

**KAESTNER & BERRY**  
**PROFESSIONAL INSURANCE SERVICES, LLC**  
**Tel: 314-808-6865**  
**Fax: 866-208-0101**

**CLAIM INFORMATION SUPPLEMENT**

**1. Name of Insured:** \_\_\_\_\_

**2. Name of the Attorney involved in the Claim or Incident:** \_\_\_\_\_

**3. Name of the Claimant(s):** \_\_\_\_\_

**4. Other Parties:** \_\_\_\_\_

**5. Date of Alleged Error:** \_\_\_\_\_ **6. Date Reported to Insurer:** \_\_\_\_\_

**7. Name of Insurance Company Reported to:** \_\_\_\_\_

**8. Status of Claim/Incident:**

**Claim:** \_\_\_\_\_ **Potential Claim/Incident:** \_\_\_\_\_ **Bar Complaint:** \_\_\_\_\_

**Open:** \_\_\_ **Presuit:** \_\_\_ **In Suit:** \_\_\_ **If in Suit, where is it filed?** \_\_\_\_\_

**Closed:** \_\_\_ **Settlement:** \_\_\_ **Inactivity:** \_\_\_ **Date Closed:** \_\_\_\_\_

**Payments: Settlement Amount Paid:** \_\_\_\_\_ **Expenses Paid:** \_\_\_\_\_

**Potential Exposure: Indemnity Reserve:** \_\_\_\_\_ **Expense Reserve:** \_\_\_\_\_

**9. Description of the Claim/Potential Claim:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**10. Procedures Implemented to Prevent a Reoccurrence:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_