

National Casualty Company

Home Office
Madison, Wisconsin
Administrative Office

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Claim/Potential Claim Supplemental Application

(To be completed in conjunction with the Accountants Professional Liability Insurance Policy Application)

INSTRUCTIONS:

- This form is to be completed by an applicant or Insured who has been involved in any Claim or suit or is aware of a Potential Claim, which may give rise to a Claim.
- Complete one form for each Claim or Potential Claim. Attach additional sheets as needed; however, DO NOT ATTACH COPIES OF SUIT PAPERS.
- Please type or print in ink.

1. Firm/Applicant Name: _____

2. Full name of individual(s) involved in the Claim/Potential Claim: _____

3. Additional defendants: _____

4. Full name of claimant: _____

5. Indicate whether: CLAIM/SUIT; or POTENTIAL CLAIM

6. Date of alleged act: _____ / _____ / _____

7. Date applicant was notified of Claim/Potential Claim: _____ / _____ / _____

8. If pending Claim or Suit; Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurance Company responding to Claim/Potential Claim: _____

Insurer's loss reserve: \$ _____ Defense costs paid to date: \$ _____

9. If closed; Date closed: _____ / _____ / _____

Total loss paid including Damages and Claim Expenses: \$ _____

Deductible amount paid: \$ _____

10. Description of Claim, suit or Potential Claim including the type and extent of injury or damage allegedly sustained:

11. Explain what action has been taken to prevent recurrence of a similar Claim: _____

12. Are additional sheets attached? Yes No

FRAUD WARNING: Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I/We hereby declare that the above statements and particulars are true and I/We agree that this supplemental application shall become a part of the applicant's professional liability application and is subject to the same representations and conditions.

Applicant Signature: _____ Date: _____
Signature of Owner/Partner

Print Name: _____ Title: _____

Agent's License Number: _____
(Applicable to Florida agents only.)