



CorePointe Insurance  
Company  
800 Superior Ave E., 21<sup>st</sup> Floor  
Cleveland, Ohio 44114

**LAWYERS PROFESSIONAL LIABILITY CLAIM SUPPLEMENT**

1.	Full name of Applicant Firm:			
2.	Full name(s) of individual(s) of firm involved in claim:			
3.	Other defendants:			
4.	Name of potential/actual claimant(s):			
5.	Check whether: <input type="checkbox"/> incident <input type="checkbox"/> claim <input type="checkbox"/> lawsuit <input type="checkbox"/> disciplinary action			
6.	a. Date of alleged act, error, or omission:			
	b. Date reported to insurer:			
	c. Name of insurance carrier responding to this claim:			
7.	Present status of claim <b>(check one and include any deductible amount in figures provided):</b>			
	<input type="checkbox"/>	Closed	<input type="checkbox"/>	Open
	Total loss paid (including deductible):		\$	Claimant's settlement demand: \$
	Total expense paid (including deductible):		\$	Defendant's offer for settlement: \$
	<input type="checkbox"/>	Court judgment	Insurer's claim reserve:	\$
	<input type="checkbox"/>	Out-of-court settlement	Expense reserve:	\$
	<input type="checkbox"/>	Dismissed	Expenses paid to date:	\$
	<input type="checkbox"/>	Arbitration award	<input type="checkbox"/>	Currently In Suit
	<input type="checkbox"/>	Incident/Report Only (No reserve established, no expenses to date)		
8.	a. Alleged act or omission upon which claim or incident is based:			
	b. Description of events leading to claim or incident:			
	c. Current status:			
	d. What steps have been taken to prevent a similar loss in the future?			
	e. Does this claim or incident arise from an action to collect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date