

**St. Paul Fire and Marine Insurance Company
Saint Paul, Minnesota**

Important note: You must 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 The St. Paul in response to this application is 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 |
|---|--------------------------|

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 \$ | 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:

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:

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this supplement are true and complete and will be deemed material to the acceptance of the risk assumed by The St. Paul in the event an insurance policy is issued.
- If the information supplied in this supplement changes between the date of the application and the effective date of any insurance policy issued by The St. Paul in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul is authorized to make an investigation and inquiry in connection with this supplement.
- The St. Paul is not bound or obligated to issue any insurance policy or to provide the insurance requested in this supplement.

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

Important note. This supplement to your application 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 The St. Paul. 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.