

**UNITED STATES FIRE INSURANCE COMPANY  
THE NORTH RIVER INSURANCE COMPANY  
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

**MUST BE COMPLETED IF ANSWER TO QUESTION 25b or 25c IS "YES"**

**CLAIM SUPPLEMENT  
LAWYERS PROFESSIONAL LIABILITY APPLICATION**

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE. WORDS AND PHRASES WHICH ARE PRINTED IN **BOLD ITALIC TYPEFACE** HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

**Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.**

1. Applicant Name: \_\_\_\_\_  
*Legal name of the Applicant to be insured*
2. Full name of claimant or potential claimant: \_\_\_\_\_  Client  Non-Client
3. Date Applicant was notified of claim or became aware of error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of alleged error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*MM / DD / YY MM / DD / YY*
4. Names of Applicant personnel involved in the claim or potential claim: \_\_\_\_\_
5. Description of claim or potential claim: \_\_\_\_\_
6. Has this claim or potential claim been reported to the Applicants professional liability insurer? Yes  No
7. Name of insurance company: \_\_\_\_\_ Date reported to insurance company: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*MM / DD / YYYY*
8. If claim is now open, provide: Insurer's loss reserve \$ \_\_\_\_\_  
Claimant's last demand \$ \_\_\_\_\_;  
Current Status: \_\_\_\_\_
9. If closed, provide: date closed \_\_\_\_ / \_\_\_\_ / \_\_\_\_; and  
*MM / DD / YYYY*  
total amount paid (including damages and defense expenses): \$ \_\_\_\_\_
10. What steps have been taken by Applicant to prevent similar allegations from being made in future claims?  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE\* \_\_\_\_\_ PRINTED NAME\* \_\_\_\_\_

\*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: \_\_\_\_\_ DATE SIGNED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*MM / DD / YYYY*