

GREAT AMERICAN ASSURANCE COMPANY
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
CLAIM/COMPLAINT/DISCIPLINARY SUPPLEMENT



***This form must be completed for each claim, suit, incident, disciplinary action or investigation.
All questions must be answered completely.***

1. Name of Applicant or Insured: _____
2. Name of individual(s) involved (if different than above): _____
3. Additional defendants (if any): _____
4. Name of complainant: _____
5. Date service was performed: ____/____/____ Type of professional service: _____
6. Date the individual/firm became aware of the alleged error or investigation: ____/____/____
7. Date reported to your insurance company: ____/____/____ Name of insurance company: _____
8. Indicate whether:
 Incident / Circumstance ***(please answer questions 12 and 13 below)***
 Claim / Suit ***(please answer questions 9 thru 13 below)***
 Disciplinary Action / Investigation ***(please answer question 12 below and provide a copy of the complaint made against you, your response to the State and a copy of the final ruling on the matter if received or status of the complaint if still pending)***
9. Status: Closed Open / Pending Dismissed
10. **If Closed:** Indicate date closed: ____/____/____ Total amount paid: \$ _____ Your deductible: \$ _____
Attach a copy of the current loss run.
11. **If Open / Pending:** ***Attach a copy of the suit papers or complaint filed, current loss run, and answer all questions below.***
Policy Limits of Liability: \$ _____ Deductible \$ _____
Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____
Insurer's loss reserve: \$ _____
Is claim in suit? **Yes** **No** If **Yes**, amount asked in summons \$ _____
12. Provide a brief description of the claim or incident; indicate the alleged error, description of events leading to the complaint and type and extent of injury or damage alleged ***(use separate sheets if needed)***:

13. What policies or procedures have been implemented to prevent a reoccurrence or similar situation ***(use separate sheets if needed)***:

FRAUD WARNING: 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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FLORIDA FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ Signature: _____

Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@cbspecialty.com

