



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



***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)***:

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.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print Name

Title

Signature

Date

Send Your Completed Application to:



45 Knollwood Road • Suite 202

Elmsford, NY 10523

914.592.6505 Fax: 914.592.6508

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