



## PROFESSIONAL FIRST

APPLICATION FOR ARCHITECTS, ENGINEERS AND CONSULTANTS PROFESSIONAL LIABILITY POLICY  
CLAIMS SUPPLEMENT

### CLAIMS MADE COVERAGE

**NOTICE: THIS SUPPLEMENT IS SUBMITTED BY THE APPLICANT TO THE INSURER AND IS MADE PART OF THE APPLICATION. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS MADE AND REPORTED BASIS. SUBJECT TO ITS PROVISIONS, THE POLICY APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND FIRST REPORTED IN WRITING TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS SHALL REDUCE THE APPLICABLE LIMIT OF LIABILITY AND SUBLIMITS OF LIABILITY, AND SHALL ALSO BE SUBJECT TO APPLICABLE DEDUCTIBLE AMOUNTS.**

**Instructions:** Please answer all questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the application or attach additional sheets as necessary. Please sign this supplement to include this completed form as part of the application.

#### Named Insured/Applicant

Note: This Claims Supplement should be completed only after making a reasonable and thorough inquiry. The Claims History must identify all claims and incidents, regardless of whether they were reported to a professional liability carrier. Please complete one supplement for each claim or incident.

1. Full name(s) of client and/or individual(s) involved: \_\_\_\_\_
2. Additional defendant(s) or potential defendant(s): \_\_\_\_\_
3. Full name(s) of claimant(s) or potential claimant(s): \_\_\_\_\_
4. Date of act or omission alleged or which may be alleged: \_\_\_\_\_
5. Name of the Insurance carrier to whom you reported this claim: \_\_\_\_\_

Date Reported: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Current Status of Claim:  OPEN  CLOSED
- Circumstance/Claim In Suit  Closed with payment
- Closed without payment

**Amounts Outstanding:**  
Amount asked in summons: \_\_\_\_\_  
Claimant's settlement demand: \_\_\_\_\_  
Defendant's offer of settlement: \_\_\_\_\_  
Defense costs to date: \_\_\_\_\_  
Insurer's current loss reserve: \_\_\_\_\_

**Amounts Paid:**  
Total paid including deductible: \_\_\_\_\_  
Indemnity paid: \_\_\_\_\_  
Expenses paid: \_\_\_\_\_

**7. Description of claim or incident which may give rise to a claim:**

a. Nature of services provided:

b. Description of events leading to claim or incident including alleged act or omission upon which claim or incident is based:

c. Applicant's response to the allegations:

d. Current status:

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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