



DARWIN NATIONAL ASSURANCE COMPANY
9 Farm Springs Road, Farmington, CT 06032 · Tel. (860) 284-1300 · Fax (860) 284-1301

CLAIM SUPPLEMENT

INSTRUCTIONS:

- This form is to be completed by an Applicant or Insured who has been involved in any claim or suit or is aware of an incident which may give rise to a claim.
COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
If space is insufficient to fully answer any question, attach a separate sheet.

1. Applicant:

2. Individual(s) involved in the claim:

3. Claimant:

4. Indicate whether: [] CLAIM/SUIT or [] INCIDENT

5. Date of alleged error:

6. Date claim reported to Insurer:

7. Name of Insurer responding to this matter:

8. Limit of Liability: \$ _____

Deductible: \$ _____

9. Additional defendants:

10. IF CLOSED:

Defense costs paid by Applicant: \$ _____
Defense costs paid by Insurer: \$ _____
Damages/Settlement paid by Applicant \$ _____
Damages/Settlement paid by Insurer: \$ _____

Indicate whether: COURT JUDGMENT or OUT OF COURT SETTLEMENT
Date of Judgment or Settlement: _____

11. IF PENDING:

Defense costs paid by Applicant to date: \$ _____
Defense costs paid by Insurer to date: \$ _____
Amount demanded in complaint: \$ _____
Claimant's settlement demand: \$ _____
Defendant's offer of settlement: \$ _____
Insurer's current loss reserve: \$ _____
Insurer's current defense reserve: \$ _____

12. a. Description of claim, suit, or incident:

b. Description of alleged act, error or omission upon which claim is based:

c. Description of the type and extent of injury or damage allegedly sustained:

d. Assessment of liability and damages, including estimated loss and defense expenses:

e. Current case status:

f. Explain what action has been taken to prevent reoccurrence of a similar claim:

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number