

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Firm name: _____

Description of claim:

Full name of the entity and/or individual(s) involved in the claim:

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Date Claim was made: _____

Name of the insurance company to whom this claim has been reported:

Present status of the claim: Open Closed

If claim is closed, please state:

Total Damages paid / outstanding: \$ _____ Defense Expense paid/outstanding \$ _____

If claim is opened, please state:

The Maximum amount demanded: \$ _____ Your opinion as to likely settlement value: \$ _____

Insurance Company loss reserves: \$ _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: \$ _____ Defendant's offer to settle: \$ _____

Defense cost to date: \$ _____

Description of actions taken to avoid similar future claims:
