NAVIGATORS INSURANCE COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY

SUPPLEMENT 10 – CLAIMS SUPPLEMENT

Applicant:_____

Please complete one supplement for each claim, lawsuit, incident, disciplinary action, or grievance. Attach additional sheets for descriptions as necessary.

1. Name of Individual from the firm involved in the claim:
_____

2. Name(s) of any additional Defendants:
_____

3. Name of actual/potential claimant:
_____

4. Check whether: ☐ Incident ☐ Claim ☐ Lawsuit ☐ Disciplinary action/grievance

5. Date of alleged error: _____/_____/_____

6. Date that the individual/firm became aware of the claim or incident: _____/_____/_____

7. Date that the claim or incident was reported to the Insurer: _____/_____/_____

8. Name of Insurance Company to whom the firm reported the claim/incident:_____

9. Current Status: ☐ Open incident/potential claim ☐ In suit ☐ Closed

10. If claim is closed, please respond to a. and b. below.
If claim or incident is open, please go to question 11.
a. Total claims expenses paid: $_____ Total Indemnity paid: $_____
b. Was loss paid by Insurer? ☐ Yes ☐ No If yes, total deductible applied: $_____

11. If claim is open, please respond to the following:
a. Claimant's settlement demand: $_____
b. Defendant's offer for settlement: $_____
c. Insurer's loss reserve: $_____
d. Applicant's estimate of settlement amount: $_____

12. Description of claim or incident which may give rise to a claim:
a. Alleged act or omission upon which the claim or incident is based:
_____
_____
_____
_____
_____

b. Description of events leading to the claim or incident:
_____
_____
_____
_____
_____

c. Nature of the engagement/services provided:

_____
_____
_____

d. Applicant's response to the allegations:

_____
_____
_____

e. What measures, if any, has the Applicant taken to reduce the likelihood of a reoccurrence of this type of claim?

_____
_____
_____
_____
_____
_____
_____

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

Print Name	Title
Signature	Date

INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION