

Instructions for Reporting a Claim, Incident or Bar Complaint

Answer the questions (completely to the best of your knowledge) provided on “The Bar Plan Claim/Incident/Bar Complaint Report,” attach any pertinent correspondence, pleadings, etc. and e-mail, mail or fax to:

The Bar Plan Claims Department

1717 Hidden Creek Ct.

St. Louis, MO 63131

Phone: 314-965-3333

Toll Free: 800-843-2277

Fax: 1-844-824-1618

Email: BarPlanClaims@thebarplan.com

or

Click the Submit button at the bottom of the Report

THE BAR PLAN CLAIM/INCIDENT/BAR COMPLAINT REPORT

(**Claim** – Receipt by an Insured of a demand for money or services (including the service of suit or the institution of arbitration proceedings) against the Insured from on other than that Insured; **Incident** – Act or omission which may give rise to a Claim).

DATE REPORTED to THE BAR PLAN: (Written Notification):

SENDER OF THIS REPORT:

INSURED FIRM:

ADDRESS:

PHONE:

PLEASE PROVIDE AN E-MAIL ADDRESS IF YOU AUTHORIZE THE BAR PLAN TO CONTACT YOU VIA E-MAIL REGARDING THIS MATTER:

INSURED ATTORNEY(S) INVOLVED w/CASE:

SUIT FILED: YES NO *DATE SERVED: (If applicable)

VENUE & CAUSE NO.:

NAME of CLAIMANT: (Person alleging potential matter):

ADDRESS:

PHONE:

CLAIMANT'S CURRENT REPRESENTATIVE:

ADDRESS / CLAIMANT'S REP:

PHONE:

DATE OF INSURED'S FIRST KNOWLEDGE of CLAIM/INCIDENT/BAR COMPLAINT:

*DATE OF ALLEGED NEGLIGENCE:

GIVE A BRIEF DESCRIPTION OF THE REPRESENTATION/ALLEGED NEGLIGENCE GIVING RISE TO THIS CLAIM/ INCIDENT/BAR COMPLAINT: (Provide an attached narrative of facts/dates with this report)

SEND TO: (FAX) 1-844-824-1618 OR 7 @ 7 ? H-9G 6A #6 HCB.

*** ALL DATES MUST BE LISTED**