

# Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

## Claim Supplemental Form

### Accountants Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.**

Whenever printed in this Supplement Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Supplemental Form is to be completed with respect to the entire Applicant Firm.

\_\_\_\_\_  
Name of Applicant Firm

#### APPLICANT FIRM'S INSTRUCTIONS

**COMPLETE ONE FORM FOR EACH CLAIM, SUIT, OR CIRCUMSTANCE DURING THE LAST 5 YEARS. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.**

#### Claim Information

1. Full name and title or position of individual(s) involved in the **Claim**, suit, or circumstance which could give rise to a **Claim**:  
Full name(s) of Claimant (Plaintiff):  
(a) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
(b) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
Full name(s) of Defendant:  
(a) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
(b) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
Additional Defendant(s):  
(a) \_\_\_\_\_ Position / Title: \_\_\_\_\_  
(b) \_\_\_\_\_ Position / Title: \_\_\_\_\_
2. Date alleged **Claim**, suit, or circumstance occurred: \_\_\_\_\_
3. Date **Claim** made against an **Insured**: \_\_\_\_\_
4. Location of **Claim** (City, State): \_\_\_\_\_
5. Has this **Claim**, suit, or circumstance been reported to any insurance carrier? ☐ Yes ☐ No  
If "Yes", date reported to insurance company: \_\_\_\_\_
6. To which insurance company did you report this **Claim**, suit, or circumstance? \_\_\_\_\_
7. Current status of **Claim**, suit, or circumstance (circle one):      Closed      Open      In Suit      Potential
8. If **Claim**, suit, or circumstance is Closed, provide the following:  
(a) Total damages paid: \$ \_\_\_\_\_ (b) Total expenses paid (including deductible): \$ \_\_\_\_\_  
**(TOTAL DAMAGES PAID AND TOTAL EXPENSES PAID MUST BE PROVIDED.)**
9. If **Claim**, suit, or circumstance is Open, In Suit, or Potential, provide the following:  
(a) Total damages demanded: \$ \_\_\_\_\_ (b) Total expenses paid to date: \$ \_\_\_\_\_  
**(PAID EXPENSE AMOUNT MUST BE PROVIDED. CONTACT YOUR AGENT, INSURANCE COMPANY, OR DEFENSE COUNSEL TO OBTAIN THE REQUIRED INFORMATION.)**
10. (a) What specific causes of action are alleged in the **Claim**, suit, or circumstance? (Provide enough information to allow for an evaluation.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Description of events that gave rise to the **Claim**, suit, or circumstance (attach a copy of the formal complaint, charges, etc., if applicable).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Carolina Casualty Insurance Company

(c) Explain what actions the Applicant Firm has taken to prevent a recurrence or similar claim / incident:

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**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

**NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO APPLICANTS OF 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.

**NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

### Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Accountants Professional Liability Insurance Proposal Form and is subject to the same representations and conditions.

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Dated	Signature of Owner, Partner, Officer or Principal
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Title	Owner, Partner, Officer or Principal (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:  
Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039