



ALLIED WORLD INSURANCE COMPANY
1690 New Britain Avenue, Suite 101, Farmington, CT 06032 · Tel. 860-284-1300 · Fax 860-284-1319

ALLIED WORLD LPL ASSURE
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
CLAIMS/DISCIPLINE/CRIMINAL SUPPLEMENT

- 1. Applicant Name:
2. Applicant Individuals Involved:
3. Additional Defendants:
4. Claimant:
5. CLAIM/SUIT POTENTIAL CLAIM/SUIT DISCIPLINARY CRIMINAL
6. Date of alleged error or violation:
7. Date matter reported to Insurer:
8. Name of Insurer responding to the matter:
9. Limit of Liability for this matter: Deductible/Retention:

Table with 2 columns: IF CLOSED and IF OPEN/PENDING. Rows include Defense costs paid by Applicant/Insurer, Damages/Settlement paid by Applicant/Insurer, Date of Judgment or Settlement, and Court/Out of Court Settlement options.

- 11. Attach separate page if additional space is needed:
a. Description of the underlying matter or case:
b. Description of the alleged act, error, omission or violation upon which the claim or investigation is based:
c. Description of the type and extent of injury or damage allegedly sustained:

d. Assessment of liability and damages including estimated loss and defense expenses:

e. Current case status:

f. Explain what action has been taken to prevent reoccurrence of a similar claim, complaint, or allegation:

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions. This application 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

Date

Print Name

Title

Licensed Agent

License Number