

## LAWYERS PROFESSIONAL LIABILITY Additional Information Supplement

1. Name of Applicant or Insured: \_\_\_\_\_
  
2. Office Sharing / Office Locations Details (Q.5. of the Application):
  - a. Name of each Attorney / Law Firm **you** share office space with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Other details:  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Are all potential/clients advised that the attorney or law firm with whom **you** share office space is not affiliated with **you** regarding the practice of law?      Yes \_\_\_      No \_\_\_
  
3. Material Firm or Attorney Count Changes Details (Q.6. and Q.7. of the Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Attorney Information Details (Q.13., Q.14., and Q.15. of the Application):  
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\_\_\_\_\_  
\_\_\_\_\_
  
5. Client Details (Q.18. and Q.19. of the Application):  
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\_\_\_\_\_
  
6. Patent Search Details (Q.26. of the Application):  
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7. Maintenance Fee Details (Q.28. of the Application):  
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Knight Specialty Insurance Company

8. Foreign Patent Details (Q.29. of the Application):

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9. Docket Control Details (Q.34. of the Application):

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10. Conflicts of Interest Details (Q.35. of the Application):

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11. Engagement Letters Details (Q.36. of the Application):

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12. Risk Management Details (Q.37. of the Application):

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13. Unreported Claims Details (Q.42. of the Application):

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14. Insurance History Details (Q.43. and Q.47. of the Application):

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_