



ALPS Application for Lawyers' Professional Liability Insurance

Claims Information Supplement

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 the 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 Judgment 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:

[Empty text box for summary of alleged facts]

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

[Empty text box for steps taken to prevent similar allegations]

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

Applicant Signature _____

Position _____

Date (mm/dd/yyyy) _____