

**ALPS Application for Lawyers' Professional Liability Insurance**

**Claims Information Supplement - Maine**

Complete one form for **each** claim or incident. If the claim is still open, attach a copy of the complaint and responsive pleadings.

Name of Applicant Firm: \_\_\_\_\_

1. Full name of attorney(s) involved in the claim: \_\_\_\_\_

Identify the firm(s) named in the claim: \_\_\_\_\_

Additional Defendants: \_\_\_\_\_

2. Full Name of Claimant: \_\_\_\_\_

3. Is this a claim/suit  incident that could give rise to a claim/suit

Have you notified your insurance carrier in writing?  Yes  No Date Carrier was Notified: \_\_\_\_\_ (mm/dd/yyyy)

4. Name of Insurance Company Handling: \_\_\_\_\_

**If this claim was handled or is being handled by ALPS, please reference the claim number and skip to question 8 below.**

ALPS Claim or Incident #: \_\_\_\_\_

5. Date of Alleged Error: \_\_\_\_\_ (mm/dd/yyyy)

6. Date of Claim: \_\_\_\_\_ (mm/dd/yyyy)

7. Present Status of Claim/Incident:  Open  Closed Date Closed: \_\_\_\_\_ (mm/dd/yyyy)

Claimant's Settlement Demand: \_\_\_\_\_ Defendant's Offer for Settlement: \_\_\_\_\_

Total Paid to Date Including Deductible: \_\_\_\_\_ Total Indemnity Paid: \_\_\_\_\_

Court Judgement  Out of Court Settlement

Other: \_\_\_\_\_ Total Expenses Paid: \_\_\_\_\_

Details Regarding Current Status: \_\_\_\_\_

8. Description of Claim (Provide enough information to allow evaluation, including copies of relevant documents and/or pleadings.):

a. Summary of alleged facts, circumstances, act, error, or omission upon which Claimant bases claim and the alleged type and extent of the injury or damage sustained:

b. What steps have the firm and the attorney taken to prevent similar allegations in the future?

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**I understand information submitted herein becomes part of my firm's Professional Liability Application and is subject to the same terms and conditions.**

Applicant Signature

Position

Date (mm/dd/yyyy)