



DESIGN PROFESSIONAL LIABILITY INSURANCE  
GREAT AMERICAN INSURANCE COMPANY

*CLAIM, POTENTIAL CLAIM OR INCIDENT NEW  
YORK SUPPLEMENT*

**GENERAL INFORMATION**

Proposed Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CLAIM, POTENTIAL CLAIM OR INCIDENT INFORMATION**

1. Please check the appropriate box:  
 Pending Claim or Suit     Closed Claim or Suit     Potential Claim     Incident Only

2. Name(s) or individual(s) of the Named Insured that are involved in the claim, potential claim or incident:  
\_\_\_\_\_

3. Additional defendants, if any: \_\_\_\_\_

4. Name(s) of claimant(s): \_\_\_\_\_

5. Date of alleged wrongful act: \_\_\_\_\_

\*Provide the date of notification for any potential claim or incident

6. Claim or Suit is/was:  Open  Closed without payment  Court judgement  Out of court settlement

7. Claimant's settlement demands, if provided: \_\_\_\_\_

8. Defendant's offer for settlement, if applicable: \_\_\_\_\_

9. Insurer's loss reserve, if open: \$ \_\_\_\_\_

10. Defense costs (paid to date), if open: \$ \_\_\_\_\_

11. Total indemnity paid, if closed: \$ \_\_\_\_\_

12. Total defense costs, if closed: \$ \_\_\_\_\_

13. Services rendered, project type and location provided to claimant(s):  
\_\_\_\_\_  
\_\_\_\_\_

\*Please use the additional information section at the bottom of the application for any further information.

14. Description of alleged wrongful act upon which the claim, potential claim, suit or incident is based:  
\_\_\_\_\_  
\_\_\_\_\_

\*Please use the additional information section at the bottom of the application for any further information.

15. Description of the alleged injury or damage: \_\_\_\_\_

16. Description of any risk management measures that have been implemented to avoid a similar claim, potential claim, suit or incident in the future:

\_\_\_\_\_  
\_\_\_\_\_

**NEW YORK FRAUD WARNING:** Any person who knowingly and with 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 purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**I understand that the information submitted in this supplement becomes a part of my Design Professional Liability Insurance application and is subject to the same representations and conditions.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Agency Contact**

\* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature, Acknowledgement and Acceptance – Authorized Representative

**ADDITIONAL INFORMATION**

If providing additional details, please reference the question number below: