



**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.

**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: \_\_\_\_\_

**Send Your Completed Application to:**



PROFESSIONAL LIABILITY CONSULTING SERVICES, INC.

**45 Knollwood Road • Suite 202**

**Elmsford, NY 10523**

**914.592.6505 Fax: 914.592.6508**

**newbusiness@plcsi.com**

