



# APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

## CLAIM SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

1. Name of Attorneys involved in the claim or incident:

1	
2	
3	

2. Name of other defendants:

1	
2	
3	

3. Name of claimant or potential claimants:

1	
2	
3	

4. Indicate nature of this report:

incident  
 claim  
 lawsuit

Status:

Open / pending  
 Closed / settled  
 other \_\_\_\_\_

5. Date of alleged act or omission:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month / day / year

6. A. Date notice was received of the claim or incident made against the firm:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month / day / year

B. Date the claim or incident was reported to the firm's insurer:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month / day / year

7. Description of claim or incident (*attach appropriate documentation*):

A. Alleged act or omission upon which the claim or incident is based:

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

B. Description of events leading to the claim or incident::

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

C. Current status:

\_\_\_\_\_

D. Was this claim or incident asserted in a cross-claim or counterclaim in an action to collect fees?

Yes  No



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8. A. If closed, what were the following amounts paid?

	_____	loss / indemnity
	+ _____	defense costs
	- _____	deductible paid
	= _____	<b>total</b>

B. Company reported to: \_\_\_\_\_

9. Indicate whether payment in question 8 above was:

judgment  
 arbitration award  
 settlement

10. If pending:

Insurer's last offer for settlement: \$ \_\_\_\_\_ Claimant's last demand: \$ \_\_\_\_\_

Deductible or retention amount: \_\_\_\_\_ Limits: \_\_\_\_\_

Name of defense counsel \_\_\_\_\_ Costs incurred to date: \_\_\_\_\_

Company reported to: \_\_\_\_\_

Claim / file reference #: \_\_\_\_\_

Reserve amounts established by other than CNA: \_\_\_\_\_

11. A. As a result of this claim, have you made procedural or policy changes that will reduce the possibility of a similar occurrence?  Yes  No

B. If yes, describe: \_\_\_\_\_