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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.

12. Was an engagement letter used? ☐ Yes ☐ No	1. Full name of defendant(s):				
4. Current Status:	2. Full name of plaintiff/claimant/potential claimant:				
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:	3. Indicate whether the claimant is a \square Client or \square Non-Client				
6. Date that you were made aware of the claim or potential claim:	4. Current Status: In suit Claim Incident/Potential Claim				
Name of insurer responding to this claim/potential claim:	5. Date of alleged error:				
8. Name of insurer responding to this claim/potential claim:	6. Date that you were made aware of the claim or potential claim:				
9. Is Claim or Potential Claim: Pending Closed Settled 10. If Closed or Settled: Defense cost: Indemnity cost: Insurers Loss Reserve: In	7. Date claim/potential claim was reported to your insurance carrier:				
Indemnity cost: \$ Total cost: \$ If Pending, provide demand amount: \$ Insurers Loss Reserve: \$ 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 14. Explain any steps that have been taken by the Firm or the individuals involved to prevent similar claims in the future 15. 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. FRAUD WARNINGS – Residents of California For your protection California law requires the following to appear on this form. Any person who knowingly presents false of fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.	8. Name of insurer responding to this claim/potential claim:				
If Pending, provide demand amount: \$ Insurers Loss Reserve: \$ 11. Description of claim/potential claim: 12. Was an engagement letter used?	9. Is Claim or Potential Claim: Pending Closed Settled				
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13. Did this claim or incident follow an action to collect fees?	11. Description of claim/potential claim:				
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Signature Date	fraudulent information to obtain or amend insurance coverage or to make a claim				
	Signature	Date			