

Minnesota Claim Supplemental Application

This form only needs to be completed if the applicant firm or any insurance company on behalf of the applicant firm has had a claim within the past five years OR if you have a reasonable basis to believe that you or anyone in your firm has committed an act or omission that may lead to a professional liability claim being made against the firm or any attorneys in the firm.

Firm/Applicant Name: _____

1. Full name of Claimant: _____

2. Indicate whether: CLAIM/SUIT INCIDENT

3. Date of actual or alleged error: _____

4. Date reported to insurance carrier: _____

5. IF CLOSED: Total loss paid including deductible: \$ _____

6. IF PENDING: Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Insurer's defense reserve: \$ _____

7. Description of alleged act, error or omission upon which this claim is based (attach additional sheets if necessary):

8. Explain what action the firm has taken to prevent reoccurrence of a similar claim:

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD. A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

Signature of Owner, Officer or Partner _____	Title	Date
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