



Firm \_\_\_\_\_

**Prior and Existing Claim/Incident Supplement** **S-10**

**Complete one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.**

- 1. Full name of defendant(s): \_\_\_\_\_
- 2. Full name of plaintiff/claimant/potential claimant: \_\_\_\_\_
- 3. Indicate whether the claimant is a  Client or  Non-Client
- 4. Current Status:  In suit  Claim  Incident/Potential Claim
- 5. Date of alleged error: \_\_\_\_\_
- 6. Date that you were made aware of the claim or potential claim: \_\_\_\_\_
- 7. Date claim/potential claim was reported to your insurance carrier: \_\_\_\_\_
- 8. Name of insurer responding to this claim/potential claim: \_\_\_\_\_
- 9. Is Claim or Potential Claim:  Pending  Closed  Settled
- 10. If Closed or Settled: Defense cost: \$\_\_\_\_\_ Indemnity cost: \$\_\_\_\_\_ Total cost: \$\_\_\_\_\_
   
If Pending, provide demand amount: \$\_\_\_\_\_ Insurers Loss Reserve: \$\_\_\_\_\_
- 11. Description of claim/potential claim: \_\_\_\_\_
- 12. Was an engagement letter used?  Yes  No
- 13. Did this claim or incident follow an action to collect fees?  Yes  No
- 14. Explain any steps that have been taken by the Firm or the individuals involved to prevent similar claims in the future.
   
\_\_\_\_\_

**Disclosure: There is no coverage under any policy issued by the Company for any claim and/or incident known by any member of the Firm at the time of the completion of the application. All current situations should be reported to your current insurance carrier.**

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

Signature \_\_\_\_\_ Date \_\_\_\_\_