



ProAssurance Casualty Company • 125 Flat Creek Trail, Fayetteville, GA 30214
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LAWYERS PROFESSIONAL LIABILITY INSURANCE SUPPLEMENTAL CLAIM INFORMATION

Applicant's Instructions:

This form is to be completed by an Applicant who has been involved in any claim or suit, or is aware of an incident which may give rise to a claim. **Complete one form for each claim or incident.** If space is insufficient to answer any questions fully, attach a separate sheet.

1. Full name of Individual(s) of firm involved in the claim, suit or incident: _____

2. Full name of Claimant: _____

3. Indicate whether: Claim/Suit Amount asked in complaint? \$ _____
 Incident

4. Date of alleged error: _____ Date of notice of claim: _____

5. Additional defendants: _____

6. IF CLOSED: Total loss paid including deductible: \$ _____

Indicate whether: Court judgment or Out of court settlement

7. IF PENDING:

Claimant's settlement demand? \$ _____

Defendant's offer for settlement? \$ _____

Insurer's loss reserve? \$ _____

Deductible? \$ _____

8. Name of Insurer: _____

9. Description of claim, suit or incident: (Provide enough information to allow evaluation.)

A. Alleged act, error or omission upon which Claimant bases claim (such as failure to file suit within the statute of limitations, etc.): _____

B. Description of case events: _____

C. Description of the type and extent of injury or damage allegedly sustained: _____

It is understood and agreed that in the event the company issues a policy, this form and information contained herein shall become a part of the professional liability application.

By: _____ Title: _____ Date: _____

Partner, Director, Officer or Owner

Federal Tax ID Number: _____