

# Westport Insurance Corporation

## CLAIM SUPPLEMENT

### Section I: General Claims Information

1. Full Name of Applicant/Insured firm:  
\_\_\_\_\_  
\_\_\_\_\_
2. Full name of claimant/plaintiff:  
\_\_\_\_\_  
\_\_\_\_\_
3. Date claim/incident made against firm (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Date claim reported to insurance carrier (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Date of alleged error: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . If the error if alleged to have occurred over a period of time, please indicate the start and end date of said period (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .
6. Please indicate if this claim:  Was previously reported to Westport as a claim/potential claim under a Westport Insurance Policy  
 Was previously reported to Westport as a claim/potential claim reported under another carrier's policy  
 Has never been reported to Westport

**NOTE: This form should not be used to report new claims. Please follow the appropriate procedure as indicated by your Westport policy.**

**If this claim was previously reported to Westport as a claim/potential claim under a Westport Insurance Policy, no further information is required**

### Section II. Other Claims Information

7. Indicate whether:  claim/suit  
 incident/potential claim
8. Full name of individual(s) involved in claim/incident:  
\_\_\_\_\_  
\_\_\_\_\_
9. Name of firm involved in claim/incident if different than above  
\_\_\_\_\_  
\_\_\_\_\_
10. Other parties against whom this claim was made:  
\_\_\_\_\_
11. Name of Insurance Company:  
\_\_\_\_\_

12. The claim is:  open  
 closed

13. Please complete the following for all open and closed claims:

- A. Total amounts paid to date (including deductible): \$ \_\_\_\_\_  
B. Loss paid in excess of Deductible: \$ \_\_\_\_\_  
C. Expenses paid in excess of Deductible: \$ \_\_\_\_\_

If claim is still open:

- D. Insurance company's loss reserve: \$ \_\_\_\_\_  
E. Claimant's settlement demand: \$ \_\_\_\_\_  None Made  
F. Defendant's offer for settlement: \$ \_\_\_\_\_  None Made

If the claim is closed:

G. Indicate date closed: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

H. Indicate how resolved:

- Settlement via Court judgment  
 Settlement via formal mediation/arbitration  
 Out of court settlement  
 Jury trial  
 Bench trial  
 Claim dismissed by Claimant without settlement  
 Dismissed via motion  
 Claim never developed  
 Other

14. Provide a full description of the engagement, the events leading up to the claim / potential claim, the allegations asserted against your firm and the current status of the matter. Please indicate whether or not the claimant was your client; if not, fully explain claimant's relationship to client.

\_\_\_\_\_

\_\_\_\_\_

15. What action has your firm taken to prevent a recurrence of such a claim in the future?

\_\_\_\_\_

\_\_\_\_\_

16. Do you continue to service client?  Yes  
 No  
 Not Applicable

**I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.**

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.*