

LAWYERS' MUTUAL INSURANCE COMPANY

SUPPLEMENTAL APPLICATION -- PART II -- CLAIMS INFORMATION SHEET

NOTE: PLEASE COMPLETE ONE COPY OF THIS FORM FOR EACH CLAIM

Name of Applicant Lawyer: _____

1. Name of Claimant: _____

Was claimant a client? ____Yes ____No.

2. a. Date(s) on which professional services were rendered which comprise the alleged basis for the claim: _____
 b. Name of law firm that Applicant Lawyer was with at the time such services were rendered: _____

3. a. Individual lawyer(s) who allegedly rendered such professional services: _____

b. Dates Applicant Lawyer was with the law firm named in Question No. 2(b) above: _____

c. Dates Applicant Lawyer involved with underlying case: _____

4. Insurance Carrier(s) to which claim has been reported:

Name	Date First Reported
_____	_____

5. Allegations of claimant. (Please describe the facts and events which the claimant alleges to have occurred -- not the legal theory or the name of the alleged tort): _____

6. State any defenses you expect to assert, or did assert: _____

7. Has a lawsuit been instituted in which these allegations have been made? ____Yes ____No.

8. If the answer to No. 7 is "Yes", state:

a. Name of lawsuit _____	<input type="checkbox"/> Trial set for (date) _____
b. Court _____	<input type="checkbox"/> Case was tried on _____
c. Your Attorney _____	Result _____
d. Case Number _____	<input type="checkbox"/> Final Judgment
e. Claimant's Attorney _____	<input type="checkbox"/> Other (Explain) _____
f. Current Status of Proceeding:	
<input type="checkbox"/> Current Settlement Demand: \$ _____	
<input type="checkbox"/> Pleadings Not At-Issue	

9. Current Status of Claim: ____Open ____Closed. If closed, please give date: _____
Mo/Day/Yr

Result: _____

10. a. Total amounts paid to claimant (from whatever source) pursuant to or in connection with the claim: \$ _____
 b. Applicant's share of amount paid to claimant: \$ _____
 c. Defense costs paid to date: \$ _____

(NOTE: THIS CLAIM INFORMATION SHEET DOES NOT ELICIT THE DISCLOSURE OF PRIVILEGED ATTORNEY-CLIENT COMMUNICATIONS. CARE SHOULD BE TAKEN TO PROVIDE COMPLETE INFORMATION WITHOUT MAKING SUCH DISCLOSURES. THIS SHEET MUST BE DATED AND EXECUTED BY EACH OF THE ATTORNEYS WHO WERE IDENTIFIED IN RESPONSE TO ITEM NO. 3, SUPRA).

Date: _____, 20____
Mo/Day Yr (Applicant)

 (Please print name of Applicant Lawyer)