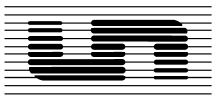

LAWYERS DEFENSE PLAN

PROFESSIONAL LIABILITY INSURANCE FOR LAW FIRMS

CLAIM INFORMATION SUPPLEMENT

This form **must be** completed in **its entirety** for each claim or incident within the past seven (7) years:

1. Full Name of Applicant / Insured Firm: _____

2. Full Name of Attorney(s) Involved as Defendant(s) in Claim: _____

   _____

3. Name of Firm involved in Claim: _____

4. Additional Defendants: _____

5. Full Name of Claimant: _____

6. a. Indicate Type: Claim/Suit ..... ☐ Incident .... ☐
   b. Indicate Status: Open ..... ☐ Closed ..... ☐

7. a. Date Claim/Incident made against Firm: _____
   b. Date Claim/Incident reported to Insurer: _____
   c. Name of Insurer Claim/Incident was reported to: _____

8. If Claim is **Closed**, answer a, b, & c below. If claim is **Open**, please go to Question 9.
   a. Out of Court Settlement: .....Yes ☐ No ☐ .....Date of Settlement: _____
   b. Court Judgment:: .....Yes ☐ No ☐ .....Date of Judgment: _____
   c. Total defense costs paid: $_____ Total Indemnity paid: $_____ Deductible paid: _____$_

9. If Claim is **Open**, answer each of the following (do not leave any blank):
   a. Claimants, settlement demand: $_____
   b. Defendants offer for settlement: $_____
   c. Insurer's Loss Reserve: $_____
   d. Insurer's Expense Reserve: $_____
   e. Defense Expenses to date $_____
   f. Applicant/Insured's estimate of settlement amount: $_____

10. Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. **Please do not attach summons or complaint.** Use reverse or additional sheets for more details: _____

    _____

    _____

    _____

11. Explain what action has been taken to prevent a recurrence of a similar Claim. Use reverse or additional sheets for more details.

    _____

    _____

    _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this supplemental will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

_____ _____

Signature of Partner, Officer or Owner Date