

LAWYERS PROFESSIONAL LIABILITY CLAIMS SUPPLEMENT



| Applicant: | | | |
|------------|--|--|--|
| | | | |

Please complete one supplement for each claim, lawsuit, incident, disciplinary action, or grievance. Attach additional sheets for descriptions as necessary. PLEASE ATTACH SUPPORTING DOCUMENTS (INCLUDING BUT NOT LIMITED TO COMPLAINT, PETITION, DEMAND LETTER AND/OR GRIEVANCE AND RESPONSE SUBMITTED TO THE BAR, AS APPLICABLE).

| 1. | Name of individuals of the firm involved in the claim: | | | | | |
|------|--|--|--|--|--|--|
| 2. | Other Defendants: | | | | | |
| 3. | Name of actual/potential claimant: | | | | | |
| 4. | Check whether: ☐ incident ☐ claim ☐ lawsuit ☐ disciplinary action/grievance | | | | | |
| 5. | Date of claim/incident/grievance: Date reported to you: | | | | | |
| 6. | Date reported to your insurance company: Insurance Company: Claim Number: | | | | | |
| 7. | Current Status: | | | | | |
| | Is the claim in litigation? If yes, at what stage is the litigation? Expense/loss paid by firm within deductible: Deductible amount: Defense expense paid by insurance company: Current expense reserve: Loss paid by insurance company: Current loss reserve: Please attach a current loss run. Please provide a detailed narrative regarding the substance of the claim, incident, lawsuit and/or disciplinary action or grievance. | | | | | |
| 9. | —— Did your engagement agreement limit the scope of representation as described above? ☐ Yes ☐ No | | | | | |
| 10. | . What steps have been taken to prevent similar occurrences in the future? | | | | | |
| 11. | . Does this claim/incident result from an action to collect fees? ☐ Yes ☐ No | | | | | |
| | understand that the information submitted in this supplement becomes a part of my Lawyers Professional ability application and is subject to the same representations and conditions. | | | | | |
| Prii | int Name Title | | | | | |
| Sig | gnature Date | | | | | |

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.