

# ASPEN

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY  
AND POLLUTION LIABILITY INSURANCE  
CLAIM/CIRCUMSTANCE INFORMATION SHEET



**Aspen American Insurance Company**  
**590 MADISON AVENUE, 7TH FLOOR**  
**NEW YORK, NY 10022**  
(A stock insurance company)

## INSTRUCTIONS:

This information sheet is to be completed for each claim or potential claim/circumstance which may give rise to a professional liability claim. COMPLETE ONE INFORMATION SHEET FOR EACH SUCH CLAIM OR CIRCUMSTANCE.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Name of Applicant: \_\_\_\_\_

2. Name of Claimant: \_\_\_\_\_

3. Names of Additional Defendants: \_\_\_\_\_  
\_\_\_\_\_

4. Name and Address of Project: \_\_\_\_\_  
\_\_\_\_\_

5. Date Claim Made: \_\_\_\_\_

6. Indicate whether:

Claim / Suit	<input type="checkbox"/>
Potential Claim	<input type="checkbox"/>
Counterclaim from fee dispute	<input type="checkbox"/>
Arbitration	<input type="checkbox"/>
Other:	_____

7. Provide dates during which professional services were rendered on the project:

Beginning: \_\_\_\_\_ (mo/yr) Ending: \_\_\_\_\_ (mo/yr)

8. If claim/circumstance has been reported to a professional liability insurer, please indicate:

a. Name of carrier: \_\_\_\_\_

b. Deductible applicable to claim/circumstance: \_\_\_\_\_

c. Date claim/circumstance reported: \_\_\_\_\_

9. Provide full details of claim/circumstance including:

- a. Description of services rendered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Allegations of claim/circumstance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Description of events leading to claim/circumstance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Actions taken to prevent a similar claim/circumstance in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If claim/circumstance is still OPEN, provide:

- a. Claimant's demand amount: \_\_\_\_\_
- b. Insurance Company's expense reserve: \_\_\_\_\_  
  
Insurance Company's indemnity reserve: \_\_\_\_\_
- c. Expenses paid to date (including deductible): \_\_\_\_\_
- d. Current status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If claim/circumstance is CLOSED, provide:

- a. Indemnity payment made: \_\_\_\_\_
- b. Expenses paid (including deductible): \_\_\_\_\_
- c. Date claim/circumstance closed: \_\_\_\_\_

**I UNDERSTAND THAT THIS INFORMATION SHEET IS ATTACHED TO AND IS MADE PART OF THE ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY AND POLLUTION LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

Signature of Owner, Partner or  
Principal:

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Title