

*Claim/Incident Supplement*

*Underwritten by The Hanover Insurance Company*

**INSTRUCTIONS**

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

**APPLICANT INFORMATION**

1. Name of **Firm**: \_\_\_\_\_
2. Full name of individual(s) and firm involved in claim, suit or incident: \_\_\_\_\_

**GENERAL INFORMATION**

3. Additional defendants: \_\_\_\_\_
4. Name of claimant(s) or potential claimant(s): \_\_\_\_\_
5. Project Name: \_\_\_\_\_
6. Date **You** first became aware of the alleged error: \_\_\_\_\_
7. Please provide a brief description of the claim or potential claim, including the alleged wrongful acts, **Firm's** services, dates services were rendered, and extent of the injury or damage alleged:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What procedures have been implemented to prevent a recurrence of this type of claim? *Please provide a detailed explanation.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name of professional liability insurer responding, if any: \_\_\_\_\_  
Date reported to insurer: \_\_\_\_\_

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**CLASS 2 CODE:**

- |   |  |
|---|--|
| <input type="checkbox"/> ARCHITECT <u>2-14013</u>       | <input type="checkbox"/> ENGINEER <u>2-14054</u>       |
| <input type="checkbox"/> INTERIOR DESIGN <u>2-14198</u> | <input type="checkbox"/> LAND SURVEYORS <u>2-14078</u> |

10. Current Status: ☐ Potential/Incident Only ☐ Open ☐ Closed ☐ In Suit

11. If the claim is closed, please provide date closed \_\_\_\_\_ and show total loss and expense amount below:

- a. Deductible paid by **Firm**: \_\_\_\_\_  
b. Other amount paid by **Firm**: \_\_\_\_\_  
c. Expenses paid by insurer: \_\_\_\_\_  
d. Loss paid by insurer: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

12. If the claim is open, or if this is a potential claim, please answer all the following that apply:

Attorney involved? ☐ Yes ☐ No Suit Filed? ☐ Yes ☐ No State where damage occurred \_\_\_\_\_

Estimated amount of damages \$ \_\_\_\_\_ Total demand (if any) \$ \_\_\_\_\_

Date most recent reserve set by insurer: \_\_\_\_\_

Expense reserve \$ \_\_\_\_\_ Loss reserve \$ \_\_\_\_\_

Expenses paid to date: \$ \_\_\_\_\_ By insurer \$ \_\_\_\_\_ By **Firm** \$ \_\_\_\_\_

Losses paid to date: \$ \_\_\_\_\_ By insurer \$ \_\_\_\_\_ By **Firm** \$ \_\_\_\_\_

**Firm's** deductible \$ \_\_\_\_\_

#### DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this application.

The undersigned agree that the information provided in this application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this application.
- The signing of this application does not bind the **Firm** to purchase insurance.

The information requested in this supplemental application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

**NOTICE TO NEW YORK RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF **FIRM'S** AUTHORIZED REPRESENTATIVE

Date

Signature\*\*

Title

\_\_\_\_\_  
\*\*This application must be signed by the chief executive officer, president, chief financial officer, managing partner or owner of the **Firm** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.