

**CLAIM/POTENTIAL CLAIM/BAR COMPLAINT SUPPLEMENT**

Firm Name: \_\_\_\_\_

Name of the Attorney involved in the Claim or Incident: \_\_\_\_\_

Name of the Claimant(s): \_\_\_\_\_

Date of Alleged Error: \_\_\_\_\_ Date Reported to Insured: \_\_\_\_\_

Name of Insurance Company Reported to: \_\_\_\_\_

Status of Claim/Potential Claim/Bar Complaint:

- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> Claim | <input type="checkbox"/> Potential Claim/Incident | <input type="checkbox"/> Bar Complaint |
| <input type="checkbox"/> Open  | <input type="checkbox"/> In Suit                  | <input type="checkbox"/> Closed        |

If Open:

Indemnity Reserve: \$ \_\_\_\_\_ Expense Reserve: \$ \_\_\_\_\_

If Closed:

Date Closed: \_\_\_\_\_

Settlement Amount Paid: \$ \_\_\_\_\_ Expenses Paid: \$ \_\_\_\_\_

Description of the Claim/Potential Claim/Disciplinary Issue: \_\_\_\_\_

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If a Bar Complaint or a disciplinary matter has been filed, was the matter dismissed? Yes \_\_\_  
No \_\_\_

If not dismissed, provide us with the current status:

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**Return Completed Information To Kaestner & Berry Professional Insurance Services, LLC:**

Fax: 314-200-8553    Email: [Admin\\_Assistant@kb-insurance.com](mailto:Admin_Assistant@kb-insurance.com)    Mail: 140 Cliff Cave Road, Suite 202, St. Louis, MO 63129

Signature: \_\_\_\_\_ Date: \_\_\_\_\_