

Accountants Professional Liability Insurance Application

Firm _____

Prior and Existing Claim/Incident Supplement

S-10

Complete one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of defendant(s): _____
2. Full name of plaintiff/claimant/potential claimant: _____
3. Indicate whether the claimant is a ☐ Client or ☐ Non-Client
4. Current Status: ☐ In suit ☐ Claim ☐ Incident/Potential Claim
5. Date of alleged error: _____
6. Date that you were made aware of the claim or potential claim: _____
7. Date claim/potential claim was reported to your insurance carrier: _____
8. Name of insurer responding to this claim/potential claim: _____
9. Is Claim or Potential Claim: ☐ Pending ☐ Closed ☐ Settled
10. If Closed or Settled: Defense cost: \$_____ Indemnity cost: \$_____ Total cost: \$_____
If Pending, provide demand amount: \$_____ Insurers Loss Reserve: \$_____
11. Description of claim/potential claim: _____
12. Was an engagement letter used? ☐ Yes ☐ No
13. Did this claim or incident follow an action to collect fees? ☐ Yes ☐ No
14. Explain any steps that have been taken by the Firm or the individuals involved to prevent similar claims in the future.

Disclosure: There is no coverage under any policy issued by the Company for any claim and/or incident known by any member of the Firm at the time of the completion of the application. All current situations should be reported to your current insurance carrier.

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature _____ Date _____