



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE CLAIM / CIRCUMSTANCE INFORMATION SHEET**

**Return to: Bollinger, Inc.  
400 Market Street, Suite 450  
Philadelphia, PA 19106**

**INSTRUCTIONS:**

This information sheet is to be completed for each claim or potential claim/circumstance which may give rise to a professional liability claim. COMPLETE ONE INFORMATION SHEET FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

1. Name of Applicant: \_\_\_\_\_

2. Name of Claimant: \_\_\_\_\_

3. Names of Additional Defendants: \_\_\_\_\_

4. Name of Clients: \_\_\_\_\_

5. Date Claim Made: \_\_\_\_\_

6. Indicate whether: Claim/Suit  Potential Claim   
Counterclaim from fee dispute  Arbitration   
Other: \_\_\_\_\_

7. Provide dates during which professional services were rendered: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

8. If claim/circumstance has been reported to a professional liability insurer, please indicate: \_\_\_\_\_

a. Name of carrier: \_\_\_\_\_ b. Deductible applicable to claim/circumstance: \_\_\_\_\_

c. Date claim/circumstance reported: \_\_\_\_\_

9. Please provide full details of claim/circumstance including: \_\_\_\_\_

a. Description of services rendered: \_\_\_\_\_

b. Alleged act, error or omission upon which claims is based: \_\_\_\_\_

c. Description of events leading to claim/circumstance: \_\_\_\_\_

d. Actions taken to prevent a similar claim/circumstance in the future: \_\_\_\_\_

10. If claim/circumstance is CLOSED provide: \_\_\_\_\_

a. Claimant's Settlement Demand: \$ \_\_\_\_\_ c. Insurer's Loss Reserve \$ \_\_\_\_\_

b. Defendant's Offer for Settlement: \$ \_\_\_\_\_

11. If claim/circumstance is OPEN provide: \_\_\_\_\_

a. Claimant's Settlement Demand: \$ \_\_\_\_\_ c. Insurer's Loss Reserve \$ \_\_\_\_\_

b. Defendant's Offer for Settlement: \$ \_\_\_\_\_

**BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE. THE UNDERSIGNED IS AUTHORIZED BY AND ACTING ON BEHALF OF THE FIRM AND REPRESENTS THAT ALL STATEMENTS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO SUPPRESSION OR MISSTATEMENT OF FACT AND AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF COVERAGE.**

THE APPLICANT AND FIRM ACCEPT NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS SUPPLEMENT THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_