



Claims/ Incident Supplemental Application

If you answered yes to the questions regarding claims or potential claims, complete a separate supplement for each actual or potential claim. A form should be completed for any claim, demand, or suit and any incident, circumstance, act, error, omission that may result in a claim, demand or suit for Professional Liability, Employment Practices, Employee Theft, Identity Theft or Non-profit Directors and Officers claims expense. Answer each question fully, do not leave any blank. If there is not enough space, please attach a separate sheet.

1. Full name of all individual(s) of the firm involved in claim, incident, or suit: _____

2. List any additional defendant(s): _____

3. Full name of claimant(s) or potential claimant(s): _____

4. a. Date of alleged act, error, or omission: _____

b. Date claim/incident was made or date firm received notice: _____

5. a. Name of Insurance Company to whom you reported this claim: _____

b. Date reported to company: _____

6. Type: Incident Claim Suit Disciplinary Complaint

7. Present Status of claim: Open In Suit Closed with pay Closed without pay

a. If open or in suit provide:

Claimant's settlement demand \$ _____ Defendant's offer for settlement \$ _____

Insurer's current loss reserve \$ _____

Amount paid to date: Expenses: \$ _____ Loss/ Indemnity: \$ _____

b. If closed provide:

Total damages (paid and/or outstanding, including deductible) \$ _____

Was payment the result of: Judgment Settlement Arbitration

Date closed: _____

8. Description of the claim or incident:

(Do not respond with "contact Company", "refer to file" or "see attached loss run". Information must be provided to allow an evaluation of the claim or incident.)

a. Nature of engagement and services provided : _____

b. Allegation upon which claimant bases claim: _____

c. Description of case and events upon which the claim or incident is based: _____

d. Firms Response to Allegations: _____

9. What procedures have been implemented to prevent a similar claim? _____

It is acknowledged and agreed that any claim or other loss arising from a matter disclosed or should have been disclosed in this supplement is excluded from coverage under the proposed insurance, for all Insureds, without limiting any other remedy available to the Company for non-disclosure. All current situations should be reported to your current insurance carrier.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent _____

License Number _____

Address _____
