



## Claims Summary

Firm Name: \_\_\_\_\_

Please complete the following for each claim/suit/Incidents filed against the firm in the past 5 years  
(Attach separate sheet if necessary)

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

\*If unknown, inquire of defense counsel or insurance company.