



Administered by:
Lockton Risk Services, Inc.
1-866-871-4996

**CLAIMS INFORMATION
SUPPLEMENTAL APPLICATION**

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant firm showed any activity in the DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIMS ACTIVITY Section in the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

1. APPLICANT FIRM:			
2. a.	Name of Attorney involved in the claim:		
	b. Name of the Firm involved in the claim:		
3. Additional Defendants:			
4. Full name of Claimant / Plaintiff:			
5.	Present Status of Claim (Check One):	<input type="checkbox"/> In Suit	<input type="checkbox"/> Open Incident / Potential Claim
		<input type="checkbox"/> Formal Claim	<input type="checkbox"/> Closed
6. a.	Date of alleged error:		
	b. Date claim / incident made against firm:		
	c. Date claim / incident reported to Insurer:		
	d. Name of insurer to whom you reported claim:		
7. If claim is closed, answer a., b., and c. below. If claim is open, please go to question 8.			
a.	Total defense costs paid:	\$	
	Total indemnity paid:	\$	
b.	Was loss paid by insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, total deductible applied: \$
	Total paid, excess of deductible:	\$	
c.	Out of Court Settlement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of settlement:
	Court Judgment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of judgment:
8. If claim is open, please answer the following:			
a.	Claimant's settlement demand:	\$	
b.	Defendant's offer for settlement:	\$	
c.	Insurer's loss reserve:	\$	
d.	Applicant / Insured's estimate of settlement amount	\$	
9. Description of claim or incident which may give rise to claim:			
a.	Alleged act, error, or omission upon which claim or incident is based:		
b.	Description of events leading to claim or incident:		
c.	Current status:		

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.
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)