



CNA Center
151 North Franklin Street
Chicago, IL 60606
www.cna.com

Accountants Liability Claim Report

To Report a Claim

By Email:

APLNewLoss@CNA.com

By Mail:

Director of Accountants Claims
CNA Insurance Companies
151 N. Franklin Street
Chicago, IL 60606

Insured Information

Insured Name:		Policy Number:	
Address:			
Main Contact:		Contact Phone:	
Contact Title:		Contact email:	

Matter Information:

Type of Report: ☐ Potential Claim ☐ Subpoena ☐ Regulatory Matter ☐ Claim/Lawsuit

Incident Information

Date You Received the Matter:		Claimant Name:	
Date(s) of Client Service:		Area of Practice Provided:	

Brief Description of Claim *(attach a second page if needed)*

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Additional Documentation: provide the following documentation:

- Copy of Summons and Complaint, Subpoena, Regulatory Letter or Claim Letter
- Copy of Engagement Letter utilized

Submitter's

Name: _____ **Date:** _____