APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

CLAIM SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

1. Name of Attorneys involved in the claim or incident:

1	
2	
3	

2. Name of other defendants:

1	
2	
3	

3. Name of claimant or potential claimants:

1	
2	
3	

4. Indicate nature of this report: ☐ incident ☐ claim ☐ lawsuit

Status: ☐ Open / pending ☐ Closed / settled ☐ other _____

5. Date of alleged act or omission: ____ / ____ / ____ (month / day / year)

6. A. Date notice was received of the claim or incident made against the firm: ____ / ____ / ____ (month / day / year)

   B. Date the claim or incident was reported to the firm's insurer: ____ / ____ / ____ (month / day / year)

7. Description of claim or incident *(attach appropriate documentation)*:

   A. Alleged act or omission upon which the claim or incident is based: _____

   B. Description of events leading to the claim or incident:: _____

   C. Current status: _____

   D. Was this claim or incident asserted in a cross-claim or counterclaim in an action to collect fees? ☐ Yes ☐ No

Parsons & Associates, Inc.
New York State Administrator
Box 3890, Syracuse, NY 13220
1-877-452-9776 (4LAWPRO)
www.parsonsinsurance.com

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

CLAIM SUPPLEMENT

8. A. If closed, what were the following amounts paid?

_____ loss / indemnity
\+ _____ defense costs
\- _____ deductible paid
= _____ **total**

B. Company reported to: _____

9. Indicate whether payment in question 8 above was:

☐ judgment
☐ arbitration award
☐ settlement

10. If pending:

Insurer's last offer for settlement: $ _____ Claimant's last demand: $ _____

Deductible or retention amount: _____ Limits: _____

Name of defense counsel _____ Costs incurred to date: _____

Company reported to: _____

Claim / file reference #: _____

Reserve amounts established by other than CNA: _____

11. A. As a result of this claim, have you made procedural or policy changes that will reduce the possibility of a similar occurrence? ☐ Yes ☐ No

B. If yes, describe: _____