

To complete this form electronically, please click on the fields and type in your answers.  
 Once complete, please save or print a copy for your records.



## Solicitors Supplementary Claim Form

Name of Firm	Ref: <input style="width: 90%;" type="text"/>
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This form shall form part of the proposal form and only needs to be completed when a full claims history is not yet available from your insurers. Any quotation provided will be subject to confirmed claims experience.

Please give details of all claims and circumstances which may give rise to a claim reported to your insurers since 1 December 2001.

Indemnity year	Date of notification	Claimant's name	Type of work, eg conveyancing, matrimonial etc.	Insurers reserve or estimated outstanding cost of claim	Insurers payments	Status open/closed
2001/02						
2002/03						
2003/04						
2004/05						

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2005/06						
2006/07						
2007/08						
2008/09						
2009/10						
2010/11						

Please save or print a copy of the completed form for your records.

Save Form

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