



725 Heartland Trail, Suite 300
Madison, WI 53717

LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL CLAIM FORM

Name of Applicant: _____

If there have been any claims or claim incidents involving the applicant or any lawyer named in the application during the past 10 years, please complete this form for each claim or claim incident.

1. Lawyer(s) _____ Firm Name (at time of allegation) _____

2. Claimant(s) _____

3. Type of matter: Claim Claim incident

4. Date of alleged error: _____

5. Date lawyer first became aware of the matter: _____

6. Insurance company matter reported to: _____

7. Date matter reported to insurance company: _____

8. Status: Open Closed

9. Damages: Alleged \$ _____
Paid \$ _____
Loss Adjustment
Expenses Incurred \$ _____
(defense counsel or court costs)

10. Claimant's allegations: _____

