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.

**WARNING – Residents of Maryland**

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.

Signature Date