



**LAWYERS PROFESSIONAL LIABILITY CLAIMS SUPPLEMENT**

Applicant: \_\_\_\_\_

**Please complete one supplement for each claim, lawsuit, incident, disciplinary action, or grievance. Attach additional sheets for descriptions as necessary. PLEASE ATTACH SUPPORTING DOCUMENTS (INCLUDING BUT NOT LIMITED TO COMPLAINT, PETITION, DEMAND LETTER AND/OR GRIEVANCE AND RESPONSE SUBMITTED TO THE BAR, AS APPLICABLE).**

1. Name of individuals of the firm involved in the claim: \_\_\_\_\_
2. Other Defendants: \_\_\_\_\_
3. Name of actual/potential claimant: \_\_\_\_\_
4. Check whether:  incident  claim  lawsuit  disciplinary action/grievance
5. Date of claim/incident/grievance: \_\_\_\_\_ Date reported to you: \_\_\_\_\_
6. Date reported to your insurance company: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Claim Number: \_\_\_\_\_

7. Current Status:  Open  Incident Report Only (no amounts reserved or paid)  
 Closed Date Closed: \_\_\_\_\_

Is the claim in litigation? \_\_\_ If yes, at what stage is the litigation? \_\_\_\_\_

Expense/loss paid by firm within deductible: \_\_\_\_\_ Deductible amount: \_\_\_\_\_

Defense expense paid by insurance company: \_\_\_\_\_ Current expense reserve: \_\_\_\_\_

Loss paid by insurance company: \_\_\_\_\_ Current loss reserve: \_\_\_\_\_

**Please attach a current loss run.**

8. Please provide a detailed narrative regarding the substance of the claim, incident, lawsuit and/or disciplinary action or grievance.  
 \_\_\_\_\_

9. Did your engagement agreement limit the scope of representation as described above?  Yes  No

10. What steps have been taken to prevent similar occurrences in the future? \_\_\_\_\_

11. Does this claim/incident result from an action to collect fees?  Yes  No

**Maryland Fraud Warning:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I understand that the information submitted in this supplement becomes a part of my Lawyers Professional Liability application and is subject to the same representations and conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**