

Important note: You should report any known claim, suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission that is known by you, any member of your firm, or any of your employees before the effective date of any insurance policy issued by St. Paul Travelers in response to this application may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

Important Note: Complete one form for each claim, suit, or incident.

Your name _____

Name of individual(s) at firm involved in the claim or incident _____

Name of claimant _____

This matter is currently a/an:
 Pending demand, claim, or suit Closed matter Incident

Name of insurer to whom this matter has been reported	Date reported to insurer
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If this matter is a pending claim or suit, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Claimant's settlement demand \$	Defendant's offer for settlement \$	Insurer's loss reserve \$
Cost of defense paid to date \$	Is claim in suit <input type="checkbox"/> Yes <input type="checkbox"/> No	If claim is in suit, amount asked in summons \$

If this matter is closed, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Total paid indemnity \$	Total paid defense costs \$	Deductible \$

Indicate whether
 Matter closed without payment Court judgement Out of court settlement

If this matter is an incident only, complete this section

Date of alleged error _____

Description of claim, suit, or incident - Provide enough information to allow evaluation. Attach a separate sheet, if necessary. DO NOT attach a copy of the summons:

Name and type of project (if applicable) _____

Type of professional services provided to claimant _____

Alleged act, error, or omission upon which claimant bases claim: _____

Description of case and events: _____

Description of the type and extent of injury or damage allegedly sustained: _____

Description of Risk Management Procedures

Describe any remedial measures taken by the applicant or insured to avoid similar claims or incidents:

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

For all other applicable state fraud warnings, please see the main application.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized individual or representative of the firm agrees to all to the following:

- The statements and representations made in this supplement are true and complete.
- If the information supplied in this supplement changes, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage if applicable.
- St. Paul Travelers is authorized to make an investigation and inquiry in connection with this supplement.

Signature (<i>Partner, Member, Officer, Shareholder</i>)	Title	Date

Important note. This supplement is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by St. Paul Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.