

APPLICATION FOR
LAWYER PROFESSIONAL LIABILITY INSURANCE
"WITH CERTAIN UNDERWRITERS AT LLOYD'S"
CLAIM FORM

NAME OF APPLICANT: _____

- THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C.
- A. CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C.
- B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE ADDENDUM. DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT.
- C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIM PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
- D. PLEASE LEAVE NO BLANKS

1. Full Name of individual(s) and name of Firm involved in the claim:
- A. _____
- B. _____
- C. _____
2. Additional Defendants:
- A. _____
- B. _____
- C. _____
3. Full Name of Claimant: _____
4. Date of alleged error: _____
5. To what Company did you report this claim: _____
6. Date reported to Insurance Company: _____
7. From which Area of Law as described in Question 2C Activities, did the claim or circumstance arise?
- _____
- _____

8. Please indicated: Present status of claim: (Tick One) and fill in the spaces below as appropriate.

Circumstance /Claim	OPEN CLAIM		Closed without payment	OPEN CLAIM	
	<input type="checkbox"/> In Suit	<input type="checkbox"/>		<input type="checkbox"/> Closed with payment	<input type="checkbox"/>
Amounts Outstanding			Amounts Paid		
Amount asked in summons: \$ _____			Defence costs Paid by Applicant: \$ _____		
Claimant's settlement demand: \$ _____			Defence costs paid by Insurer: \$ _____		
Defendant's offer for settlement: \$ _____			Damages/Settlement paid by Applicant: \$ _____		
Defence costs to date: \$ _____			Damages/Settlement paid by Insurer: \$ _____		
Insurers Current Loss reserve: \$ _____			Date of Settlement: _____		

9. (Please provide enough information to allow an evaluation – DO NOT ATTACH SUMMONS AND COMPLAINT)
- A. Please describe the Services rendered and how they relate to the Parties in this matter?

B. Describe plaintiff's allegation/Applicants response and evaluation:

C. Value of the case or transaction to your Client: \$ _____ Trail Date: _____ / _____ / _____
Day Month Year

D. Applicant's evaluation of value of this claim: Est Loss \$ _____
Est Defence costs \$ _____

Current Cast Status: _____

E. Please explain what has been done to avoid a recurrence of this type of claim:

PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date