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

1	
2	
3	

2. Name of Additional Defendants:

1	
2	
3	

3. Name of Claimant, Potential Claimants, or Individuals making a complaint:

1	
2	
3	

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:

____ / ____ / ____
month day year

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

____ / ____ / ____
month day year

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

____ / ____ / ____
month day year

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 case (including the legal services rendered) & events leading to the claim or incident:

C. Describe type and extent of injury or damage allegedly sustained:

D. Firm's evaluation of likelihood of liability: _____



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

E. Was this claim asserted in a cross-claim or counterclaim in an action to collect fees? Yes No

CLAIM & DISCIPLINARY SUPPLEMENT

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: MM/DD/YY

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. If this is a disciplinary matter, complete/provide the following information:

When was the complaint made? ___/___/___

When were you notified of the complaint? ___/___/___

Was notification received from the Board of Bar Overseers or Disciplinary Commission of your state? Yes/No

When did you respond to the Board? ___/___/___

Did you report this matter to the insurance carrier? Yes/No If yes, which carrier? _____ Date ___/___/___

What were the allegations? Include the legal services you rendered to the complainant.

Was this matter the result of a suit for fees?

What is the current status? Dismissed with no finding of wrongdoing, etc

What, if any, requirements were you made to take? Ethics class, paybacks, fines, etc.

As a result of this matter, 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.