



Philadelphia Insurance Companies
 One Balboa Plaza, Suite 100, Balboa City, Pennsylvania 19004
 800.873.4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
CLAIM INFORMATION SUPPLEMENT
Supplement #1

Please complete this Supplement if you answered "No" to question 2a or 2b or "Yes" to question 19 of the application. Submit one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: _____
2. Full name of firm which reported claim (if different from above): _____
3. Full name of Claimant: _____
4. Indicate whether: Claim/Suit Incident/Potential Claim
5. Date/Period of alleged error: ____/____/____
6. Date claim reported to insurance carrier: ____/____/____
7. Other parties against which this claim was made: _____
8. The claim is: OPEN CLOSED
9. If CLOSED, indicate date closed: ____/____/____
10. Please complete the following:

If Claim is still open:

- A. Claimant's settlement demand: \$ _____
- B. Defendant's offer for settlement: \$ _____
- C. Insurance Co.'s loss reserve: \$ _____
- D. Deductible: \$ _____
- E. Amounts paid to date: \$ _____

If Claim is closed:

- A. Loss paid in excess of Deductible: \$ _____
- B. Expenses paid in excess of Deductible: \$ _____
- C. Deductible: \$ _____
- D. Settlement reached via:
 - Court Judgment
 - Formal Mediation/Arbitration Proceeding
 - Out of Court Settlement

Note: If information is not available, please provide a copy of the suit papers.

11. Name of insurance company: _____
12. Claim number: _____
13. Description of claim/situation:
 - A. Provide a full description of the engagement, the events leading up to the claim, the allegations asserted against your firm and the current status of the matter. Please indicate if the claimant was your client; if no, fully explain claimant's relationship to client: _____

 - B. Was an engagement letter used? Yes No
 - C. What action has your firm taken to prevent a recurrence of such a claim in the future? _____

 - D. Did this incident or claim follow or result from an action to collect fees? Yes No

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature _____ Title _____ Date _____

(This Application must be signed by an Owner, Partner or Principal of the Firm)

