



## LAWYERS PROFESSIONAL LIABILITY INSURANCE CLAIM INFORMATION SUPPLEMENT

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Please complete this supplement for each claim or incident within the past five (5) years:

1.	Full Name of Applicant/Insured Firm:	
2.	Full Name of Lawyer(s) Involved in Claim:	
3.	Name of Firm involved in Claim:	
4.	Additional Firm Participants:	
5.	Full Name of Claimant:	
6.	a. Indicate Type: Claim/Suit Incident	b. Indicate Status: Open Closed
7.	<ul> <li>a. Date Claim/Incident made against Firm:</li> <li>c. Name of Insurer Claim/Incident was reported to:</li> </ul>	b. Date Claim/Incident reported to Insurer:
8.	Did Carrier (check one): a. Defend b. Defend under a	a reservation of rights c. Disclaim Coverage
9.	b. Court Judgment::Yes	se go to Question 10. No
10.	<ul> <li>If Claim is <b>Open</b>, answer each of the following (please do not leave a. Claimants settlement demand:</li> <li>b. Defendants offer for settlement:</li> <li>c. Insurer's Loss Reserve:</li> <li>d. Insurer's Expense Reserve:</li> <li>e. Defense Expenses to date:</li> </ul>	<u>xe any blank</u> ): <u></u> <u></u> <u>\$</u> <u>\$</u> <u>\$</u>
11.	Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. Please do not attach summons or complaint. Use additional sheets for more details.	
12.	Explain what action has been taken to prevent a recurrence of a similar Claim. Use additional sheets for more details.	
or r		e, complete and accurate and that there has been no attempt at suppression een known, and agrees that this application will be included in the basis of
Sigr	nature of Partner, Officer or Owner of Applicant Firm:	Date:
Prin	it or Type Name:	Title: