

**LLOYD'S  
LLOYD'S OF LONDON**

**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

1. Full name and individual(s) and name of firm involved in the claim:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
2. Additional Defendants:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
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 \$ \_\_\_\_\_

Cost \$ \_\_\_\_\_

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:

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b) Description of events:

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**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