

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Claim Supplement

This form should be completed for each claim and for each incident that may reasonably give rise to a claim that the applicant is aware of after inquiry of all members, officers, owners, partners, and employees. Please answer all questions completely.

1. Name of Applicant or Insured: _____
2. Name of (potential) Claimant: _____
3. Indicate whether:
 - a. Claim
 - b. Incident
 - c. Subpoena
4. Date(s) professional services were rendered: _____
5. Date **you** became aware of the claim/incident/subpoena: _____
6. Date reported to insurer: _____
7. Name of insurer responding to this matter: _____
8. Additional defendants: _____
9. Status of claim/incident/subpoena: Open Closed Inactive Since _____
 - a. If Open (please attach copy of lawsuit and/or demand letter):
 - i. Claimant's Demand: _____
 - ii. Settlement Offer: _____
 - iii. Insurer's Loss/Indemnity Reserve: _____
 - iv. Insurer's Defense Expense Reserve: _____
 - v. Insurer's Paid Defense Expenses: _____
 - b. If Closed:
 - i. Date Closed: _____
 - ii. Settlement Amount: _____
 - iii. Legal Expenses: _____
 - iv. Deductible Owed: _____ Deductible Paid: _____
10. Was an engagement letter used? Yes No

11. Provide a description of the claim/incident/subpoena:

12. Describe the steps **you** have taken to mitigate this matter and to avoid future, similar matters:

Signature of Applicant: _____

Date: _____