

LAWYERS' MUTUAL INSURANCE COMPANY

Lawyers Professional Liability Insurance – Supplemental Claim Sheet

For Claims Made & Reported Policy

Please complete ONE FORM for EACH CLAIM OR INCIDENT and answer completely.

Firm Name: _____ Claim Number: _____

Claimant(s) Name: _____ Client? No Yes

Additional Defendants: _____

Lawyer(s) who rendered the legal services: _____

Lawsuit Filed? No Yes Date Filed: _____

Current STATUS of Matter: _____

Claims Reported to CARRIER? No Yes Date Reported: _____

NAME OF CARRIER: _____ POLICY LIMITS: _____

Current Reserves: _____ Defense _____ Indemnity

Amounts Paid by Carrier: _____ Defense _____ Indemnity

Amounts Paid by You: _____ Defense _____ Indemnity

CLAIM DESCRIPTION

Describe facts of representation: _____

Describe claimant's allegations: _____

Describe alleged damages: _____

Describe your defenses: _____

Describe outcome of matter: _____

Describe steps you have taken to prevent similar claims or incidents in the future: _____

NOTE: This Supplemental Claims Information Sheet does NOT require the disclosure of privileged attorney/client communications. THIS SHEET MUST BE DATED AND SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM. FURTHER, YOU UNDERSTAND THAT THE INFORMATION SUBMITTED BECOMES A PART OF THE LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Signature (Owner, Partner, or Officer): _____ Tax ID Number: _____

Print Name & Title: _____ Date: _____

For clarification, please CONTACT our UNDERWRITERS at - 1 (800) 252-2045