

**APPENDIX 11**

**CLAIMS**

**INSTRUCTIONS:**

A. A separate copy of this form must be completed for each claim or suit made in the last five (5) years against any member of the firm.

B. If space is insufficient to completely answer any question, attach (a) separate sheet(s).

1. Name of Firm: (from question 1 of the application)

\_\_\_\_\_

2. Name of Attorney(s) involved in the claim:

\_\_\_\_\_

3. Full name of claimant(s):

\_\_\_\_\_

4. Date of alleged error:

\_\_\_\_\_

5. Date the claim was first made known to the firm or to the Attorney(s) identified in the answer to question 2 above, whichever date is earlier:

\_\_\_\_\_

6. Additional defendants:

\_\_\_\_\_

7. Area of specialization from which this claim emanates: (Please refer to question 8 of the application.)

\_\_\_\_\_

8. Present status of the claim:  Open  In Suit  Closed

9. If the claim is closed, provide the following:

	<b>LOSS</b>	<b>EXPENSE</b>
a) Total amount paid by insurer:	\$ _____	\$ _____
b) Total amount paid by the firm:	\$ _____	\$ _____

c) Name of insurer:	\$ _____	\$ _____
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d) Name of insurer: \_\_\_\_\_

d) Insurer's claim number: \_\_\_\_\_

e) Claim was resolved by: (Check one.)  Judgment  Settlement  Other (Please explain.)

10. If the claim is currently pending, provide the following:

- a) Amount asked for in the complaint: \$ \_\_\_\_\_
- b) Claimant's settlement demand: \$ \_\_\_\_\_
- c) Defendant's settlement offer: \$ \_\_\_\_\_
- d) Insurer's loss reserve: \$ \_\_\_\_\_
- e) Name of insurer: \_\_\_\_\_
- f) Insurer's claim number: \_\_\_\_\_

11. Irrespective of the validity of the pending claim, what amount does the firm believe will be awarded if the action is tried in court? \$ \_\_\_\_\_

12. If the claim is currently pending, please provide a description of the claim including the likelihood of liability. (Please provide enough information to allow an evaluation.)

- a) Allegation upon which the claimant bases his/her/its claim:  
\_\_\_\_\_  
\_\_\_\_\_
- b) Description of the case and the events to date:  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe what steps the firm has implemented to ensure that this type of claim does not recur.

\_\_\_\_\_  
\_\_\_\_\_

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representations and conditions.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity