

LLOYD'S

LLOYD'S OF LONDON

SUPPLEMENT 6

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
"WITH CERTAIN UNDERWRITERS AT LLOYDS"
CLAIM FORM

NAME OF APPLICANT: _____

APPLICANT'S INSTRUCTIONS

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.

- B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE ADDENDUM. DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT.

- C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.

- D. PLEASE LEAVE NO BLANKS.

1. Full Name of individual(s) and name of Firm involved in the claim:

- A. _____
- B. _____
- C. _____

2. Additional Defendants:

- A. _____
- B. _____
- C. _____
- D. _____

3. Full Name of claimant: _____

4. Date of alleged error: _____

5. To what Insurance Company did you report this claim: _____

6. Date reported to Insurance Company: _____

7. From which Area of Law as described in Question 2C Activities, did the claim or circumstance arise?

8. Please indicate: Present status of claim: (Tick One) and fill in the spaces below as appropriate.

OPEN CLAIM			CLOSED CLAIM		
Circumstance/Claim	In Suit	Closed payment	without	Closed payment	with

Amounts Outstanding

Amounts Paid

Amount asked in summons: _____ Defense costs Paid by Applicant: _____

Claimant's settlement demand: _____ Defense costs paid by Insurer: _____

Defendant's offer for settlement: _____ Damages/Settlement paid by Applicant: _____

Defense costs to date: _____ Damages/Settlement paid by Insurer: _____

Insurers Current los reserve: _____ Date of settlement : _____

9. (Please provide enough information to allow an evaluation - DO NOT ATTACH SUMMONS AND COMPLAINT)

A. Please describe the Services rendered and how they relate to the Parties in this matter?

B. Describe plaintiff's allegation/Applicants response and evaluation:

C. Value of the case or transaction _____ Trial Date: _____
Month Day Year

D. Applicant's evaluation of value of this claim: Est Loss _____

Est Defense Costs _____

Current Case Status:

E. Please explain what had been done to avoid a recurrence of this type of claim:

PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date