

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

**EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR LAW FIRMS APPLICATION
CLAIM SUMMARY SUPPLEMENT**

This document is part of the Employment Practices Liability Insurance for Law Firms Application.

Instructions: This form must be completed if any individual or entity proposed for this insurance has been involved in any claim as indicated by a "Yes" answer to Question 7.b) of the Application, or is aware of any fact, circumstance, situation, transaction, decision, event, act, error or omission as indicated by a "Yes" answer to Question 7.c) of the Application. Please complete one Claim Summary Supplement for each such claim, fact, circumstance, situation, transaction, decision, event, act, error or omission. Use separate sheets if necessary to provide a complete response.

1. Name of Applicant: _____
2. Name of claimant(s) or potential claimant(s) and relationship to Applicant: _____

3. Name(s) and job title(s) of defendant(s)/respondent(s): _____

4. Date of alleged wrongful act: _____
5. Date of claim: _____
6. Date of notification to insurer(s), if applicable: _____
7. Location of claim (city, state, country): _____
8. Description of the claim, fact, circumstance, situation, transaction, decision, event, act, error or omission: _____

9. Claimant's or potential claimant's allegation and demand: _____

10. Responsive position: _____

11. Current status: Open Closed

If "Open," please provide the forum and stage of any proceedings: _____

12. a. Settlement or judgment amount paid: _____ b. Defense costs paid to date: _____

13. What risk management strategies have been implemented by Applicant in order to prevent similar claims from being alleged? _____

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of the all individuals and entities 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 Applicant's Employment Practices Liability Insurance <for Law Firms> Application and is subject to the representations and conditions set forth therein.

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|---|--------|-------|
| APPLICANT: | | |
| BY (PRINCIPAL, PARTNER OR SHAREHOLDER): | TITLE: | DATE: |