



CANADIAN 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: (CAD)

10. Defense costs (paid to date), if open: (CAD)

11. Total indemnity paid, if closed: (CAD)

12. Total defense costs, if closed: (CAD)

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.

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

Print Name

Title

Signature

Date

Insurance Brokerage

Broker 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 keypad, 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: