



**Accountants PROtectSM
Claims Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1.	Name of Applicant:	<input type="text"/>
2.	Name of Claimant:	<input type="text"/>
3.	Names of Additional Defendants:	<input type="text"/>
4.	Provide dates during which professional services were rendered:	
	Beginning (mo/yr):	<input type="text"/>
	Ending (mo/yr):	<input type="text"/>
5.	Date claim made:	<input type="text"/>
6.	Indicate whether:	
	<input type="checkbox"/> Claim/Suit	<input type="checkbox"/> Potential Claim
	<input type="checkbox"/> Arbitration	<input type="checkbox"/> Counterclaim from fee dispute
	<input type="checkbox"/> Other:	<input type="text"/>
7.	If claim/circumstance has been reported to a professional liability insurer, please indicate:	
a.	Name of Carrier:	<input type="text"/>
b.	Deductible applicable to claim/circumstance:	<input type="text"/> \$
c.	Date claim/circumstance reported:	<input type="text"/>
8.	Provide full details of claim/circumstance including:	
a.	Description of services rendered.	<input type="text"/>
b.	Allegation of claim/circumstance.	<input type="text"/>
c.	Description of the type and extent of the alleged injury or damage.	<input type="text"/>

d. Description of events leading to circumstance.

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e. Action taken to prevent a similar claim/circumstance in the future.

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9. If claim/circumstance is still OPEN, provide:

Claimant's demand amount	\$	Expenses paid to date	\$
Insurance Company's expense reserve	\$	Insurance Company's indemnity reserve	\$
Defendant's offer for settlement	\$		

10. If claim/circumstance is CLOSED, provide:

Indemnity payment made	\$	Expense paid (including deductible)	\$
Date claim/circumstance closed			
Matter was:	<input type="checkbox"/> Closed without payment	<input type="checkbox"/> Court judgement	<input type="checkbox"/> Out of court settlement

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE