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LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL REPORTING FORM

Grievance, Claim or Potential Claim

Please complete one form for each grievance, claim or potential claim involving the law firm or any lawyer named in the application, regardless of the status or outcome. When reporting a grievance, you need only answer questions 1-6 and sign and date below. If space is insufficient to answer question fully, please use a separate sheet.

Type of matter: ☐ Grievance ☐ Claim ☐ Potential Claim **Status:** ☐ Open/Pending ☐ Closed/Resolved

If Grievance Resolved: ☐ Dismissed without Action ☐ Public/Private Reprimand ☐ Other: _____

1. Firm name: _____
2. Name of Lawyer(s) Involved — Firm Name (at time of allegation)

   _____ _____
   (First) (M.I.) (Last)

   _____ _____
   (First) (M.I.) (Last)
3. Claimant/grievant name: _____
   (Name of person/entity making grievance/claim) (First) (M.I.) (Last)
4. Date of alleged error: _____ Date lawyer first became aware of the matter: _____
5. Claimant/grievant's allegations:

   _____
   _____
   _____
   _____

6. Law firm/lawyer's description of the matter, the events surrounding the allegations and, if closed, how the matter was resolved.

   _____
   _____
   _____
   _____

When reporting a claim or potential claim, please also answer questions 7-10 and sign and date below.

7. Name of insurance company matter first reported to: _____
8. Date matter reported to insurance company: _____ If matter closed: Year closed: _____
9. If matter was not reported to insurance company, please explain:

   _____
   _____

10. Damages: $ _____ $ _____ $ _____
    (Alleged) (Paid) (Cost of Defense)

I understand that the information on this form, if submitted with an application, becomes a part of the policy for professional liability insurance and is subject to the same terms and conditions.

_____ _____
Signature of Owner, Partner or Officer of the Firm Date

_____
Printed Name