



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
 COVERAGE APPLICATION FORM
 "CLAIMS MADE" POLICY**

CLAIMS SUPPLEMENTAL APPLICATION

Please complete for each claim, suit, or incident that the Applicant is aware of after inquiring of all members of the firm.

1. Please indicate whether matter is/was: claim/suit incident
2. Name of member who was involved in the incident or against whom the claim or suit was made:
 _____.
3. Additional defendants: _____
 _____.
4. Date of alleged error or omission: ____ / ____ / ____.
5. Date member became aware of alleged error or omission: ____ / ____ / ____.
6. Name of claimant: _____.
7. Name of firm/individual that reported claim: _____.
8. Date it was reported to firm's/individual's insurance carrier: ____ / ____ / ____.
9. Please provide a brief description of the claim: _____

 _____.

10. If the matter is **pending**:

- a. Is claim in suit? Yes No
- b. Claimant's demand: \$ _____
- c. Defendant's offer of settlement (if any): \$ _____
- d. Name of insurance carrier responding to this claim, suit, or incident:
_____.
- e. Limits of liability for any applicable insurance coverage: \$ _____
- f. Deductible: \$ _____
- g. Insurer's loss reserve: \$ _____

11. If the matter is **closed**:

- a. Date closed: ____ / ____ / ____
- b. Total amount paid: \$ _____
- c. Of total amount paid, what sum was paid for legal expenses: \$ _____
- d. Deductible: \$ _____

12. Was an engagement letter prepared for the representation out of which the claim, suit, or incident arose? Yes No