



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