



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
LEGAL MALPRACTICE CLAIM REPORT

MAIL TO:
 STATISTICAL SECTION
 P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
SEE INSTRUCTIONS ON REVERSE

| | |
|------------------------------|------------------------------------|
| SECTION A | |
| 1. INSURER'S NAME | 2. NAIC GROUP AND COMPANY CODE |
| 3. INSURER CLAIM FILE NUMBER | 4. INSURED'S CITY, STATE, ZIP CODE |

| | | | |
|---|--|---|-----------------------------|
| 5. STATUS OF THIS CLAIM | A. New Claim B. Closed Claim | C. Corrected New Claim D. Corrected Closed Claim | 5. |
| 6. STATE | | | 6. |
| 7. POPULATION CODE | 01 - 1,000,000 or more 02 - 500,000 to 999,999 | 03 - 100,000 to 499,999 04 - 50,000 to 99,999 | 05 - Less than 49,999 7. |
| 8. HOW MANY LAWYERS WERE INSURED ON THE POLICY? | A. One B. 2 to 5 | C. 6 to 30 D. Over 30 | 8. |
| 9. HOW MANY YEARS HAD THE INSURED BEEN ADMITTED TO PRACTICE AT THE TIME OF THE ALLEGED ERROR? | A. Under 4 years B. 4 to 10 years C. Over 10 years | | 9. |
| 10. WHAT TYPE OF LAW OFFICE IS THE INSURED A MEMBER OF? | A. Legal Clinic B. Legal Aid C. Private Practice | | 10. |
| 11. WHAT IS THE INSURED'S RELATIONSHIP TO THE CLAIMANT? | A. Free legal service B. Member pre-paid legal plan C. Client other than A or B D. Non-client | | 11. |
| 12. DID THE CLAIM ARISE AFTER THE INSURED MADE AN ATTEMPT TO COLLECT A FEE? | A = YES B = NO | | 12. |
| 13. DID THIS CLAIM ARISE FROM AN AREA OF LAW: | A. Normal to the insured's practice B. Not normal to the insured's practice C. Not applicable | | 13. |
| 14. DATE OF OCCURRENCE | 14. MO/YR | 15. DATE FIRST REPORTED TO INSURER | 15. MO/YR |

| | |
|--|-----------|
| SECTION B | |
| 16. DATE THIS CLAIM CLOSED OR DISPOSED | 16. MO/YR |
| 17. CLAIM DISPOSITION | 17. |
| A. Before filing suit or demanding hearing B. Before trial or hearing C. During trial or hearing D. After trial or hearing but before judgment or decision E. After judgment or decision but before appeal F. During appeal G. After appeal H. Claim or suit abandoned I. During review panel or non-binding arbitration | |
| 18. What amount was paid to the claimant (including the deductible)? | 18. \$ |
| 19. What amount was paid for loss expenses (including the deductible)? | 19. \$ |
| 20. What reserve amount was established for loss payment? | 20. \$ |
| 21. What reserve amount was established for loss expense? | 21. \$ |
| 22. What was the amount of the insured's deductible? | 22. \$ |

| | |
|--|-----|
| SECTION C | |
| 23. AREA OF LAW (See instructions for code) | 23 |
| 25. MAJOR ACTIVITY CODE (See instructions for code) Other (Specify) _____ | 24. |
| 26. ALLEGED ERROR OR OMISSION (See instructions for code) Other (Specify) _____ | 25. |

| | |
|---|--|
| FORM PREPARED BY (PLEASE TYPE OR PRINT) | TELEPHONE NUMBER (AREA CODE) NUMBER, EXTENSION |
| SIGNATURE ▶ | DATE |

LEGAL MALPRACTICE CLAIM REPORT INSTRUCTIONS

SECTION A Complete this section for all claims.

1. **INSURER'S NAME** - The full and legal name of the insurance company providing the coverage for this claim.
2. **NAIC GROUP AND COMPANY CODE** - Enter the NAIC four digit group code and the five digit company code for the company listed in Item 1.
3. **INSURER CLAIM FILE NUMBER** - Enter the company file number for this claim. Both alphabetic and numeric characters are permitted. **DO NOT USE HYPHENS, DASHES, SLASHES OR SPACES.**
4. **INSURED'S CITY, STATE AND ZIP** - Enter the city, state and zip code address for the insured against whom this claim was made. "State" is the two letter official postal code; i.e., MO, MA, KY, etc.
5. **STATUS OF THIS CLAIM** - Use A for each new claim opened and B for each of these new claims which are now closed. Use C if a claim is reopened and D for each of these reopened claims which are now closed.
6. **STATE** - The two letter official postal code of the state where the claim was made.
7. **POPULATION CODE** - Enter the two digit code for the city population where the claim was made.
8. thru 13. (Self-Explanatory)
14. **DATE OF OCCURRENCE** - This date and all other dates are to be reported in the form MM YY.
15. **DATE FIRST REPORTED TO INSURER** - Use the date format specified in Item 14.

SECTION B Complete this section for each closed claim only.

16. **DATE THIS CLAIM CLOSED OR DISPOSED** - Use the date format specified in Item 14.
17. **CLAIM DISPOSITION** - For this claim, enter the alpha code for **final** method of disposition.
18. thru 22. Round all amounts to the nearest dollar.

SECTION C Complete this section for all claims.

23. **AREA OF LAW** - Enter the alpha code for which area of law the insured was retained by the client.

- | | |
|--|---|
| A. Real Estate | N. Civil Rights and Commission |
| B. Estate, Trust & Probate | O. Consumer Claims |
| C. Family Law | P. Construction (Building Contracts) |
| D. Personal Injury/Property Damage-Plaintiff | Q. Corporate and Business Organization |
| E. Personal Injury/Property Damage-Defendant | R. Environment |
| F. Workers' Compensation | S. Government Contracts and Claims |
| G. Securities (S.E.C.) | T. Immigration and Naturalization |
| H. Patents, Trademarks, Copyrights | U. International Law |
| I. Collection and Bankruptcy | V. Labor Law |
| J. Taxation | W. Local Government |
| K. Criminal | X. National Resources |
| L. Admiralty | Y. Business Transactions/Commercial Law |
| M. Antitrust | |

24. **MAJOR ACTIVITY CODE** - Indicate the one major activity which the licensee was engaged in at the time the alleged error occurred.

- A. Commencement of action or proceeding (initial pleading, service)
- B. Pre-trial, pre-hearing (investigation, subsequent pleading, discovery, motion)
- C. Trial or hearing
- D. Post trial or hearing
- E. Appeal activities
- F. Preparation, transmittal or filing of documents other than pleadings
- G. Settlement and negotiation
- H. Ex parte (noncontested) proceedings, i.e., adoption and probate
- I. Investigation, other than litigation
- J. Tax reporting or payment
- K. Title opinion
- L. Other written opinion
- M. Consultation or advice
- N. Recommendation of or referral to another professional including another lawyer
- O. Other (Please specify on front)

25. **ALLEGED ERROR OR OMISSION** - Indicate the one alleged error or omission which is the most significant to the cause of the claim being made.

- | | |
|--|---|
| A. Failure to calendar properly | L. Failure to understand or anticipate tax consequences |
| B. Failure to react to calendar | M. Failure to know or properly apply to law |
| C. Failure to know or ascertain deadline correctly | N. Failure to follow client's instructions |
| D. Failure to file documents where no deadline is involved | O. Failure to obtain client's consent or to inform client |
| E. Procrastination in performance of services or lack of follow-up | P. Improper withdrawal from representation |
| F. Error in mathematical calculation | Q. Conflict of interest |
| G. Lost file, document or evidence | R. Libel or slander |
| H. Clerical error | S. Malicious prosecution or abuse of process |
| I. Error in public record search | T. Violation of civil rights |
| J. Planning or strategy error | U. Fraud |
| K. Inadequate discovery of facts or inadequate investigation | V. Other (Please specify on front) |