

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**



CLAIMS SUPPLEMENT

Firm Name: _____

Please complete one supplement for each claim, incident, disciplinary action or grievance. Attach additional sheets for descriptions as necessary. PLEASE DO NOT ATTACH COURT DOCUMENTS.

1. Name of individuals of the firm involved in the claim: _____

2. Other Defendants: _____

3. Name of actual/potential claimant: _____

4. Check whether: incident claim lawsuit disciplinary action/grievance*
***Please attach a copy of the grievance and response submitted to the bar.**

5. Date of claim/incident/grievance: _____ Date reported to the firm: _____
Date reported to the firm's insurance company: _____ Insurance Company: _____

6. Current Status: Open Incident Report Only (no amounts reserved or paid)
 Closed Date Closed: _____

Is the claim in litigation? _____ If yes, at what stage is the litigation? _____

Expense/loss paid by the firm within deductible: _____ Deductible amount: _____

Defense expense paid by insurance company _____ Current expense reserve: _____

Loss paid by insurance company: _____ Current loss reserve: _____

Please attach a current loss run.

7. Clearly describe the legal work performed for the firm's client: _____

8. Did the firm's engagement agreement limit the scope of representation as described above?... Yes No
If "No," why not? _____

9. Clearly describe the allegation against the firm upon which the claim is based: _____

10. What is the firm's response/defense to this allegation: _____

11. What steps have been taken to prevent similar occurrences in the future? _____

12. Does this claim/incident result from an action to collect fees?..... Yes No

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: Ahern Insurance Brokerage
Agent/Broker License Number: 0C04825

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.