

<b>1.</b>	Full name of Applicant Firm:		
<b>2.</b>	Full name(s) of firm member(s) involved in claim:		
<b>3.</b>	Other defendants:		
<b>4.</b>	Name of potential/actual claimant(s):		
<b>5.</b>	Check whether: <input type="checkbox"/> Incident <input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Disciplinary Action		
<b>6.</b>	a. Date of alleged act, error, or omission:		
	b. Date reported to the insurer:		
	c. Insurance carrier responding to this claim:		
<b>7.</b>	<b>Present status of the claim (include any deductible amount in figures provided):</b>		
	<b>a.</b> <input type="checkbox"/> Closed    Date Closed: _____ Total loss paid (including the deductible): _____ Total expense paid (including the deductible): _____ <input type="checkbox"/> Court judgment <input type="checkbox"/> Out-of-court settlement <input type="checkbox"/> Dismissed <input type="checkbox"/> Arbitration award	<b>b.</b> <input type="checkbox"/> Open Claimant's settlement demand: _____ Defendant's offer for settlement: _____ Insurer's claim reserve: _____ Expense reserve: _____ Expenses paid to date: _____ <input type="checkbox"/> Currently in Suit <input type="checkbox"/> Incident/Report Only (No reserve established, no expenses to date)	
<b>8.</b>	<b>a.</b> Description of events, including alleged act or omission upon which the claim or incident is based:		
	<b>b.</b> What steps have been taken to prevent a similar loss in the future?		
	<b>c.</b> Does this claim or incident arise from an action to collect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.**

 \_\_\_\_\_  
 Signature of Officer or Partner of Firm

 \_\_\_\_\_  
 Title

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Print Name of Officer or Partner