



James River Insurance Company
 7130 Glen Forest Drive, Suite 210
 Richmond, VA 23226
 804-289-2700

**Supplemental Claim Form
 Lawyers**

**PROFESSIONAL LIABILITY
 Division**
 Email to PL@jamesriverins.com or,
 Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Complete one form for each claim or incident.
3. If claim is still open, attach copy of complaint and responsive pleadings.

SUPPLEMENTAL CLAIM FORM LAWYERS

Claim Information

1. Full Name of Applicant Firm: _____
2. Full Name of individual(s) of firm involved in the claim:

3. Full Name of Claimant: _____
4. Is this a Claim/Suit or Incident 4a. Have you notified your insurance carrier in writing?
 Yes No
5. Date of Alleged Error: _____ 5a. Date of Claim: _____
6. Name of Insurance Company Handling: _____
7. Additional defendants:

8. If closed: Date Claim was paid and close: _____
 Total Loss Paid Including Deductible: \$ _____ Court Judgment Out of Court Settlement
9. If pending: Claimant's Settlement Demand: \$ _____ Defendant's Offer For Settlement \$ _____
10. Description of claim: (Provide enough information to allow evaluation)

 a. Alleged act, error or omission upon which Claimant bases claim:

 b. Description of case and events:

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

11. What steps have the firm and the attorney taken to prevent similar allegations in the future?

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same terms and conditions.

Applicant Signature: _____ Title: _____ Date: _____