

**JAMISONPRO APPLICATION
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

SUPPLEMENTAL CLAIM FORM

APPLICANT'S INSTRUCTIONS

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS FOR WHOM COVERAGE IS REQUESTED IN YOUR APPLICATION IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE (5) YEARS , OR IS AWARE OF ANY CIRCUMSTANCES THAT MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM. PLEASE COMPLETE ONE FORM FOR EACH SUCH CLAIM OR POTENTIAL CLAIM.
- B. PLEASE FULLY ANSWER ALL QUESTIONS. DO NOT ATTACH COPIES OF A SUMMONS & COMPLAINT OR OTHER LEGAL DOCUMENTS. IF A QUESTION DOES NOT APPLY, ENTER "DOES NOT APPLY".
- C. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, CONTINUE YOUR ANSWER ON A SEPARATE PAGE.

This Supplement will form a part of the basic application submitted for the firm named below.

NAME OF APPLICANT: _____

1. Full name of individual(s) and name of firm involved in this claim:

- a. _____
- b. _____
- c. _____

2. Additional Defendants:

- a. _____
- b. _____
- c. _____

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

4. Date(s) of alleged error(s): _____

5. Insurer / Insurance Information:

- a. To what insurance company did you report this claim: _____
- b. On what date did you report this claim to the insurance company: ____ / ____ / ____
- c. What is the amount of your Deductible applicable to claim: \$ _____

6. Present status of this claim:

- a. Open Closed
 - b. Potential Claim Non-Suited Claim Suited Claim Disciplinary Action
-

7. If this is an **Open Non-Suited Claim** or an **Open Suited Claim**, please indicate:

- a. Amount demanded for relief in Complaint: \$ _____
- b. Claimant's settlement demand: \$ _____
- c. Defendant's offer for settlement: \$ _____
- d. Total damages paid or outstanding to date: \$ _____

8. If this claim is closed, please indicate:

- a. Total amount of damages paid in settlement on your behalf, including your Deductible: \$ _____
- b. Manner of settlement:
 - Pre-Litigation Out Of Court Court Judgment Arbitration Award

9. Description of claim - including likelihood that a claim will be pursued if presently a potential claim. Please provide enough information to allow an evaluation.

- a. Allegation upon which Claimant bases claim:
 - _____
 - _____
 - _____
 - _____

- b. Description of case and events:
 - _____
 - _____
 - _____
 - _____

10. Was this claim asserted as a cross-claim or counter-claim in a suit to collect fees? **Yes** **No**

11. Describe the policy or procedural changes that have been made to prevent the re-occurrence of a similar claim:

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE