

National Union Fire Insurance Company of Pittsburgh, Pa.®
LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT H - INCIDENTS AND CLAIMS
STATE OF FLORIDA

(to be completed for each incident and claim on behalf of anyone who has been the subject of a disciplinary action, incident, claim or suit within the past five(5) years)

A. PARTIES TO THE INCIDENT OR CLAIM

1. Name of Firm: _____
2. Name(s) of all individual(s) of Firm involved in the incident, claim or suit:

3. Name of Claimant(s):

4. Name of (s) of any additional defendant(s):

5. Insurance carrier(s) to which incident, claim or suit was reported:

B. DESCRIPTION OF INCIDENT OR CLAIM

1. Date alleged act, error, or omission: _____
2. Date Firm became aware of incident, claim or suit: _____
3. Check type: Incident Claim Suit
4. Please describe the events giving rise to the incident, claim or suit (PLEASE DO NOT ATTACH PLEADINGS):

5. Please list each alleged act, error, or omission which form the basis of the claim or suit, including specific counts of any pleadings.

6. Please describe the nature of the alleged damages and dollar amount sought.

C. STATUS OF CLAIM

1. Check status of claim: Open Closed

2. If OPEN:

Total Damages Alleged: \$ _____
Claimant's Settlement Demand: \$ _____
Defendant's Offer to Settle: \$ _____
Defense Costs Accrued to Date: \$ _____

3. If CLOSED:

Total Amount Paid (Including deductible or retention amount):
Indemnity: \$ _____
Legal: \$ _____

D. RISK MANAGEMENT ISSUES

1. Cite the area of the Firm's practice from which the claim arose. Please refer to the Areas of Practice set forth in question B. I. of this Application.

2. Describe any action taken by the Firm to reduce the potential for recurrence of a similar type matter.

3. Was this incident, claim or suit asserted in response to any action by the Firm for fees?

Yes No

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the Firm)

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.