

SOLICITORS SUPPLEMENTARY CLAIM FORM

Name of firm

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 2009.

Indemnity year	Date of notification	Claimant's name	Type of work, e.g. conveyancing, matrimonial, etc.	Insurers reserve or estimated outstanding cost of claim	Insurers payments	Status open/closed
2009/10						
2010/11						
2011/12						
2012/13						
2013/14						

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2014/15						
2015/16						
2016/17						
2017/18						
2018/19						