



Claim Report
Accountants Professional Liability

Complete and Mail or Fax to:
CNA
Accountants Professional Liability
333 S. Wabash Avenue
Floor 39
Chicago, IL 60604
Fax: (866) 419-6276

Type of Report: Potential Claim Report Claim (Demand for Money/Damages) Lawsuit

Policyholder's Name

Named Insured as it appears on Declarations Page of the Policy

Policyholder's Address

Policyholder's Location (if different from above address)

Street Address

City

State

Zip

Policy Number

Date You Received the Lawsuit or Demand

Contact Person at Firm Regarding Claim

Name

Telephone Number (including Area Code)

Claimant's Name

Claimant's Address

Street Address

City

State

Zip

Date(s) of Client Service:

Area of Practice You Were Providing:

Brief Description of the Claim

When reporting a Claim or Lawsuit, we often require further documentation from our insured during the investigation. You may wish to provide or prepare the following materials:

- Copy of Summons and Complaint or Claim Letter
- Copy of Engagement Letter utilized
- Copy of entire file (if in litigation)
- Narrative summary explanation of client relationship, services provided, allegations made
(Marked "Confidential" "Prepared in Anticipation of Litigation")

Note: This information is not necessary when reporting a potential claim.

Signature

Title

Date
