

Atlantic Specialty Insurance Company
(Stock company owned by the **OneBeacon Insurance Group**)

**EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION
CLAIM SUMMARY SUPPLEMENT**

This document is part of the Employed Lawyers Professional Liability Insurance Application.

Instructions: This form must be completed if any “Employed Lawyer” has been involved in any claim or suit as indicated by a “Yes” answer to Question 6.b) of the Application, or is aware of any fact, circumstance, situation, transaction, event, act, error or omission as indicated by a “Yes” answer to Question 6.c) of the Application. Please complete one Claim Summary Supplement for each such claim suit, fact, circumstance, situation, transaction, event, act, error or omission. Use separate sheets if necessary to provide a complete response.

1. Name of Company: _____
(as indicated in Question 2.a) of the Application)

2. Full name of individual “Employed Lawyer(s)” involved in claim, suit, fact, circumstance, situation, transaction, event, act, error or omission:

3. Name of claimant(s) or potential claimant(s):

4. Additional defendant(s):

5. Date of alleged wrongful act:

6. To what insurance company was this claim, suit, fact, circumstance, situation, transaction, event, act, error or omission reported?

7. Date of report to such insurance company:

8. Description of claim, suit, fact, circumstance, situation, transaction, event, act, error or omission and current status. If claim, suit, fact, circumstance, situation, transaction, event, act, error or omission has been resolved, provide total defense expenses, settlement(s) or judgments(s) incurred (including amounts within any self-insured retention). Please attach additional sheets if necessary.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of the Company, its subsidiaries and all individuals proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Claim Summary Supplement and any attachments of information submitted with this Claim Summary Supplement are true and complete. The undersigned understands that information submitted herein becomes part of the Company's Employed Lawyers Professional Liability Insurance Application and is subject to the representations and conditions set forth therein.

COMPANY:		
BY (General Counsel, CEO, CFO or Risk Manager of the Company):	TITLE:	DATE: