

Application

LAWYERS SUPPLEMENTAL CLAIM INFORMATION

FL- 015 LAW PI SUPP



APPLICANT'S INSTRUCTIONS:

1. THIS FORM IS TO BE COMPLETED BY APPLICANT WHO HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE PAST FIVE YEARS. COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, USE REVERSE SIDE OF THIS PAGE OR ATTACH SEPARATE SHEET.
3. LEAVE NO BLANKS.

1. FULL NAME OF APPLICANT: _____
2. FULL NAME OF INDIVIDUAL(S) OF FIRM INVOLVED IN THE CLAIM: _____
3. FULL NAME OF CLAIMANT: _____
4. DATE OF ALLEGED ERROR: _____/_____/_____
5. DATE OF CLAIM: _____/_____/_____
6. ADDITIONAL DEFENDANTS: _____
7. PRESENT STATUS OF CLAIM: _____
8. TOTAL LOSS PAID \$ _____ [] OPEN [] IN SUIT [] CLOSED
COURT JUDGMENT: _____ OUT OF COURT SETTLEMENT: _____
9. IF PENDING: AMOUNT ASKED IN SUMMONS \$ _____
CLAIMANT'S SETTLEMENT DEMAND \$ _____
DEFENDANT'S OFFER FOR SETTLEMENT \$ _____
INSURER'S LOSS RESERVE \$ _____
NAME OF INSURER \$ _____

10. DESCRIPTION OF CLAIM – INCLUDING LIKELIHOOD OF LIABILITY IF PENDING:
(PLEASE PROVIDE ENOUGH INFORMATION TO ALLOW AN EVALUATION AND USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED.)

A. ALLEGATION UPON WHICH CLAIMANT BASES CLAIM: _____

B. DESCRIPTION OF CASE AND EVENTS: _____

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

SIGNATURE OF APPLICANT: _____ DATE: _____