



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 <i>(attach a second page if needed)</i>

Additional Documentation: provide the following documentation:

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

Signature: _____ Date: _____