

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

Law Firm Name: _____

1. Name of Lawyer(s) involved in the Incident/Claim: _____

2. Other Defendants: _____

3. Name of Potential/Actual Claimants: _____

4. Indicate the status: Open/Pending Closed/Settled

5. Provide the following dates: Alleged act or omission: _____
 Law firm received notice of the incident/claim: _____
 Incident/claim was reported to the law firm's insurer: _____
 Incident/claim was closed/resolved: _____

6. Name of the insurer defending the incident/claim: _____

7. Alleged act or omission upon which the incident/claim is based: _____

8. Law firm's description of events leading to the incident/claim: _____

9. Was this incident/claim asserted in a cross-claim or countersuit in an action to collect fees? Yes No

10. If closed, what were the following amounts paid: \$ _____ loss/indemnity
 \$ _____ defense costs
 \$ _____ deductible

11. Indicate whether the payment above was as a result of a(n): judgment arbitration award settlement

12. If pending, indicate the following amounts: \$ _____ Claimant's demand
 \$ _____ Reserve amounts established
 \$ _____ Settlement offer

13. As a result of this incident/claim, please describe the procedural or policy changes implemented in order to reduce the possibility of a similar occurrence. _____

Signature/Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of CA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.