



**PROFESSIONAL INDEMNITY INSURANCE CLAIM FORM (LAWYERS)**

**1. Important Notice:**

- Please read this Claim Form fully before answering the questions.
  - The Claim Form is to be completed and signed by a Partner, Director or Principal of the insured.
  - All questions must be answered as fully as possible. Please use additional sheet if necessary and copies of relevant documentation should be attached.
  - If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
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**2. Details of Insured:**

Full Name of the insured. \_\_\_\_\_

Address of the insured. \_\_\_\_\_  
\_\_\_\_\_

Contact person. \_\_\_\_\_

Policy No. \_\_\_\_\_ Email. \_\_\_\_\_

Telephone No \_\_\_\_\_ Other contact details. \_\_\_\_\_

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**3. Details of Claimant**

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim against you or the firm/company).

\_\_\_\_\_

Address of the claimant. \_\_\_\_\_  
\_\_\_\_\_

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**4. Details of Insured's Retainer/ Contract.**

What were you retained/ contracted to do? \_\_\_\_\_

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\_\_\_\_\_

Was your retainer/ contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms.

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When did you perform the work out of which the claim arises or may arise?

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Who within the firm/company, actually performed the work or against whom is the claim or potential claim principally directed?

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What is that person's title, duties and contact details?

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**5. Details of Claim or Circumstance:**

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

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Have proceedings commenced? If so, please attach a copy of the Court documents.

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On what date did you first become aware of the claim or the fact or circumstance?

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On what date was the claim or the intimation of a claim first made to you?

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Was the first intimation of a claim oral or in writing? If in writing, please attach a copy. If oral, please give a "first person" account of the conversation, (i.e. "He said", "I said").

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What amount, if any, is claimed? \_\_\_\_\_

If known, what does that amount comprise? \_\_\_\_\_

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**6. Details of Insured's Response:**

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

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\_\_\_\_\_  
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What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

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\_\_\_\_\_

Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that the insurer may have a better understanding of this matter? If so, please provide details along with supporting documentation.

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Have you instructed an advocate to act for you? If so, what is the advocate's name, firm and contact details?

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**7. Declaration:**

I/ We (print name in full) \_\_\_\_\_  
(position) \_\_\_\_\_

of the insured and on behalf of the insured declare the above answers to be true and correct and acknowledge that Madison may make its decision on indemnity having regard to these answers.

I consent to Madison using the personal information which I have provided on this form for purposes of processing this claim. I understand that if I choose not to provide the required details, Madison may not be able to process this claim.

I consent to Madison disclosing my personal information to other insurers and insurance reference service, or as required by law. I also consent to Madison disclosing my personal information to and/or collecting additional information about me from third parties such as investigators or legal advisors. Where I have provided information about another individual (for example, an employee or client) I declare that the individual has been made aware of that fact.

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