



Administered by:
Lockton Risk Services
(800) 250-7876

**SUPPLEMENTAL CLAIM / INCIDENT
INFORMATION**

This form should be completed for each claim, suit or incident that the applicant, after inquiry of all partners, officers, owners and employees, is aware of prior to the inception date of any proposed coverage. **Please answer all questions completely.**

1.	Full name of Applicant or Insured:
2.	Full name of Firm that reported claim:
3.	Full name of claimant:
4.	Indicate whether: <input type="checkbox"/> Claim/suit <input type="checkbox"/> Incident
5.	Date of alleged error:
6.	Date you became aware of alleged error:
7.	a. Date it was reported to your insurance carrier: b. Name of your insurance carrier:
8.	Additional defendants:
9.	IF CLOSED, a. Indicate date closed: _____ and the total amount paid \$ _____ b. Of the total amount paid, how much was paid for legal expenses? \$ _____ c. What was your deductible \$ _____
10.	IF OPEN (PENDING), PLEASE PROVIDE THE FOLLOWING: a. Claimant's settlement demand \$ _____ b. Defendant's offer for settlement \$ _____ c. Insurer's loss and expense reserve or your best good faith estimate of potential damages including expenses: \$ _____ (Available by calling your insurance company and/or defense counsel) d. Is claim in suit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount asked in summons \$ _____ e. Limits of liability _____ Deductible _____
11.	Name of any other insurance carrier responding to this claim or incident, if different from that in Question 7. above:
12.	Was an engagement letter used for this client representation? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Did this clam result in your firm counterclaiming or initiating a lawsuit to recover outstanding legal fees? <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)