

Claim Supplemental Application

Underwritten by The Hanover Insurance Company

INSTRUCTIONS

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. APPLICANT INFORMATION

- 1. Name of **Firm** _____
- 2. Full name of individual lawyer(s) and firm involved in claim, suit or incident:

B. GENERAL INFORMATION

- 3. Additional defendants: _____
- 4. Name of claimant(s) or potential claimant(s): _____
- 5. Date **You** first became aware of the alleged error: _____

- 6. Name of carrier: _____
Date reported to carrier: _____

- 7. Status:
 - Potential/Incident Only
 - Open
 - Closed
 - In Suit

- 8. If Open or In Suit:
 - Insurer's paid losses to date: \$ _____
 - Loss reserves: \$ _____
 - Insurer's paid expenses to date: \$ _____
 - Expense reserves: \$ _____

- 9. If Closed:
 - Date closed: \$ _____
 - Total expenses paid: \$ _____
 - Total indemnity/loss paid: \$ _____

- 10. Please provide a brief description of the claim or potential claim, including the alleged wrongful acts, the events leading to the claim, and the type & extent of the injury or damage alleged:

- 11. What procedures have been implemented to prevent a recurrence of this type of claim? Please provide a detailed explanation:

C. DECLARATIONS, NOTICE AND SIGNATURES

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

Note: *This Application must be signed by a representative of the **Firm** acting as the authorized representative of all of **You**.*

Date

Signature/Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)