

Supplementary Questionnaire

Claims or Circumstances

If you have answered “yes” in respect of any year of insurance since 2000, then, as shown in the NOTES, you have the choice of:

- Submitting an up to date claims record from your previous &/or current Qualifying Insurers for each year in which there was a claim. It is required procedure for previous and/or current insurers to provide this information.

OR:

- If you prefer, please complete the attached Claims or Circumstances Supplementary Questionnaire – one for each matter, which the quoting insurers may accept, but they have the right to demand an up to date claim record from the insurers concerned as above.

Complete one form for each claim or circumstance reported to the Assigned Risk Pool or to your Qualifying Insurers

1. Name of firm

2. Name of Claimant

Name of individual at firm involved in the claim or circumstance

This matter is currently a:

Open claim

Closed claim

Circumstance

Name of the insurer to whom this matter has been reported

Date reported to insurer

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3a If this matter is an open claim, complete this section

Date of alleged error

Amount of Potential claim

£

Is the circumstance open or closed?

Open Closed

3b If this matter is a closed claim, complete this section

Date of alleged error

Date of claim

Additional defendants (if any)



Claimant's settlement demand

£

Defendant's offer for settlement

£

Insurers loss reserve if known

£

Defence costs paid to date

£

Have proceedings been issued?

Yes No

If proceedings have been issued, amount claimed

£

3c If this matter is closed claim, complete this section

Date of alleged error

Date of claim

Additional defendants (if any)

Total claim payment (incl any excess)

Excess

Total paid defence cost

Indicate whether the matter is closed:

Without payment By court judgement By out of court settlement

4. Description of closed or open claim or circumstance

Provide enough information to allow evaluation, attach a separate sheet if necessary.

Alleged act, error or omission upon which claimant bases claim:

Description of case and events:

Description of the type and amount of loss or damage allegedly sustained:



5. Description of risk management procedures

Describe any remedial measures taken by the applicant or insured to avoid similar claims or circumstances

DECLARATION

I/we declare that to the best of my/our knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application is true and complete and this application, declaration, documentation and information shall be the basis of the contract between myself/ourselves and the insurer.

I/we declare that I/we have informed the Insurer of all facts which are likely to influence the insurer in the acceptance or assessment of my insurance, I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

This questionnaire must be signed by a Principal, Director or Member of the Firm

Signature	Date
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Print Name

