GeneralStar™

CLAIMS INFORMATION SUPPLEMENTAL APPLICATION

Administered by:
ProAccess, LLC
125 S. Wacker, Suite 300
Chicago, IL 60606

APPLICANT'S INSTRUCTIONS:
This form is to be completed if the Applicant firm showed any activity in the DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENITAL CLAIMS ACTIVITY Section in the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

1. APPLICANT FIRM: _____

2. a. Name of Attorney involved in the claim: _____
   b. Name of the Firm involved in the claim: _____

3. Additional Defendants: _____

4. Full name of Claimant / Plaintiff: _____

5. Present Status of Claim (Check One): In Suit / Formal Claim / Open Incident / Potential Claim / Closed

6. a. Date of alleged error: _____
   b. Date claim / incident made against firm: _____
   c. Date claim / incident reported to Insurer: _____
   d. Name of insurer to whom you reported claim: _____

7. If claim is closed, answer a., b., and c. below. If claim is open, please go to question 8.
   a. Total defense costs paid: $ _____
      Total indemnity paid: $ _____
   b. Was loss paid by insurer? Yes No If yes, total deductible applied: $_____
      Total paid, excess of deductible: $ _____
   c. Out of Court Settlement: Yes No Date of settlement: _____
      Court Judgment: Yes No Date of judgment: _____

8. If claim is open, please answer the following:
   a. Claimant's settlement demand: $ _____
   b. Defendant's offer for settlement: $ _____
   c. Insurer's loss reserve: $ _____
   d. Applicant / Insured's estimate of settlement amount $ _____

9. Description of claim or incident which may give rise to claim:
   a. Alleged act, error, or omission upon which claim or incident is based: _____
   b. Description of events leading to claim or incident: _____
   c. Current status: _____

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

_____ _____ _____

Signature of Owner, Officer or Partner | Print or Type Name and Title | Date (month-day-year)

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