



**Lawyers Mutual**

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LAWYERS MUTUAL INSURANCE COMPANY OF KENTUCKY

**LMICK Claims Reporting Form**

Please complete this form for each Claim submitted against either the law firm or any lawyer affiliated with the firm.

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Lawyer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Person or company making claim: \_\_\_\_\_

Chronological summary of your representation and/or relationship to the person or company making the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The act, error or omission alleged against you including the date if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How and when you became aware of the act, error or omission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The injury or damage that has been alleged or may result, including your estimate of value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations you have for repairing the claim or incident: (we typically do not need copies of all the medical records on a claimant or your entire file at this initial stage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an attorney has been retained by the claimant, provide name, address, phone and e-mail:

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Summary of any actions you have undertaken with regard to the claim since your receipt of the claim:

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**Enclose a copy of the complaint if a the lawsuit has been filed.**

The above information has been reviewed and is certified to be correct.

I understand that the information submitted on this application becomes part of the policy for professional liability insurance and is subject to the same terms and conditions

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(signature of partner or officer of the firm)

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(date)