

Notice of Circumstance/Claim Reporting Form – Lawyers Professional Liability Insurance Policy



AMERICAN ZURICH INSURANCE COMPANY

**THIS IS FOR A CLAIMS-MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

PLEASE COMPLETE THIS FORM FOR EACH CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM. IF YOU ARE CURRENTLY INSURED BY ZURICH AND YOU HAVE A CLAIM OR ANY CIRCUMSTANCE THAT COULD RESULT IN A CLAIM FAX THIS FORM TO ZURICH, 1-866-255-2962. This document is part of the application for Lawyers Professional Liability Insurance Policy. **Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.**

Name of Applicant: _____

1. Please provide the name(s) of individual(s) of the firm involved in the claim or circumstance that could result in a claim. Indicate each such individual's status in the organization by the designation codes listed below.

Attorney Name	Designation Code*	Date of Hire (mm/dd/yy)	Current Status Active / Inactive

*Designation Code

O-Officers, Directors, Shareholders of the corporation

S-Sole Practitioner

P-Partner, if a Partnership

E-Employed Attorney

C-Of Counsel Attorney

IC-Independent Contractor

PT-Part-Time Attorney (must practice law fewer than twenty-six (26) hours per week solely for applicant firm)

2. Name(s) of claimant(s) or potential claimant(s): _____

3. Date of alleged act or omission: _____

4. Date Applicant first had reason to believe that a claim might be made or an incident (circumstance) report made: _____

5. Date claim was made: _____

Attach copy of the claim letter or suit papers

6. Type(s) and amounts of damages sought (to extent known): _____

7. Indemnity Reserve: \$ _____ Indemnity Paid: \$ _____ Total Indemnity: \$ _____
Expense Reserve: \$ _____ Expenses Paid: \$ _____ Total Expense: \$ _____

8. Description of alleged act or omission: _____

9. Utilizing the chart in the application, indicate the Area of Practice from which the claim or circumstance that could result in a claim arose: _____

10. Explain what action the firm has taken to prevent reoccurrence of a similar claim: _____

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

I, the undersigned, do understand that the information submitted herein becomes part of the applicant's application for lawyers professional liability insurance and is subject to the representations and conditions contained therein. I also understand that the information submitted herein will be used by the Company as a part of its liability and/or coverage evaluation with respect to this potential claim or claim.

Notice to Applicants: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: _____ **Date:** _____
Principal, Partner or President

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____
Agent