



Claims, Suits, & Incidents Form

Please complete for each Claim, Suit, or Incident.

Name of firm involved: _____

Name of each individual of the firm involved: _____

Additional defendant(s) or potential defendant(s): _____

This is now a Claim Suit Incident only

Name of claimant(s) or potential claimant(s): _____

Date of alleged Claim, Suit or Incident: _____ / ____ / ____

Name of insurance carrier(s) responding and date reported: _____ / ____ / ____

Current status of Claim, Suit or Incident: Open Closed

NOTE: Currently Valued Insurance Carrier Loss Runs for the Past Five (5) Years Will Be Required.

Feel free to call us if you need assistance in obtaining Insurance Carrier Loss Runs at 914.592.6505

Description of alleged act, error or omission upon which claim is or may be based: _____

Description of the type and extent of injury or damage which is or may be alleged to have been sustained: _____

Describe what internal controls or procedures have been taken to prevent the recurrence of the same or similar type of Claim, Suit or Incident in the future: _____

NOTE: APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. In addition, any policy issued may be declared null and void.

Please sign and date

Print Name: _____ **Title** _____

Signature: _____ **Date** ____ / ____ / ____