

Claims Supplement

National Union Fire Insurance Company of Pittsburgh, Pa.

1271 Ave of the Americas FL 37 New York, NY 10020-1304 (A capital stock company, herein called the Company)

ΝΔ

			NA		
This	Supplement must be completed for	each Claim, S	uit or Potential claim.		
1.	Full name of the individual attorney(s) or firm involved:				
2.	Full name(s) of the Claimant(s) or potential Claimant(s):				
3.	This is a: Claim	Suit	Potential Claim		
4.	Date and location of act, error or omission alleged, or which may be alleged:				
5.	Date the Claim or Suit was reported:				
6.	Additional defendant(s) or potential defendant(s):				
7.	Present status of Claim, Suit or Po	tential claim:	Open	Closed	
8.	Please provide the most recent dol	ease provide the most recent dollar values for each category on for this Claim / Suit or Incident:			
	Claimant's settlement demand?	\$	Total paid (including deductil	ole)? \$	
	Defendant's offer for settlement?	\$	Indemnity paid?	\$	
	Insurer's Indemnity reserve?	\$	Expenses paid?	\$	
	Expenses paid to date?	\$			
	Expense reserves?	\$			
9.	Name(s) of Insurer(s) responding to this Claim / Suit or Incident:				
	Description of the type and extent of injury or damage which is or may be alleged to have been sustained: Explain what action(s) have been taken to prevent recurrence of same or similar acts, errors or omissions:				
APP SAM Sign	PLICANT UNDERSTANDS THE INTERICANT'S LAWYERS PROFESSION IN THE PRESENTATIONS AND CONTRACT AND CONTRACT IN THE PROPERTY OF T	DNAL LIABILIT IDITIONS			
ים	rinted Name:		Name of firm:		
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