

1.	Full name of Applicant Firm:		
2.	Full name(s) of firm member(s) involved in claim:		
3.	Other defendants:		
4.	Name of potential/actual claimant(s):		
5.	Check whether: <input type="checkbox"/> Incident <input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Disciplinary Action		
6.	a. Date of alleged act, error, or omission:		
	b. Date reported to the insurer:		
	c. Insurance carrier responding to this claim:		
7.	Present status of the claim (include any deductible amount in figures provided):		
	a. <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. <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)	
8.	a. Description of events, including alleged act or omission upon which the claim or incident is based:		
	b. What steps have been taken to prevent a similar loss in the future?		
	c. 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