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LSI Corporation
Member of Liberty Mutual Group

CLAIMS SUPPLEMENTAL APPLICATION

Claims or Incidents

Complete one for each claim or incident.

A. Full name of individual(s) or firm involved: _____

B. Full name(s) of Claimant(s) or potential Claimant(s): _____

C. This is a: ☐ Claim ☐ Suit ☐ Incident

D. Date and location of act, error or omission alleged or which may be alleged: _____

E. Date of Claim or suit: _____

F. Additional defendant(s) or potential defendant(s): _____

G. Present status of claim/incident: Open ☐ Closed ☐

Claimant's settlement demand:	$	Total paid including deductible:	$
Defendant's offer for settlement:	$	Indemnity paid:	$
Insurer's Indemnity reserve:	$	Expenses paid:	$
Expenses paid to date:	$		
Expense reserve:	$		

H. Name(s) of Insurer(s) responding to this claim or incident: _____

I. Description of alleged act, error or omission upon which claim is or may be based: _____

J. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: _____

K. Explain what actions(s) have been taken to prevent recurrence of same or similar claims: _____

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

NOTICE: 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 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Sign & Date in ink.

Signed by: Wet Signature Required Title: _____

Print Name: _____ Date: _____

Save Supplement