



## Claim Information Supplement

1. **Name of Insured:**
2. **Full name of individual lawyer(s) and firm involved in claim, suit or incident:**
3. **Additional defendants:**
4. **Name of claimant(s):**
5. **Date of alleged error:**     \_\_\_ / \_\_\_ / \_\_\_\_\_
6. **Date Reported:**     \_\_\_ / \_\_\_ / \_\_\_\_\_
7. **To what insurance company was this claim reported?**  
If not reported, please explain why.
8. **Status of claim:**  

<u>Open:</u>	<u>Closed:</u>
<input type="checkbox"/> Pre-suit <input type="checkbox"/> In Suit	<input type="checkbox"/> Judgment <input type="checkbox"/> Settlement <input type="checkbox"/> Inactivity
	Date Closed    ___ / ___ / _____
9. **Total actual/potential damages:**  
 Paid    \$ \_\_\_\_\_     Reserved    \$ \_\_\_\_\_     Exposure    \$ \_\_\_\_\_
10. **Total actual/potential expenses:**  
 Paid    \$ \_\_\_\_\_     Reserved    \$ \_\_\_\_\_     Exposure    \$ \_\_\_\_\_
11. **Description of claim/potential claim. Include allegations, facts of underlying representation, case number, and jurisdiction where filed.**

12. **What procedures have been implemented to prevent a recurrence of this type of claim?**

13. **Do we have your authorization to contact your defense counsel regarding this claim?**     Yes     No

If yes, provide the name and telephone number of your defense counsel:

Name: \_\_\_\_\_ Phone Number: (    )    \_\_\_ - \_\_\_\_\_

I/we represent that the statements above are true and complete to the best knowledge of all persons to be insured and that I/we have not suppressed or misstated any facts and I/we understand that this supplement becomes part of the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title