

*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)