



THE CPA ADVANTAGE™
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION
SUPPLEMENTAL CLAIM / INCIDENT INFORMATION



This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Please DO NOT use pencil. All questions must be answered completely

Applicant or Firm Name _____

1. Full name of Applicant or Insured _____

2. Full name of Firm which reported claim: _____

3. Full name of claimant: _____

4. Indicate whether: Claim/Suit Incident

5. Date of alleged error: ___/___/___ Date you became aware of alleged error: ___/___/___

6. Date it was reported to your insurance carrier: ___/___/___

7. Name of the insurance carrier: _____

8. Additional defendants: _____

9. **IF CLOSED**

a. indicate date closed: ___/___/___ Total amount paid:\$ _____

b. Of the total amount paid, how much was paid for legal expenses \$ _____

c. What was your deductible \$ _____

10. **IF PENDING**, PLEASE SEND SUIT PAPERS OR ANSWER ALL QUESTIONS BELOW:

a. Claimant's settlement demand \$ _____

b. Defendant's offer for settlement \$ _____

c. Insurer's loss reserve \$ _____

d. Claim in suit? Yes No

e. If yes, amount asked in summons \$ _____

f. Limits of Liability _____ Deductible _____

11. Name of insurance carrier responding to this claim or incident _____

12. Was an engagement letter issued? Yes No

13. Provide a brief description of the claim, indicate the alleged error, type of engagement and alleged injury:

14. Explain any steps that have been taken to prevent similar claims.

Signature of Owner, Officer or Partner : _____ Date Signed: ___/___/___