



Claim, Suit, or Incident Supplement

Use letterhead if space is insufficient to answer any question.

1. Firm: _____ Policy No.: _____

2. Name(s) of Claimant(s): _____

3. Was this matter previously reported to ISBA Mutual in writing as a claim, suit, or incident?

- Yes**, this matter was previously reported to ISBA Mutual in writing as a claim, suit, or incident.

Claim No. (if known): _____

Proceed to the signature line at the end of this form.

- No**, this matter was not previously reported to ISBA Mutual in writing as a claim, suit, or incident.

- Open or Pending**: Proceed to question 4.

- Closed**: Proceed to question 5.

4. If **Open or Pending**:

- Lawsuit
- Claim
- Incident / Potential Claim

Claimant's Settlement Demand: \$ _____ Settlement Offer: \$ _____

Provide below information to the extent known. Figures must include amounts paid by the Firm and the insurance company.

Total Paid: \$ _____ Indemnity Paid: \$ _____ Defense Costs Paid: \$ _____

Proceed to question 6:

5. If **Closed**:

Figures must include amounts paid by the Firm and the insurance company.

Total Paid: \$ _____ Indemnity Paid: \$ _____ Defense Costs Paid: \$ _____

Date Closed: _____ Judgment Settlement

6. Date of alleged wrongful act: _____

7. What event occurred on the above date? _____

8. Date Firm became aware of the alleged wrongful act: _____

9. How Firm became aware of the alleged wrongful act: _____

10. Names of all former and current lawyers of the Firm who were involved in the alleged wrongful act.

11. Additional Defendants:

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12. Identify the law firm on behalf of which the professional services were rendered: _____

13. Identify the insurance company responding to this claim, suit, or incident: _____

14. Description of the claim or incident:

a. Alleged act, error, or omission:

b. Summary of the circumstance giving rise to the claim, suit, or incident:

c. Description of the type and extent of injury and damage allegedly sustained:

I affirm that the information contained herein is true and complete to the best of my knowledge. If submitted by an insured and/or in conjunction with or as part of an application then the information contained herein shall be the basis of the policy of insurance and deemed incorporated therein.

Signature: _____ Date: _____

Print Name: _____ Title: _____