

New York Marine and General Insurance Company

CLAIM SUPPLEMENT

Firm Name:	
Effective Date:	

1	Name of Attorneys involved in the claim or incident:	
	1	
	2	
	3	

2	Name of other defendants:	
	1	
	2	
	3	

3	Name of claimant or potential claimants:	
	1	
	2	
	3	

4	Indicate nature of this report:		Status:	
	<input type="checkbox"/>	Incident	<input type="checkbox"/>	Open / pending
	<input type="checkbox"/>	Claim	<input type="checkbox"/>	Closed / settled
	<input type="checkbox"/>	Lawsuit	<input type="checkbox"/>	Other

5	Date of alleged act or omission:			
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6	a. Date notice was received of the claim or incident made against the firm:					
	b. Date the claim or incident was reported to the firm's insurer:					

7	Description of claim or incident (attach appropriate documentation):				
	a. Alleged act or omission upon which the claim or incident is based				
	b. Description of events leading to the claim or incident:				
	c. Current status:				
d. Was this claim or incident asserted in a cross-claim or counterclaim in an action to collect fees?					

8	a. If closed, what were the following amounts paid?			
		+		Loss/Indemnity
		-		Defense Costs
		=	0	TOTAL
b. Company reported				

9	Indicate whether payment in question 8 above was:			<input type="checkbox"/>	Judgement
				<input type="checkbox"/>	Arbitration Award
				<input type="checkbox"/>	Settlement

10	If Pending:				
	Insurer's last offer for settlement: \$		Claimant's last demand: \$		
	Deductible or retention amount:		Limits:		
	Name of defense counsel		Costs incurred to date:		
	Company reported to:				
	Claim / file reference #:				

11	a. As a result of this claim, have you made procedural or policy changes that will reduce the possibility of a similar occurrence?			
	b. If yes, describe:			

Applicant:			
By			
	SIGNATURE OF OFFICER OR PARTNER OF THE FIRM	PRINT NAME OF OFFICER OR PARTNER	DATE