

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

**DESIGNED PROTECTION<sup>SM</sup> FOR LAW FIRMS**

**SUPPLEMENTAL CLAIM FORM FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

Full name of Applicant: \_\_\_\_\_

If Yes to Question 6. or 7. in Part VI. of the Application for Lawyers Professional Liability Insurance provide details below for each claim, fact, circumstance or situation. If more space is needed, attach additional pages.

1. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
 Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
 Claimant(s)/Plaintiff(s): \_\_\_\_\_  
 Additional Defendant(s) (if any): \_\_\_\_\_  
 Nature of Claim and Allegations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_

Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Amount Paid (Loss/Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_

2. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
 Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
 Claimant(s)/Plaintiff(s): \_\_\_\_\_  
 Additional Defendant(s) (if any): \_\_\_\_\_  
 Nature of Claim and Allegations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_

Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Amount Paid (Loss/Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_

3. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
 Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
 Claimant(s)/Plaintiff(s): \_\_\_\_\_  
 Additional Defendant(s) (if any): \_\_\_\_\_  
 Nature of Claim and Allegations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_

Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Amount Paid (Loss/Expense): \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_