



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

*CLAIM, POTENTIAL CLAIM OR INCIDENT
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:

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 subjects such person to criminal and civil penalties.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Fraud is an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto and may be subject to criminal and civil penalties.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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: