



Supplemental Application
for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

CLAIM SUPPLEMENTAL APPLICATION

Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit during the past five years. **COMPLETE ONE FORM FOR EACH CLAIM.**
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
3. **Leave no answer blank.**

Please type or print.

1. Full Name of Applicant: _____
2. Full Name of individual(s) of firm involved in the claim:

3. Full Name of Claimant: _____
4. Date of Alleged Error: _____ 5. Date of Claim: _____
6. Additional Defendants:

7. Present Status of Claims: _____ Open _____ In Suit _____ Closed
8. Total Loss Paid: \$ _____ Name of Insurer: _____
Court Judgment: _____ Out of Court Settlement: _____
9. If pending: Amount asked in summons: \$ _____
Claimant's settlement demand: \$ _____
Defendant's offer for settlement: \$ _____
Insurer's loss reserve: \$ _____
Name of insurer: _____

10. Description of claim - including likelihood of liability if pending: (Please provide enough information to allow an evaluation and use reverse side if additional space is required.)

A. Allegation upon which Claimant bases claim: _____

B. Description of case and events:

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

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 may also be subject to a civil penalty.

In Colorado: *Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*

In Florida: *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.*

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: *Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

In Pennsylvania: *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.*

In Washington, Maine, Louisiana and Tennessee: *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.*

I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm

Title

Date

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

This Application must be signed by the Applicant.

Signature

Title

Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division
One Penn Plaza, Suite 2100, New York, NY 10019