



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
St. Paul Mercury Insurance Company, Saint Paul, Minnesota
St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to St. Paul Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58303) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

- 1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)
2. Name of Individual(s) and/or Firm involved in the claim/incident:
3. Name of claimant(s):
4. a. Date of alleged act, error or omission:
b. Date Applicant became aware of claim/incident:
5. List any additional defendants:
6. Present status of claim or incident (check one and include any deductible amount in figures provided). We must have the financial information requested. "Unknown" is an unacceptable response.
7. a. Date first reported to insurer:
b. Name of Insurance carrier responding to this claim or incident:
Limit of Liability: Deductible: \$
8. Description of claim or incident.
a. Alleged act, error or omission upon which Claimant bases claim:
b. Describe what activities gave rise to the claim or incident:
c. Describe the type and extent of injury or damage allegedly sustained:
d. Does this incident or claim follow or result from an action to collect fees?
9. What steps have been taken to prevent the occurrence of a similar claim/incident?

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal Title Date