



CALIFORNIA SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form must be completed if the applicant firm or any insurance company on behalf of the applicant firm has had a claim within the past five years OR if you have a reasonable basis to believe that you or anyone in your firm has committed an act or omission that may lead to a professional liability claim being made against the firm or any attorney(s) in the firm.

1. Full name of Applicant or Insured: _____
2. Full name of Firm which reported claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim/Suit Incident
5. Date of alleged error: ____ / ____ / ____
6. Date you became aware of alleged error: / ____ / ____
7. Date reported to your insurance carrier: ____ / ____ / ____
Name of your insurance carrier: _____
8. a. IF CLOSED indicate date closed. ____ / ____ / ____ Total amount paid \$ ____
b. Of the total amount paid, how much was paid for legal expenses: \$ _____
9. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand \$ _____
 - b. Defendant's offer for settlement \$ _____
 - c. Insurer's loss reserve \$ _____
10. Provide a description of the claim, indicating the alleged error, type of engagement and alleged injury (attach additional sheets if necessary).

11. Explain what action the firm has taken to prevent reoccurrence of a similar claim:

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be Issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner, Officer or Partner

Date (month-day-year)