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**AMERICAN ALTERNATIVE INSURANCE CORPORATION**

**555 College Road East, Princeton, NJ 08543-5241**

***CLAIM, POTENTIAL CLAIM OR OTHER MATTER SUPPLEMENT to***

**APPLICATION FOR LAWYERS’ PROFESSIONAL LIABILITY INSURANCE**

**Claims Made and Reported Insurance Policy**

**IMPORTANT NOTICE:** This is an application for a Claims-made and Reported insurance policy. This means the Company will not provide coverage or defense for any Claim that is either first made against the Insured or first reported to the Company, before or after the Policy Period and any applicable Extended Reporting Period. To be eligible for coverage, a Claim must be first made against the Insured and first reported to the Company during the Policy Period and any applicable Extended Reporting Period and arise from a Wrongful Act or Related Wrongful Act that occurred on or after the Retroactive Date shown in the Policy Declarations. Additional limitations may apply, see policy for full details.

**DEFENSE EXPENSES NOTICE:** (For New York Insureds Only); If this Policy contains an insuring agreement that includes Claim Expenses within the Limits of Liability, payment of Claim Expenses may reduce the Limits of Liability applicable to Damages by up to 50%. If this Policy includes an insuring agreement that includes a Deductible that applies to Claim Expenses, up to 50% of the Deductible amount may be applied to Claim Expenses.

**INSTRUCTIONS:** This form should be completed if the Applicant or any Predecessor Firm has experienced a Claim during the past 5 years, or if anyone associated with or working on behalf of the Applicant or a Predecessor Firm has a basis to believe that any act, error, omission or Personal Injury occurring during the performance of Professional Services might reasonably be expected to form the basis of a future Claim that could be reported under this Policy, or if any other Non-Claim matter (i.e., Subpoena Response, Crisis Event) has been reported that required a loss, defense or other payment by any professional liability insurer.

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| **Claim, Potential Claim or Other Matter Overview** |

1. Applicant Firm/Predecessor Firm/Other Involved Firm Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Indicate Whether: CLAIM  POTENTIAL CLAIM  OTHER Non-Claim Matter:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*For Other, specify Type of Matter: i.e., Subpoena Response Payment, Disciplinary Matter, Crisis Event, etc.)*

3. Indicated Whether: OPEN  CLOSED  *Date Closed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATUS UNKNOWN

4. Date of alleged act, error, omission, Personal Injury, ethics violation or incident forming basis of matter: \_\_\_\_\_\_\_\_\_\_\_

5. a. If a Claim, date Claim was First Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Date matter reported to Ins. Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_

c. Insurance Carrier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. Did Carrier accept coverage? YES  NO

6. Location (City/State or Country if non-U.S. location) for reported matter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name of Claimant or Adverse/Moving Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Types of Professional Services and Areas of Practice Involved: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Names of Applicant or Predecessor Firm Members Involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Names or Description of Other Involved Defendants or Parties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Claim, Potential Claim, or Other Matter Details |

11. Brief Description of alleged act, error, omission, Personal Injury, ethical violation or incident forming basis of report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12. Damages amount sought by Claimant, dollar amount in controversy or specific relief sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. For Potential Claims, what is the basis of belief that a Potential Claim could result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Steps taken to prevent Reoccurrence/Status Update: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Claim, Potential Claim, or Other Matter Payments |

15. For Closed Claims, Total Dollar Amount Paid in settlement of Claim or Judgment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. For Closed Claims, Total Dollar Amount Paid in defense of Claim: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. For Open Claims and Open/Closed Other Matters, Total Dollar Amount Paid and Reserved to Date: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Claim, Potential Claim or Other Matter Supplement* to LPL Application NOTICES** |

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

**APPLICANT REPRESENTATIONS AND ASSURANCES:** The undersigned hereby represents to and assures the Company that the information contained in this application is true and correct as of the date this application is executed and that the Company shall be entitled to rely upon this application as the basis of any insurance policy the Company may issue to the applicant firm. The undersigned acknowledges and agrees that the accuracy of the information contained in this application will be material to the decision by the Company to issue any insurance policy to the applicant firm.

The undersigned further represents to and assures the Company that the applicant firm will report to the Company (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts or circumstances which may give rise to a claim.

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY- WARNING**

**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 OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO LOUISIANA** and **MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact or material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes a claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**This application must be signed by an owner, partner or corporate officer. Signing does not bind the applicant or the Company.**

Signature of Owner, Partner or Corporate Officer Date (mm/dd/yyyy)

Print or Type Name/Title

[In States Where Required]

Authorized Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Producer License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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