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**LAWYER'S  
PROFESSIONAL  
LIABILITY  
SUPPLEMENTAL CLAIM  
FORM**

This form is to be completed by an applicant who has been involved in any claim or suit during the last ten (10) years. Complete one form for each claim. If space is insufficient to answer any question fully, use separate sheet. Do not attach copies of summons and complaints.

1. Full name of applicant: \_\_\_\_\_

2. Full name of individual(s) and name of firm involved in the claim:

a. \_\_\_\_\_

b. \_\_\_\_\_

3. Additional defendants:

a. \_\_\_\_\_

b. \_\_\_\_\_

4. Full name of claimant: \_\_\_\_\_

5. To what insurance company did you report this claim: \_\_\_\_\_

a. Date reported to insurance company: \_\_\_\_\_

6. Date of alleged error: \_\_\_\_\_

7. Present status of claim:  Open/Incident  In Suit  Closed

a. If closed, total damages paid/outstanding (Including self-insured retention) \$ \_\_\_\_\_

b. If pending:

i. Amount asked in summons \$ \_\_\_\_\_

ii. Claimant's settlement demand \$ \_\_\_\_\_

iii. Defendant's offer for settlement \$ \_\_\_\_\_

8. Description of claim – including likelihood if pending. Please provide enough information to allow an evaluation.

9. Allegation upon which claimant bases claim:

\_\_\_\_\_  
\_\_\_\_\_

10. Description of case and events:

\_\_\_\_\_  
\_\_\_\_\_

I understand information submitted herein becomes a part of my application, and is subject to the same representations and conditions

Signature \_\_\_\_\_

Date: \_\_\_\_\_