



WEALTH ADVISERS PROFESSIONAL LIABILITY
Claim / Incident Notification Form

Send To: AdvisersGold Claims GB Specialty
advisersgoldclaims@gbtpa.com 1900 West Loop South, Suite 1500
Houston, TX 77027

Copy To: David Collins david.collins@amwins.com

1. Name of Insured: _____

2. Policy Number: _____

3. Policy Effective Dates: _____

4. Date(s) Services Rendered: _____

5. Date First Aware of Issue: _____

6. Please attach:
a. Demand Letter [] Complaint [] Subpoena []

7. Demand Amount: _____

8. Additional Defendants: _____

9. Engagement Letter Used (please attach)? [] Yes [] No

10. Extended Reporting Period in place? [] Yes [] No

a. Effective Date: _____

b. ERP Period: _____

11. Description of the allegations (please attach any relevant correspondence, including demand letters and/or complaints) OR description of circumstances that might potentially develop into a claim:

Insured's Signature: _____

Date: _____