

# Notice of Circumstance/Claim Reporting Form – Lawyers Professional Liability Insurance Policy



## AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

### THIS IS FOR A CLAIMS-MADE AND REPORTED POLICY.

**PLEASE COMPLETE THIS FORM FOR EACH CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM. IF YOU ARE CURRENTLY INSURED BY ZURICH AND YOU HAVE A CLAIM OR ANY CIRCUMSTANCE THAT COULD RESULT IN A CLAIM FAX THIS FORM TO ZURICH, 1-866-255-2962.** This document is part of the application for Lawyers Professional Liability Insurance Policy. **Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.**

Name of Applicant: \_\_\_\_\_

1. Please provide the name(s) of individual(s) of the firm involved in the claim or circumstance that could result in a claim. Indicate each such individual's status in the organization by the designation codes listed below.

Attorney Name	Designation Code*	Date of Hire (mm/dd/yy)	Current Status Active / Inactive

\*Designation Code

**O**-Officers, Directors, Shareholders of the corporation

**S**-Sole Practitioner

**P**-Partner, if a Partnership

**E**-Employed Attorney

**C**-Of Counsel Attorney

**IC**-Independent Contractor

**PT**-Part-Time Attorney (must practice law fewer than twenty-six (26) hours per week solely for applicant firm)

2. Name(s) of claimant(s) or potential claimant(s): \_\_\_\_\_

3. Date of alleged act or omission: \_\_\_\_\_

4. Date Applicant first had reason to believe that a claim might be made or an incident (circumstance) report made: \_\_\_\_\_

5. Date claim was made: \_\_\_\_\_  
Attach copy of the claim letter or suit papers

6. Type(s) and amounts of damages sought (to extent known): \_\_\_\_\_

7. Indemnity Reserve: \$ \_\_\_\_\_ Indemnity Paid: \$ \_\_\_\_\_ Total Indemnity: \$ \_\_\_\_\_  
Expense Reserve: \$ \_\_\_\_\_ Expenses Paid: \$ \_\_\_\_\_ Total Expense: \$ \_\_\_\_\_

8. Description of alleged act or omission: \_\_\_\_\_

9. Utilizing the chart in the application, indicate the Area of Practice from which the claim or circumstance that could result in a claim arose: \_\_\_\_\_

10. 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.

I, the undersigned, do understand that the information submitted herein becomes part of the applicant's application for lawyers professional liability insurance and is subject to the representations and conditions contained therein. I also understand that the information submitted herein will be used by the Company as a part of its liability and/or coverage evaluation with respect to this potential claim or claim.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

#### **Required State Fraud Notices**

Notice to Arkansas Applicant: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Notice to Colorado Applicant: **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 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 Applicant: **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 fine. In addition, an insurer may deny insurance benefits if false information related to a claim was provided by the applicant.**

Notice to Florida Applicant: **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 Kentucky Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.**

Notice to Louisiana Applicant: **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 Maine Applicant: **It is a crime to knowingly 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 New Jersey Applicant: **Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

Notice to New Mexico Applicant: **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 CIVIL AND CRIMINAL PENALTIES.**

Notice of Ohio Applicant: **Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

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

Notice to Pennsylvania Applicant: **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 Vermont Applicant: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act.**

Notice to Applicants in all other states: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Principal, Partner or President

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Agent

**Name of Soliciting Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print) (Required in State of Iowa)