

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead) _____

2. Name of Individual(s) and/or Firm involved in the claim/incident: _____

3. Name of claimant(s): _____

4. a. Date of alleged act, error or omission: _____

b. Date Applicant became aware of claim/incident: _____

5. List any additional defendants: _____

6. Present status of claim or incident (check one and include any deductible amount in figures provided). We must have the financial information requested. "Unknown" is an unacceptable response.

- | | |
|--|--|
| <input type="checkbox"/> Closed | <input type="checkbox"/> Open |
| Total loss paid: \$ _____ | Claimant's settlement demand: \$ _____ |
| Total expense paid: \$ _____ | Defendant's offer for settlement: \$ _____ |
| <input type="checkbox"/> Court judgment | Insurer's claim reserve: \$ _____ |
| <input type="checkbox"/> Out-of-court settlement | Expenses paid to date: \$ _____ |
| <input type="checkbox"/> Dismissed | Expense reserve: \$ _____ |
| | <input type="checkbox"/> In Suit |

Incident/Report Only (No reserve established, no expenses to date)

7. a. Date first reported to insurer: _____

b. Name of Insurance carrier responding to this claim or incident: _____

Limit of Liability: \$ _____ Deductible: \$ _____

8. Description of claim or incident.

a. Alleged act, error or omission upon which Claimant bases claim: _____

b. Describe what activities gave rise to the claim or incident: _____

c. Describe the type and extent of injury or damage allegedly sustained: _____

d. Does this incident or claim follow or result from an action to collect fees? Yes No

9. What steps have been taken to prevent the occurrence of a similar claim/incident? _____

FLORIDA: 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 of the third degree.

KENTUCKY: 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 commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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