

# WEALTH ADVISERS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

## SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all members, officers, owners, partners and employees.

Please ensure that all questions are answered completely.

1. Name of Applicant or Insured: \_\_\_\_\_

2. Name of claimant: \_\_\_\_\_

3. Indicate whether: Claim  Incident  4. Date of Services Rendered: \_\_\_\_\_

5. Date you become aware of claim: \_\_\_\_\_ 6. Date reported to your insurer: \_\_\_\_\_

7. Name of insurance carrier responding to this claim or incident: \_\_\_\_\_

8. Additional defendants: \_\_\_\_\_

9. Advised to Broker-Dealer (if applicable)?  Yes  No Name: \_\_\_\_\_

10. Status of Claim:  Closed  Open  No activity since \_\_\_\_\_

a. Indicate date closed: \_\_\_\_\_ Settlement: \$ \_\_\_\_\_ legal expenses: \$ \_\_\_\_\_

b. What was your deductible: \$ \_\_\_\_\_ each loss

11. IF PENDING, PLEASE ATTACH SUIT PAPERS OR ANSWER ALL QUESTIONS BELOW:

- a. Claimant's settlement demand: \$ \_\_\_\_\_
- b. Defendant's offer for settlement: \$ \_\_\_\_\_
- c. Insurer's Loss reserve: \$ \_\_\_\_\_
- d. Insurer's Defense Expense reserve: \$ \_\_\_\_\_
- e. Insurer's Defense Expense paid to date: \$ \_\_\_\_\_

12. Was a contract for services used? YES  NO

13. Details of services provides and/or products sold to the claimant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Provide a description of the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Provide details of any steps that have been taken by **you** to avoid or mitigate the possibility of a similar claim occurring in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_