

LAWYERS PROFESSIONAL LIABILITY Claim Supplement

This form should be completed for <u>each claim</u> and for <u>each incident</u> that may reasonably give rise to a claim that the applicant is aware of after inquiry of all members, officers, owners, partners, and employees. Please answer all questions completely.

1.	Name of Applicant or Insured:	
2.	Name of (potential) Claimant:	
	Indicate whether: a. Claim b. Incident c. Disciplinary Matter d. Subpoena	
4.	Date(s) professional services were rendered:	
5.	Date you became aware of the claim/incident/disciplinary matter/subpoena:	
6.	Date reported to insurer:	
7.	Name of insurer responding to this matter:	
8.	Additional defendants:	
9.	Status of claim/incident/disciplinary/subpoena: Open Closed Inactive Since	
	a. If Open (please attach copy of lawsuit and/or demand letter): i. Claimant's Demand: ii. Settlement Offer: iii. Insurer's Loss/Indemnity Reserve: iv. Insurer's Defense Expense Reserve: v. Insurer's Paid Defense Expenses:	
	b. If Closed: i. Date Closed: ii. Settlement Amount: iii. Legal Expenses: iv. Deductible Owed: Deductible Paid:	
10.	Was an engagement letter used? Yes No)
11.	Was this the result on an attempt to collect fees? Yes No)



Knight Specialty Insurance Company Provide a description of the claim/incident/disciplinary matter/subpoena: Describe the steps you have taken to mitigate this matter and to avoid future, similar matters: If this is a disciplinary matter, please attach a copy of the documents evidencing a final disposition. Signature of Applicant: Date: