



Name of Insurance Company to which **Application** is made (herein called the "Insurer")

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION
CLAIM INFORMATION SUPPLEMENT
Supplement No. 1

Submit one form for each claim or incident. If space is insufficient to answer any question completely, please attach a separate page to the application.

1. Full name of the Applicant Firm: _____

2. Full name of the firm which reported the claim (if different from above):

3. Full name of the Claimant: _____

4. Indicate whether: Claim / Suit Incident / Potential Claim

5. Date / Period of alleged error: _____

6. Date the Claim was reported to the insurance carrier: _____

7. Other parties against which this Claim is made: _____

8. This claim is: OPEN CLOSED

9. If CLOSED, indicate the date closed: _____

10. Please complete the following:

If Claim is still open:

- A. Claimants settlement demand: \$ _____
- B. Defendant's offer for settlement: \$ _____
- C. Insurance Company's loss reserve \$ _____
- D. Deductible: \$ _____
- E. Amounts paid to date: \$ _____

If claim is closed:

- A. Loss paid in excess of deductible: \$ _____
- B. Expenses paid in excess of deductible: \$ _____
- C. Deductible: \$ _____

D. Settlement reached via:

Court Judgment Formal Mediation/Arbitration Proceeding Out of Court Settlement

Note: If information is not available, please provide a copy of the suit papers.

11. Name of Insurance Company: _____

12 Claim Number: _____

13. Description of claim/ incident:

A. Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter. Please indicate if the claimant was your client. **If no, fully explain claimant's relationship to client:**

B. Was an engagement letter used? Yes No

C. What action has your firm taken to prevent a recurrence of such a claim in the future?

D. Did this incident or claim follow or result from an action to collect fees? Yes No

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants Professional Liability Application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title (Must be Partner or Officer)

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date