



Great American Insurance Company
CLAIMS SUPPLEMENT

Firm Name: _____ GAIC Policy Number LPL- _____

Please complete one supplement for each grievance, complaint incident, claim, or suit during the past 5 years.
DO NOT ATTACH PLEADINGS OR COURT DOCUMENTS

- 1. Full name(s) of individual(s) of firm involved in claim: _____
2. Other defendants: _____
3. Name of potential/actual claimant(s): _____
4. Check whether: [] incident [] claim [] lawsuit [] disciplinary action
5. Date of alleged act, error or omission: _____
6. Date of claim: _____
7. Present status of claim (check one and include any deductible amount in figures provided):
[] Closed [] Open
Total loss paid (including deductible): \$ _____ Claimant's settlement demand: \$ _____
Total expense paid (including deductible): \$ _____ Defendant's offer for settlement: \$ _____
[] Court judgment \$ _____ Insurer's Claim Reserve: \$ _____
[] Out-of-court settlement \$ _____ Insurer's Expense Reserve: \$ _____
[] Dismissed Expenses paid to date: \$ _____
[] Arbitration award \$ _____ [] Currently In Suit
[] Incident/Report Only (No reserve established, no expenses to date)
8. a. Date reported to insurer: _____
b. Name of Insurance carrier responding to this claim or incident: _____
Limit of Liability: \$ _____ Deductible: \$ _____
9. a. Alleged act or omission upon which claim or incident is based: _____
b. Description of events leading to claim or incident: _____
c. Current status: _____
d. What steps have been taken to prevent a similar loss in the future? _____
e. Does this claim or incident arise from an action to collect fees? [] Yes [] No

Signature of Authorized Firm Representative Title Date