If you answered yes to the questions regarding claims or potential claims, complete a separate supplement for each actual or potential claim. A form should be completed for any claim, demand, or suit and any incident, circumstance, act, error, omission that may result in a claim, demand or suit for Professional Liability, Employment Practices, Employee Theft, Identity Theft or Non-profit Directors and Officers claims expense. Answer each question fully, do not leave any blank. If there is not enough space, please attach a separate sheet.

1. Full name of all individual(s) of the firm involved in claim, incident, or suit: ____________________________

2. List any additional defendant(s): ____________________________

3. Full name of claimant(s) or potential claimant(s): ____________________________

4. a. Date of alleged act, error, or omission: ____________________________
   b. Date claim/incident was made or date firm received notice: ____________________________

5. a. Name of Insurance Company to whom you reported this claim: ____________________________
   b. Date reported to company: ____________________________

6. Type:   ☐ Incident   ☐ Claim   ☐ Suit   ☐ Disciplinary Complaint

7. Present Status of claim:   ☐ Open   ☐ In Suit   ☐ Closed with pay   ☐ Closed without pay
   a. If open or in suit provide:
      Claimant’s settlement demand $__________    Defendant’s offer for settlement $__________
      Insurer’s current loss reserve $__________
      Amount paid to date:   Expenses: $__________    Loss/ Indemnity: $__________
   b. If closed provide:
      Total damages (paid and/or outstanding, including deductible) $__________
      Was payment the result of:   ☐ Judgment   ☐ Settlement   ☐ Arbitration
      Date closed: ____________________________

8. Description of the claim or incident:
   (Do not respond with “contact Company”, “refer to file” or “see attached loss run”. Information must be provided to allow an evaluation of the claim or incident.)
   a. Nature of engagement and services provided: ____________________________
b. Allegation upon which claimant bases claim: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   c. Description of case and events upon which the claim or incident is based: ______________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   d. Firms Response to Allegations: ________________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. What procedures have been implemented to prevent a similar claim? _________________________________
   __________________________________________________________
   __________________________________________________________

   It is acknowledged and agreed that any claim or other loss arising from a matter disclosed or should have been 
disclosed in this supplement is excluded from coverage under the proposed insurance, for all Insureds, without 
limiting any other remedy available to the Company for non-disclosure. All current situations should be reported to 
your current insurance carrier.

   The applicant understands the information submitted herein becomes a part of the applicant’s application and is 
subject to the same representations and conditions.

   ________________________________  ________________________________
   Signature of Authorized Representative of the Firm  Date
   ________________________________  ________________________________
   Print Name  Title (must be signed by managing partner or managing 
   executive of the Firm)
   ________________________________
   Attest
   ________________________________
   Producer / Agent
   ________________________________
   License Number
   ________________________________
   Address