CLAIM SUPPLEMENTAL QUESTIONNAIRE

This form must be completed in its entirety for each claim or incident with the past five (5) years:

1. Full Name of Applicant/Insured Firm: _____
2. Full Name of Attorney(s) involved as Defendant(s) in a Claim: _____

_____

3. Name of Firm involved in Claim: _____
4. Additional Defendant(s): _____
5. Full Name of Claimant: _____
6. Indicate Type: ☐ Claim/Suit ☐ Incident
   ☐ Open ☐ Closed
7. Date Claim/Incident made against Firm: _____
   Date Claim/Incident reported to Insurer: _____
   Name of Insurer Claim/Incident was reported to: _____
8. If claim is Closed, complete the below. If Claim is Open, please go to Question 9.
   Out of Court Settlement: ☐ Yes ☐ No Date of Settlement: _____
   Court Judgement: ☐ Yes ☐ No Date of Judgement: _____
   Total Defense Cost Paid: _____ Total Indemnity Paid: _____
   Deductible Paid: _____
9. If Claim is Open, answer each of the following (do not leave any blank):
   Claimant's Settlement Demand: _____
   Defendant's Offer for Settlement _____
   Insurer's Loss Reserve _____
   Insurer's Expense Reserve _____
   Defense Expenses to date: _____
   Applicant/Insured's estimate of settlement amount: _____

10. Description of alleged act, error or omission upon which claimant bases the Claim including the events leading to the Claim. Please do not attach summons or complain. Use additional sheets for more details.

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

This questionnaire is a supplement to the application. The application fraud warnings and representation statements apply to this questionnaire.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____