

8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 877-585-2853 • Fax 877-585-2854

LAWYER'S PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM FORM

This form is to be completed by an applicant who has been involved in any claim or suit during the last ten (10) years. Complete one form for each claim. If space is insufficient to answer any question fully, use separate sheet. Do not attach copies of summons and complaints.

. Full name of applicant:					
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	-		□ Open/Incident	☐ In Suit	☐ Closed
a. If closed, total damages paid/outstanding (Including self-insured retention) \$					
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·	i. Amount	asked in summor	าร	\$	
ii. Claimant's settlement demand				\$	
	iii. Defenda	nt's offer for settl	ement	\$	
Description	of claim – inc	luding likelihood	if pending. Please provide	enough information	on to allow an
evaluation.					
9. Allegation upon which claimant bases claim:					
Description	of case and e	events:			
		ed herein become	es a part of my application,	and is subject to	the same
entations an	d conditions				
ıre				Date:	
	Full name of a b Additional of a b Full name of alled Present state a. If of b. If p Description evaluation. Allegation of allegations and allegations are allegations and allegations and allegations and allegations are allegations and allegations and allegations are allegations and allegations and allegations are allegations are allegations and allegations are allegations are allegations and allegations are allegations and allegations are allegations are allegations are allegations and allegations are allegations are allegations are allegations and allegations are allegations.	Full name of individual(s) a. b. Additional defendants: a. b. Full name of claimant: To what insurance compa a. Date reported to Date of alleged error: Present status of claim: a. If closed, total da b. If pending: i. Amount a ii. Claiman iii. Defendan Description of claim – ince evaluation. Allegation upon which cla Stand information submitted entations and conditions	Full name of individual(s) and name of firm a	Full name of individual(s) and name of firm involved in the claim: a	Full name of individual(s) and name of firm involved in the claim: a. b. Additional defendants: a. b. Full name of claimant: To what insurance company did you report this claim: a. Date reported to insurance company: Date of alleged error: Present status of claim: a. If closed, total damages paid/outstanding (Including self-insured retention) \$_ b. If pending: i. Amount asked in summons ii. Claimant's settlement demand iii. Defendant's offer for settlement Description of claim – including likelihood if pending. Please provide enough informatic evaluation. Allegation upon which claimant bases claim: Description of case and events: