

## 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:

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

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Full name of the claimant(s):

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Date of alleged act, error or omission: \_\_\_\_\_

Date Claim was made: \_\_\_\_\_

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

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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:

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