



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
NEW BUSINESS: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

This supplement is part of the Underwriting File of the Applicant Firm's New Business Submission to CNA. This supplement is to be completed for any claim, lawsuit or potential claim made against the Applicant Firm and/or any of its lawyers individually. Throughout this supplement the word "matter" is used to indicate claim/potential claim/incident/lawsuit unless otherwise noted.

Applicant Firm Name \_\_\_\_\_

1. Involved Parties

- a. Name all Applicant Firm lawyers involved in the matter \_\_\_\_\_
- b. Name any other defendants and their relationship to the Applicant Firm \_\_\_\_\_
- c. Name of claimants/potential claimant \_\_\_\_\_

- 2. a. What is the nature of the matter?    Claim                   Lawsuit                   Potential Claim/Incident
- b. What is the current status?            Open/Pending                   Closed/Settled                   Other  \_\_\_\_\_
- 3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees?                  Yes     No
- b. If yes, what was the amount of fees owed the Applicant Firm?                  \$ \_\_\_\_\_
- 4. a. Was an engagement letter used detailing the scope of representation and signed by the client?                  Yes     No
- b. If yes, provide a copy for the underwriting file. If no, advise why an engagement letter was not used.
- 5. Attach a copy of a current loss run.                  Check here to verify attachment:  If attached, proceed to Question 8.

If a Loss Run is not available, complete Questions 6 and 7.

- 6. a. Date of alleged act or omission                  \_\_\_/\_\_\_/\_\_\_
- b. Date Applicant Firm received notice of the matter made against it                  \_\_\_/\_\_\_/\_\_\_
- c. Date the matter was reported to Applicant Firm's insurance carrier                  \_\_\_/\_\_\_/\_\_\_
- d. Name of insurer to whom the matter was reported                  \_\_\_\_\_
- Limits of liability carried at that time the matter was reported                  \_\_\_\_\_
- e. Is any other Insurance Carrier responding to or otherwise involved in this matter?                  Yes     No
- f. If Yes, include name of carrier and details of involvement                  \_\_\_\_\_

7. Status Details – Answer a. if the matter is still open/pending and b. if the matter is closed/settled.

- a. If *open/pending* provide the following details:
 

Claimant's last demand	\$ _____	Insurance Carrier's last settlement offer	\$ _____
Indemnity/Loss Reserve	\$ _____	Defense/Expense Reserve	\$ _____
Deductible Paid to Date	\$ _____	Defense/Expenses Paid to Date	\$ _____
- b. If *closed/settled*, provide the following details:
 

Date closed	___/___/___
Indemnity Loss Paid	\$ _____
Defense/Expense Paid	\$ _____
Deductible Paid	\$ _____

Indicate:                  Judgment     Settlement     Arbitration Award     Dismissed



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8. Use the following space to offer a narrative of the matter.

**DO NOT SUBMIT SUMMONS, COMPLAINT, PLEADING or MOTIONS**

a. Describe the underlying representation, legal services rendered and events leading to this matter.

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b. Describe the alleged act or omission upon which the matter is based.

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c. Describe the type and extent of injury or damage alleged.

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9. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

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Signature of Applicant Firm Principal: \_\_\_\_\_

Print Name of Applicant Firm Principal: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_