



**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S
CLAIM FORM**

APPLICANT'S INSTRUCTIONS

1. **THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 29a. AND b. PLEASE COMPLETE ONLE FORM FOR EACH CLAIM.**
2. **IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET.
*DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT***
3. **PLEASE NOTE THIS SUPPLEMENT IS UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISINS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.**
4. **PLEASE LEAVE NO BLANKS**

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1. Full name and individual(s) and name of firm involved in the claim:
a) _____
b) _____
c) _____
 2. Additional Defendants:
a) _____
b) _____
d) _____
 3. Full name of claimant: _____
 4. Date of alleged error: _____
 5. To what insurance company was this claim reported? _____
 6. Date reported to insurance company: _____
 7. Present status of claim (circle one): Open In Suit Closed
 8. If pending, please indicate:
a) Amount asked in summons: \$ _____

- b) Claimant's Settlement demand: \$ _____
- c) Defendant's offer for settlement: \$ _____
- d) Total amount paid in defense costs to date: \$ _____
- e) Total damages paid/outstanding: \$ _____

9. If closed, please indicate amounts paid in:

Indemnity \$ _____ Costs \$ _____

10. Description of claim, including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). **DO NOT ATTACH SUMMONS AND COMPLAINT**

a) Allegation upon which Claimant bases claim: _____

b) Description of events: _____

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Advice of claims or losses, circumstances shall not constitute notice under any insurance policy.

Must be signed by Owner, Partner or Officer:

Authorised signature of applicant **Title**

 Date

