

Kaestner & Berry
Professional Insurance Services, LLC

Tel: 314.808.6865
Fax: 314.200.8553
www.kb-insurance.com

Gerry@kb-insurance.com
Mark@kb-insurance.com

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/Disciplinary Issue: _____

10. Procedures Implemented to Prevent a Reoccurrence: _____

Signature of Applicant: _____ Date: _____