

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