

For your convenience, the following form(s) has been created in a "fillable" pdf format. When using the **full copy** of Adobe Acrobat Versions 4.0 or higher you will be able to complete the form and send via [e-mail to one of our representatives](#). If you are using the Acrobat Reader you will be able to complete the form and print it and fax it back to us @ (973) 669-2399. Please remember that we require a copy of **all** signature pages be signed and faxed and/or mailed to our office. Call us toll free with any questions at 877-396-3501.

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Make sure all questions are answered completely.

1. Full name of Applicant or Insured: _____
2. Full name of Firm which reported claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim/suit Incident
5. Date of alleged error: _____
6. Date you became aware of alleged error: _____
7. Date it was reported to your insurance carrier: _____
Name of your insurance carrier _____
8. Additional defendants: _____
9. a. IF CLOSED indicated date closed _____ Total amount paid \$ _____
b. Of the total amount paid, how much was paid for legal expenses? \$ _____
10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand: \$ _____
 - b. Defendant's offer for settlement: \$ _____
 - c. Insurer's loss reserve: \$ _____
(Available by calling your insurance company and/or defense counsel)
 - d. Is claim in suit? Yes No
If yes, amount asked in summons: \$ _____
 - e. Limits of Liability _____ Deductible _____
11. Name of your insurance carrier responding to this claim or incident: _____
12. Was an engagement letter used? Yes No
13. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

Signature of Owner, Officer or Partner

Date (month-day-year)