

National Casualty Company

Madison, Wisconsin
Property/Casualty Home 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

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.)