



**MANAGEMENT LIABILITY INSURANCE FOR PROFESSIONAL FIRMS  
SUPPLEMENTAL APPLICATION - CLAIMS**

**NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS**

The **Applicant** must complete this Supplemental Application if either or both of Questions 4. A(1) or A(2) of the Application for Management Liability Insurance for Professional Firms disclose claims/incidents or are answered "yes." Please complete a separate Supplemental Application for each claim or incident and answer all questions fully. A principal, partner or officer of the **Applicant** must sign and date each Supplemental Application and attach it to the signed Application. No indication can be given without this full information.

**I. GENERAL AND CLAIMS INFORMATION:**

1. Name of Firm: \_\_\_\_\_
2. Name of individual(s) employed by **Applicant** charged by the person making the complaint:  
Respondent(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Respondent(s): \_\_\_\_\_ Title: \_\_\_\_\_
3. Name and relationship to **Applicant** of the person making the complaint (Complainant) or reporting the incident: \_\_\_\_\_
4. Date of alleged **Wrongful Act**: \_\_\_\_\_  
Date **Applicant** became aware of alleged **Wrongful Act**: \_\_\_\_\_
5. How did the **Applicant** become aware of the claim/incident?  

|   |   |
|---|---|
| <input type="checkbox"/> Personal observation               | <input type="checkbox"/> Filing with federal agency (attach filing) |
| <input type="checkbox"/> Oral complaint from Complainant    | <input type="checkbox"/> Filing with state agency (attach filing)   |
| <input type="checkbox"/> Written notice from Complainant    | <input type="checkbox"/> Receipt of lawsuit                         |
| <input type="checkbox"/> Notice from Complainant's attorney | <input type="checkbox"/> Other (please detail) _____                |
6. Name of Insurer claim/incident reported to (if any): \_\_\_\_\_
7. Has the **Applicant** or any Respondent hired an attorney? \_\_\_\_\_  
If "Yes," name of attorney & law firm: \_\_\_\_\_  
Does the attorney specialize in litigation involving business management issues? \_\_\_\_\_
8. Present status of claim/incident: ☐ Pending ☐ Closed ☐ In Suit
9. If closed, total damages paid: \$ \_\_\_\_\_ total expenses paid: \$ \_\_\_\_\_
10. If Federal/State Agency filing:  
a. Name of Agency \_\_\_\_\_ Date of Filing: \_\_\_\_\_  
b. Has a determination of fault been made? \_\_\_\_\_  
If "Yes," what was the outcome? \_\_\_\_\_
11. If pending, is Complainant demanding a settlement amount? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Has the **Applicant** or any Respondent offered a settlement amount? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Legal expenses to date: \$ \_\_\_\_\_

12. Please provide a detailed description of Complainant's claim and **Applicant's** response (please attach a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
13. Please explain what actions have been taken to prevent a similar incident from happening again: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. If the claim alleges wrongful conduct on the part of any individual(s), please describe any internal responsive action taken with respect to the alleged offender(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## II. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Supplemental Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

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## III. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

The **Applicant's** submission of this Supplemental Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Supplemental Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Supplemental Application and in any attachments or other documents submitted with this Supplemental Application are true and complete. The undersigned agree that the Application, this Supplemental Application and the attachments and other documents to such Application and Supplemental Application shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

**Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana and Rhode Island Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Alabama and Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTE:** This Supplemental Application is signed by the undersigned authorized representative of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

\_\_\_\_\_  
Signature of **Applicant's** Authorized Representative (Principal, Partner or Shareholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
E-Mail Address

Produced By: Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted By: Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_