

BERKLEY SELECT LLC

Lawyers Professional Liability CLAIM SUPPLEMENT

Section I: General Claims Information

1. Full Name of Applicant/Insured firm:

2. Full name of claimant/plaintiff:

3. Date claim/incident made against firm (MM/DD/YYYY): ____ / ____ / ____

4. Date claim reported to insurance carrier (MM/DD/YYYY): ____ / ____ / ____

5. Date of alleged error: (MM/DD/YYYY): ____ / ____ / ____ . If the error is alleged to have occurred over a period of time, please indicate the start and end date of said period (MM/DD/YYYY): ____ / ____ / ____ to ____ / ____ / ____ .

NOTE: This form should not be used to report new claims. Please follow the appropriate procedure as indicated by your insurance policy.

Section II. Other Claims Information

7. Indicate whether: claim/suit
 incident/potential claim

8. Full name of individual(s) involved in claim/incident:

9. Name of firm involved in claim/incident if different than above

10. Other parties against whom this claim was made:

11. Name of Insurance Company:

12. The claim is: open
 closed

13. Please complete the following for all open and closed claims:

A. Total amounts paid to date (including deductible):\$ _____

B. Loss paid in excess of Deductible: \$ _____

C. Expenses paid in excess of Deductible: \$ _____

If claim is still open:

D. Insurance company's loss reserve: \$ _____

E. Claimant's settlement demand: \$ _____ None Made

F. Defendant's offer for settlement: \$ _____ None Made

If the claim is closed:

G. Indicate date closed: (MM/DD/YYYY): ____ / ____ / ____

H. Indicate how resolved:

- Settlement via Court judgment
- Settlement via formal mediation/arbitration
- Out of court settlement
- Jury trial
- Bench trial
- Claim dismissed by Claimant without settlement
- Dismissed via motion
- Claim never developed
- Other

14. Provide a full description of the engagement, the events leading up to the claim / potential claim, the allegations asserted against your firm and the current status of the matter. Please indicate whether or not the claimant was your client; if not, fully explain claimant's relationship to client.

15. What action has your firm taken to prevent a recurrence of such a claim in the future?

16. Do you continue to service client? Yes
 No
 Not Applicable

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signature

Date

Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.